

AA History Lovers

2003

Messages 753-1574

moderated by

Nancy Olson

September 18, 1929 – March 25, 2005

Glenn F. Chesnut

June 28, 1939 –

/ individuals knowledgeable of local A.A. history.

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+++Message 757. Bob Smith Jr.
From: Mary 1/6/2003 10:02:00 AM

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Hello everyone, from a snowy Michigan

I am looking for Bob Smith Jr. We are planning a conf and would like to get him as our main speaker. If anyone knows where he is living would you email me. Bob Smith Jr know as Smity.

Thanks
Mary in Michigan
meggie1270@wideopenwest.com

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+++Message 758. The Principles
From: Higher Powered 1/7/2003 11:21:00 AM

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I received a list of 12 Spiritual Principles: Honesty, Hope, Faith, etc. Does anyone know where they come from? Also I understand that there are several versions of them. Does anyone know what the various versions are?

Jose F. G.

En Amor y Servicio

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+++Message 759. Re: The Principles
From: Thomas 1/7/2003 4:14:00 PM

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The Honesty, Hope, Faith.....set of step principles has been hanging around for decades. Some people think it is "official", but to our knowledge it has never been published by AA or founders.

The Big Book Bunch did an in-depth study of principles of the steps. See <http://www.sober.org/Principl.html>

Based upon review of the Big Book, the 12&12 and prolonged discussion, their view of the principle of each step is:

- 1) Surrender
- 2) Hope
- 3) Commitment
- 4) Honesty
- 5) Truth
- 6) Willingness
- 7) Humility
- 8) Reflection
- 9) Amendment
- 10) Vigilance
- 11) Attunement
- 12) Service

Having participated in their study, I must admit that I think the BBB list makes better sense. <g>

However, as a gesture of true humility they suggest each individual try to come up with their own understanding of what the principle of each step is. This would best be done with others. It is even OK to argue (gently, of course). Such discussion will be very helpful to understanding how the steps work.

We have never documented an evaluation of the principles of the principles. It might go like 1. Unity, 2. Authority ...

Perhaps AAHistoryLovers would like to propose such a set. If so, I will submit it to the Big Book Bunch.

alcoholism is a disease. But actually they have given only lip service to that concept. Intellectually they have accepted it - intellectually only - and I would remind you as priests - you know this better than I - that human beings do not act on their intellectual beliefs. They act on their feelings; they act on the beliefs that are in their hearts rather than in their heads. And if they do not deeply believe that alcoholism is an illness, that these are sick people, in their hearts, then they are ineffective in dealing with alcoholics.

The sad part about this is that far too many people do not recognize this division within themselves. They are unaware that their disbelief runs deep, sometimes so deep that they can't put their finger on it. It is a conditioning that they probably received before they were six years old (and the psychiatrists tell us that is crucial) that they imbibed almost with their mother's milk, and at their mother's knee, and by osmosis, because of the society in which we all grew up, acquired the old attitudes that alcoholism is purely a sin, that this is a moral question, wholly and completely. You see, nobody in the field of alcoholism denies that there are tremendous moral implications in alcoholism, because of the behavior that it induces and also because of the thinking that develops from continued ingestion of alcohol. In AA we call it stinkin' thinkin'. It can be very far from any of our ideals about morals and virtues and faith. All of these things are true. But this is not what I am talking about.

I am talking about all the old-fashioned concepts with which all of us who are adults grew up, whether we remember them or not: that alcoholics were primarily some kind of moral delinquent, moral leper (excepting that they are trying to get that "leper" out of our thinking, too, and call it by its proper name); that these were people who, if they chose, could be different; that they were deliberately this way, that they had no regard for anyone but themselves. In fact, I have heard wives of alcoholics who said, "Oh, yes, I know he is sick and all that, but why does he do this to me? Why does he behave this way? Doesn't he love me? Doesn't he care about his family?"

Well, of course he does. He is in the grip of something that goes beyond his power to control. He has lost control over drinking, and because of this, he has lost control over his behavior.

Actually, non-alcoholics, if they get drunk, lose control over their behavior. They can behave just as badly as the alcoholic. The main difference is that they don't do it consistently over and over again with increasingly frequency over many years.

Who is an Alcoholic?

We have a definition at NCAA that we use, that we think is a pretty good working definition, and it developed right out of the experiences of AA, as to who is and who isn't an alcoholic.

We say the alcoholic is someone whose drinking causes a continuing problem in any department of his or her life. The assumption is that the person who drinks too much on occasions, if it develops into a problem, will not want the problem and will, therefore, take action about it because of the problem. They either cut down their drinking, or they will cut it out for a while. The alcoholic would like to do the same thing, but the alcoholic is totally unable; it is impossible for the alcoholic to cut down on his or her drinking. This is the nature of alcoholism.

In fact, it is the nature of the test that also grew out of AA's experiences, and which I incorporated in my book. I don't believe any true alcoholic can pass this test: the limiting of drinks to not more than three on any drinking occasion, even if it is daily, over a six-month period. Every alcoholic would love to be able to do this. I have never heard of a real alcoholic who could pass that test.

Actually, in my original Primer, I had three months, and there were a handful who managed to pass it. They didn't say how awful it was, and how uncomfortable it was. And in the book I point out that this should be a comfortable process. It should be comfortable to limit your drinks. You may not like it, you may be on many occasions with people who are drinking too much, and you would like to go on, but if you are taking this test, if you are attempting to find out whether you have alcoholism or not, you will be more comfortable not drinking more than your three because you want to pass the test.

In other words, it is a possible thing for a non-alcoholic to do. It is not a possible thing for an alcoholic to do. That is why it is a continuing problem that is caused by drinking.

We also make a point of that last half, "in any department of his or her life." You know AA has had a phrase which has proven very useful in AA, but has been widely misinterpreted outside of AA, and even within, by some people - hitting bottom.

The general picture in the non-alcoholic world in which we live, of alcoholics hitting bottom, is literally that they instantly conceive of somebody who is in the gutter, who has lost everything, lost everything materially, intellectually, morally, has just lost everything - this is hitting bottom.

Well, actually in the very early days of AA, that was about right. Certainly when I went in, and there were just a handful of us, nobody had a dime; we had all lost everything materially. Nobody had much of anything else. A few still had their wives, but most didn't. And only one had her husband, I being that one. The second woman did not have a husband. The third one still had her husband, and this was a miracle - we didn't believe it - because while wives sometimes stick to the alcoholic, husbands rarely do.

Younger People in AA

I firmly believe that with the increasing education about alcoholism, increasing understanding of it, increasing acceptance of it as the illness it is, people are coming for help at earlier and earlier stages of their problems. It is not unusual to go to an AA meeting, particularly in a big city, and find everybody there looking to me like infants. Now, I recognize that is partly because of my own increasing age, for people look younger every year, I find. But it is true that there are a very large number of people in AA, all across the country, who are in their 20's today. This was not true in the beginning. And these people have hit a kind of bottom that is certainly totally unlike this general picture.

I think we have to recognize this in counseling the alcoholic - that this bottom is a purely personal thing. A person may hit bottom because of his own thinking on the subject, because of what he has learned, because of the fact he has recognized what is ahead of him. Just enough has happened to make him see that the pattern fits, and he has read about it, or listened to someone who knows telling him about it. He sees what lies ahead, and he doesn't want to go that road. And nobody would, if he had a choice.

Today he has a choice. There are things he can do. There are places he can go; there are people that he can talk to, and he need not yield to, he is not bound hand and foot to the inevitable progress of alcoholism. He can break the chains. He can become free. It is very satisfying to me, to realize how many young people are preferring to be free once they learn what these chains are like.

Now "bottom" may not have shown on the outside at all. He may not have lost anything. He may never have lost a job. He may not have lost his family or even had the threat of losing his family. He may be materially well off, but inside, as he recognizes his condition, and what it means, and where it will lead, he hits a kind of emotional bottom. He hits bottom where it counts, in the feelings. Alcoholics aren't any different from anybody else.

I like to tell my fellow alcoholics, remind them, we are people just like anyone else. We have the same equipment that other people have. We have a mind, we have an intellect, we have feelings - sometimes I think that is the one area where we may be a little different - perhaps our feelings are more acute, but I am not certain whether that antedated the ingestion of alcohol or whether alcohol watered those feelings, like watering a garden. And they became more acute and bigger and more visible than other people's.

We have a soul. I firmly believe every human being does, no matter what his actions are, or what terrible things he may have done. We have all the equipment of everybody else. We are people and, therefore, we share a lot of the failings of the human race. I don't think alcoholics are unusually blind to alcoholism. Everybody is blind to alcoholism. They are sharing what

everybody else has.

Remember, they were brought up the same way; they were also brought up under the myths and misconceptions and misapprehensions that we all had about alcoholism a quarter of a century ago. This is perhaps one reason why it is becoming easier to reach young people. They didn't grow up in that same atmosphere. Things had already begun to change somewhat.

The Skid Row Derelict

For instance, the stereotyped picture of the alcoholic that we who are adults, middle aged if you like, grew up with was that of the skid row bum.

Now, the National Council on Alcoholism is very much interested in the skid row derelict, but we have deliberately stayed away from getting too deeply involved in this area of alcoholism because we were so determined to break this stereotyped picture that this was the alcoholic, that there wasn't anything else. You see, it is easy for people to accept this, because if that is the alcoholic, it can't be me, or my wife, or my children, or my family, or my friends, because we are not skid row bums.

It lets people off. It is a lovely way to get involved and yet to exclude being involved in those who are close to you, in your own parishes if you are a pastor, in your own colleges, in your own group of friends.

Actually the skid row problem is a severe one in this country, and yet it represents only a tiny percentage of our total alcoholic population.

Over the last several years many of us have sat down together and worried about the matter of statistics for the field of alcoholism. And let's be honest, we don't have any. We just don't have any statistics that are really valid. We only have estimates, but all of us felt that it could not be the same number as had been arrived at for the year 1956. And that figure of 5 million was based on 1956 statistics, using the Jellinek formula to arrive at an estimate of the number of alcoholics.

We all recognized that 10 years later, for one thing, the population had increased enormously. This meant that the number of drinkers had increased, because the proportion of Americans who drink has been going up. Since 1956 it has risen perceptibly, and this meant that since there were more drinkers, there were undoubtedly more people with alcoholism. And so we worked out a formula and we arrived at a figure for 1965 of 6 million alcoholics. And I may say, that it is possible to arrive at that figure for 1965 in quite a large variety of ways. We tried a good many of them, and always came out with roughly the same answer. And so, it was decided that the National Council and its affiliates would adopt that figure. We also circulated the statement to all of the state programs on alcoholism. And they were delighted to have it, because they had been feeling just as uncomfortable as we had about using the

same figure for ten years in the face of what everyone knew to be a difference in the number of people, and the number of drinkers, and, therefore, the number of alcoholics.

To return to this attitude business, I think it is crucial, if you are going to reach the alcoholic. I have often said that alcoholics are like children and dogs. They feel what you feel. They don't hear what you say. You can approach an alcoholic with an absolutely correct textbook speech. Everything you say will be exactly right, right down the line, but what the alcoholic is listening for is how you feel toward him. Is there a hint of hostility, a hint of contempt? Remember, most alcoholics have had considerable rejection in their lives, considerable misunderstanding around them. They feel rejected. Usually by the time they get to you who are counseling them, they feel rejected indeed. They are looking for more rejection in you, and you can't conceal it if it is there somewhere. You may not know it yourself, but the alcoholics will know it. They will pick it up every time, and they just won't be back. You will have lost them. This may set them back years, because if they have arrived at the point of going to see anyone, particularly their pastor, this is a big step forward. It can be a tremendously important thing that they should make such an effort, that they should make such a contact, that they should go to somebody, even though they may be bringing you a lot of lies.

The Alcoholic and Sanity

Here again I think we need a little correction of some of our thinking on this. In the first place, I don't think the alcoholic tells lies for anybody else. I think the alcoholic tells lies for his own sake. I think that deep in the heart of the person who has lost control over drinking, however early it is, there is a real terror that he has lost his mind, that he is truly insane. And I don't mean in the temporary sense that occurs with deep intoxication, which all of us who are alcoholics know all too well. No, I think here they are so terrified that they have really lost their minds that they try to explain to themselves why this keeps happening. They will go to incredible lengths to make an explanation.

I think that the lies are more of an explanation. I don't like the word "rationalization" because that implies a willful and deliberate thing, and I don't really believe that it is often that. It is a frantic effort to reassure themselves.

Obviously if they can get other people to believe it, this bolsters their own belief that they are all right, that this terrible thing is not happening to them, that it isn't that bad.

I also think that on certain occasions they tell lies because other people expect them to, and I believe most people do expect this.

We had our annual meeting in New York last week, and a research project was reported on. It was a follow-up study of alcoholics from the State Hospital in Maryland. They wanted to know, among other things, whether the histories the alcoholics gave of themselves when they came in - they weren't all voluntary; some were committed - bore any relation to the truth. And they found to their amazement that the alcoholics were highly reliable, that in most cases what they told about themselves and their past and what had happened to them, was right; they had told the truth.

I think we can get hung up on this lying bit, and I think, furthermore, that it affects the attitude of the person who is trying to help. And if it affects the attitude of the person who is trying to help, it affects the attitude of the person who is to be helped. This is another thing that we are apt to forget, and that I think is crucial in counseling. You know that most of us spend 90% of our time reacting to other people. Oh, we do a certain amount of initiation, a certain amount of acting which is entirely our own and bears no relation to other people, but a great deal of our time we are reacting to other people. Stop and think about it, and you will see what I mean. This is also true of the alcoholic, who after all is a human, remember. He is a member of the human race, even if he doesn't think he is, and even if some people in the human race don't think that he is or don't think he ought to be anyway. And he will react to everything that you say and do.

Your job, when you are counseling, is to see that his reactions are positive and constructive, that you do not frighten him to death, that you do not talk down to him from the mountaintop. And I think it is particularly hard for the clergyman. Remember that in everybody's mind, and certainly in our country, which is supposed to be a Godly country (we do have "In God we Trust" on all our coins, you know; it is a motto of these United States), the clergyman is somebody up there. The clergyman is the man of God; the clergyman is special; the clergyman is holy; the clergyman is good. And here is this individual who usually feels less than the dirt beneath anybody's feet. Filled with self-misgiving, self-hate, self-fear, he is going to the symbol of good and God. He expects to be talked down to from the mountaintop. He expects this person really to feel too good to want him around and, all too often, that is just what the clergyman feels.

Understanding is Important

Now the alcoholic is waiting for this; so even the tiniest tinge of preaching down from a mountain top to this poor little man down in the abyss is magnified in that individual's reactions into a real barrier that he can not overcome. He can't give, he can't talk, he can't feel free, he can't let himself be helped.

I am not saying, although I do think this plays a part, that it is necessary to be an alcoholic to have the right attitude towards another alcoholic, but it sure helps. The person who has been through it knows perfectly well he is

not up on a mountain top, and can reassure the alcoholic pretty quickly that he was right down in that abyss too. And he knows just what it feels like, and he got just as dirty, and he can do it in a way that is believed, believed here in the heart, not just up here in the head.

I do not believe that only alcoholics can do this, because I have known professional people who could do it equally well. I myself am the product of one. I don't know whether this Conference ever heard Dr. Harry Tiebout speak. If you didn't, I am sorry, because he died two weeks ago, and I think he is one of the greatest losses to this field since Dr. E.M. Jellinek left us.

Dr. Tiebout happened to be my psychiatrist. He is the man who forced me into AA. He is the man who understood AA before I did, and brought me to a recognition and an understanding and an acceptance of it. And here was a man whom I had been looking down my nose at for a good year while I was under treatment, because he didn't like to drink. I didn't see how he could expect to talk to me.

In fact, I told him once that I just thought he was an old spoilsport. He didn't like it, so he didn't want anybody else to enjoy it. This man had a real understanding of the alcoholic. He could talk to the alcoholic in terms the alcoholic could hear and could accept. And he was not alone. There are many people across the country, and many of them are the clergy of many denominations.

Although I must say in my travels, which are extensive, and my knowledge of what is going on in many communities around the country, it is frequently a Catholic priest who is the one who is the warm wise counselor for many alcoholics in that area, and not necessarily, by any means, an alcoholic priest.

So, I do believe that this attitude is possible. And I personally think it should be possible for a Christian, for a man of God, who should have learned something about humility, about caring for others, his flock, and all mankind in his flock. So I feel very strongly that the clergy are a tremendously important group in dealing with alcoholism, because I think, very often, the family will go first to their pastor when there is trouble at home. It may not be the alcoholic himself or herself who goes first, but if the situation is handled right, and if the family can learn a little about what alcoholism is, and about this business of the alcoholic reacting to behavior, the thinking and words of others, then the situation can be changed to the point where the alcoholic himself or herself will go.

And this is when it becomes crucial how the counselor, be he clergyman or not, handles the situation. The matter of attitude is absolutely basic. If you don't have this, then it doesn't matter how many techniques you use, they aren't going to work. You have not been able to establish contact; you have not been able to communicate; you have not been able to establish rapport, and

until those are established, it doesn't matter what else you do.

Let me tell you one thing that I think was a great contribution. A good many years ago at one of the refresher courses at Yale, I was spending a lot of time with Father Ray Kennedy. He was also there at the refresher course, and he was very much excited. "You know," he said, "I have discovered something that I think may be my major contribution to the field of alcoholism. And I want to tell you about it."

It seems that in Syracuse there was a very wealthy Catholic family where the wife and mother was an alcoholic, a pretty bad one. There was plenty of money there, and there was a great deal of recognition of the stigma, because this was a socially prominent family. So she was constantly being shipped away to high priced sanitariums, or high priced doctors somewhere else; she would come back and be all right for a while, and then she would go back to drinking.

She would never admit that drinking was her problem. She was always very nervous, having a nervous breakdown, or something else. In other words, she was doing this so-called lying that is so much talked about in alcoholics. Eventually, the husband and father went to Father Kennedy and he said, "You know, she has tremendous respect for you." He was a professor in LeMoyne College there and a man of considerable stature. "Would you come and talk to her."

So Father Kennedy went over to talk to this woman. And she launched into her usual series of denials that she had a problem with drinking, saying that that wasn't it, it was a lot of other things, and he got a little exasperated since he was getting nowhere fast. Then he said, "Why do you have so much difficulty in admitting that you have alcoholism?"

She said, "What did you say?"

He said, "Why do you have so much difficulty admitting that you have alcoholism?"

"I have alcoholism?" she said. "Why didn't somebody tell me?"

Father Kennedy is a Jesuit, as you all know, and they are pretty astute in the convolutions of the human mind, and he recognized something immediately. If you say to somebody you are an alcoholic, you are pointing the finger of blame, saying, "You did it." If you say to somebody, "You have alcoholism," this could have come up from behind and grabbed them when they weren't looking. They didn't necessarily do it to themselves.

And he felt that where you could remove that kind of guilt, you open the door to constructive help.

That is precisely what happened with this woman. She got well. She joined AA

and recovered. And he said, "I believe this may be my contribution. I would like to suggest that the National Council, in speaking and writing, adopt this way of talking. Instead of saying there are so many alcoholics, say there are so many people with alcoholism, or so many Americans with alcoholism. Instead of saying someone is becoming an alcoholic, say someone is developing alcoholism. You say it is a disease, why don't you begin using the same terminology you use about other diseases?"

You don't automatically say one is a cardiac. You say one has heart disease. And this is true of all illnesses.

We have attempted to do this in the 10 years or so since Father Kennedy made this suggestion, and I believe that it has had an impact. I believe that it has enabled a lot of people to get to AA. As he said, "It lets them save face in their own minds." And I know perfectly well that one of the barriers to successful helping of the alcoholic is the load of guilt that the alcoholic is carrying.

This is even truer with some groups than others. It has been my experience, and I have talked with a lot of you, that the priest who develops alcoholism has a bigger load of guilt than anyone else. And it often can be an effective barrier against help.

I think that anything that we can do to lift the load of guilt, since it is a barrier to recovery, we should do, and I think that much can be done in the counseling session to lift it.

The Alcoholic Suffers

We don't have to say that everything you did while you were drunk is just dandy. It wasn't. And the alcoholic knows that really better than anyone else.

The alcoholic has suffered - and this is something that many people don't realize - more intensely from remorse and shame than anybody on the outside can ever imagine. We don't need to hammer them over the head with guilt. They can create more than outsiders ever dreamed of. Their burden of guilt is greater than any outsider will ever realize, and it is our job, if we are counseling, if we are trying to help, to remove any possible barriers to recovery.

The second thing that I want to talk about today is something that was brought to my attention a good many years ago, when I had a young man working for me whose name was Denis McGenty. I don't have to tell you he was a Catholic. And he was quite a guy. He was a member of AA, and he was a real artist with the words. He was a spellbinder. Denis was a sociologist. But his drinking had interfered and he never got his Ph.D. And he began talking about it, and thinking about it while he was working for me. One day he was discussing various subjects that he might take for his doctoral dissertation, and he

said, "You know, I have got a wild idea that I would really like to try. I think most alcoholics are saints manqué. They are people who have all the qualities and qualifications for becoming saintly and somehow it gets misdirected. And it is one reason that they get caught in this toil, this vicious circle that they go around and around in. I believe that most alcoholics of whatever denomination have been seeking God in their own way through their drinking. In fact, though they have taken the path that is leading them away from Him, that isn't what they had in mind."

And, indeed, it is sometimes true that an episode of drunkenness can be a startling experience just like an experience with LSD, which can even resemble a spiritual experience.

As a matter of fact, many years ago, and this was after Denis and I had been discussing this idea, I read an issue of a magazine that a friend in California sent to me called "Vedanta." In it was an article by Aldous Huxley entitled "Transcending Down." He talked about mankind's efforts over the thousands of years to find outside means for transcending, for achieving a spiritual experience, for achieving a higher consciousness. We know of many tribes in many parts of the world that use various drugs for this purpose. And some have used alcohol for this purpose.

It is not impossible that the excessive use of alcohol has some kind of relationship to this deep-seated search for God, for a feeling of God, not just an intellectual acceptance of God.

Now I am saying this on purpose because I believe there is something true in this, and I want you all to realize something that most of you probably know. The alcoholic is frequently characterized as a dependent person, an individual who must have something to lean on. You have heard reference made to the glass crutch. That is one of the best descriptions of alcohol as something to lean on, a glass crutch that can shatter, that has no real strength, that is fragile. Alcoholics are using it as a crutch; they are leaning on it. And very often when they go to someone for help, they become extremely dependent on that individual for at least a period of time.

I heard a psychiatric social worker, who was a really good one and very effective with alcoholics, describe it when somebody complained to her at a professional meeting that she let her patients stay dependent too long. "We certainly do. We take their hands when they come in. We hold their hands, and when we let go, we let go finger by finger."

Give the Alcoholic Time

It takes time for the alcoholic to be independent again, to learn not to be dependent on anything that comes his way on which he or she can lean.

Now this dependence, this leaning toward dependence, if you like, (and I am

not certain that it is confined to alcoholics, I think this is true perhaps of mankind) can be used constructively. The goal of therapy in my opinion, and it certainly is the goal in AA and it would be your goal as priests, is to make these people that come to you God-dependent. When the alcoholic comes to AA, the God business, as you frequently hear it referred to in AA meetings, is not crammed down his or her throat, at least not usually. Sometimes it is and in some places it is not. But very often the resistance is so great that it is again a hurdle to recovery which the alcoholic might not be able to get over. So the newcomer is asked merely to keep an open mind about spiritual matters, about God; to listen, to stay sober, to do such things as he can within the AA program. And if he keeps an open mind, we know full well that he will become God-dependent, because that is what AA is.

AA is a way of becoming God-dependent. Successful AA's are God-dependent.

If the clergyman who is counseling alcoholics can't see that this is indeed part of his business and can't borrow some of the techniques that have brought the active alcoholic into sober God-dependence, then he isn't a very good clergyman.

I do agree that not every one, merely because his collar is turned around, is automatically a good counselor for alcoholism, any more than a psychiatrist, because he has a degree in psychiatry is a good therapist for alcoholics. Some are, some aren't. Not every member of AA is equally good at 12th step work. Some people come into AA and they try awfully hard, but that is just not their work; it makes them unhappy and uncomfortable, and they don't do a good job. You often find them doing other things in AA, being active around the clubhouse, making talks, functioning as a member of AA, yet not spending too much time on 12th step work, because they learned they did not have the touch, they didn't have the real ability. They have all done it, they had to do it to find out, but I don't think people should persist in an area where they don't take to it naturally, and where they are notably ineffective. And I think this is just as true of the clergyman as it is of the AA member, or of psychiatrist, or social worker, or psychologist, or anyone else.

The Role of the Clergy

Just as some people are natural born leaders, some are natural born helpers; they seem to know instinctively what to do and what to say. They seem to have such right attitudes, they automatically establish a rapport without even thinking about it. They are just made that way. Not everybody is, unfortunately. Now, for the clergyman who is not a 100% successful therapist in this field, or counselor, he must learn how to refer and where to refer. He must accept his role in the team as, you might say, the front runner, the case finder.

I have often spoken of the clergy as our front line troops. They are leading the rest; they are out in front of the army, because they are more likely to

divided into four classifications and one evening each week will be devoted to each of the four subdivisions. Thus, in one month, a new man can get the basis of our 12 suggested steps.

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

These steps are divided as follows:

Discussion No. 1---The admission, Step No. 1.

Discussion No. 2---The spiritual phase, Steps 2,3,5,6,7, and 11.

Discussion No. 3---The inventory and restitution, Steps No. 4, 8, 9 and 10.

Discussion No. 4---The active work, which is Step No. 12.

DISCUSSION NO. 1

THE ADMISSION

The material contained herein is merely an outline of the admission phase of the program and is not intended to replace or supplant-

- a. The careful reading and re-reading of the Big Book.
- b. Regular attendance at weekly group meetings.
- c. Study of the Program.
- d. Daily practice of the program.
- e. Reading of approved printed matter on Alcoholism.
- f. Informal discussion with other members.

This meeting covers Step No. 1. "We admitted we were powerless over alcohol-that our lives had become unmanageable."

This instruction is not a short-cut to A.A. It is an introduction-a help-a brief course in the fundamentals.

In order to determine whether or not a person has drifted from "social drinking" into pathological drinking it is well to check over a list of test questions, which each member may ask himself and answer for himself.

We must answer once and for all these three puzzling questions-

What is an Alcoholic?

Who is an Alcoholic?

Am I an Alcoholic?

To get the right answer the prospective member must start this course of instruction with-

1. A willingness to learn. We must not have the attitude that "you've got to show me."
2. An open mind. Forget any and all ideas or notions we already have. Set our opinions aside.

3. Complete honesty. It is possible-not at all probable-that we may fool somebody else. But we **MUST** be honest with ourselves, and it is a good time to start being honest with others.

SUGGESTED TEST QUESTIONS

1. Do you require a drink the next morning?
2. Do you prefer to drink alone?
3. Do you lose time from work due to drinking?
4. Is your drinking harming your family in any way?
5. Do you crave a drink at a definite time daily?
6. Do you get the inner shakes unless you continue drinking?
7. Has drinking made you irritable?
8. Does drinking make you careless of your family's welfare?
9. Have you harmed your husband or wife since drinking?
10. Has drinking changed your personality?
11. Does drinking cause you bodily complaints?
12. Does drinking make you restless?
13. Does drinking cause you to have difficulty in sleeping?
14. Has drinking made you more impulsive?
15. Have you less self-control since drinking?
16. Has your initiative decreased since drinking?
17. Has your ambition decreased since drinking?
18. Do you lack perseverance in pursuing a goal since drinking?
19. Do you drink to obtain social ease? (In shy, timid, self-conscious individuals.)
20. Do you drink for self-encouragement? (In persons with feelings of inferiority.)

21. Do you drink to relieve marked feeling of inadequacy?
22. Has your sexual potency suffered since drinking?
23. Do you show marked dislikes and hatreds since drinking?
24. Has your jealousy, in general, increased since drinking?
25. Do you show marked moodiness as a result of drinking?
26. Has your efficiency decreased since drinking?
27. Has your drinking made you more sensitive?
28. Are you harder to get along with since drinking?
29. Do you turn to an inferior environment since drinking?
30. Is drinking endangering your health?
31. Is drinking affecting your peace of mind?
32. Is drinking making your home life unhappy?
33. Is drinking jeopardizing your business?
34. Is drinking clouding your reputation?
35. Is drinking disturbing the harmony of your life?

If you have answered YES to any one of the Test Questions, there is a definite warning that you may be alcoholic. If you have answered YES to any two of the Test Questions the chances are that you are an alcoholic.

If you answered YES to three or more of the Test Questions you are definitely AN ALCOHOLIC.

NOTE: The Test Questions are not A.A. Questions but are the guide used by Johns Hopkins University Hospital in deciding whether a patient is alcoholic or not.

In addition to the Test Questions we in A.A. would ask even more questions. Here are a few-

36. Have you ever had a complete loss of memory while, or after drinking?

37. Have you ever felt, when or after drinking, an inability to concentrate?

38. Have you ever felt "remorse" after drinking?

39. Has a physician ever treated you for drinking?

40. Have you ever been hospitalized for drinking?

Many other questions could be asked but the foregoing are sufficient for the purpose of this instruction.

WHY DOES AN ALCOHOLIC DRINK?

Having decided that we are alcoholics, it is well to consider what competent mental doctors consider as the REASONS why an Alcoholic drinks.

1. As an escape from situations of life which he cannot face.
2. As evidence of a maladjusted personality (including sexual maladjustments)
3. As a development from social drinking to pathological drinking.
4. As a symptom of a major abnormal mental state.
5. As an escape from incurable physical pain.
6. As a symptom of constitutional inferiority—a psychopathic personality. For example, an individual who drinks because he likes alcohol, knows he cannot handle it, but does not care.
7. Many times one cannot determine any great and glaring mechanism as the basis of why the drinker drinks; but the revealing fact may be elicited that alcohol is taken to relieve a certain vague restlessness in the individual incident to friction between his biological and emotional make-up and the ordinary strains of life.

The above reasons are general reasons. Where the individuality or personality of the alcoholic is concerned these reasons may be divided as follows—

1. A self-pampering tendency which manifests itself in refusal to tolerate, even temporarily, unpleasant states of mind such as boredom, sorrow, anger, disappointment, worry, depression, dissatisfaction, and feelings of inferiority and inadequacy. "I want

what I want when I want it" seems to express the attitude of many alcoholics toward life.

2. An instinctive urge for self-expression, unaccompanied by determination to translate the urge into creative action.
3. An abnormal craving for emotional experiences which calls for removal of intellectual restraint.
4. Powerful hidden ambitions, without the necessary resolve to take practical steps to attain them and with resultant discontent, irritability, depression, disgruntledness and general restlessness.
5. A tendency to flinch from the worries of life and to seek escape from reality by the easiest means available.
6. An unreasonable demand for continuous happiness or excitement.
7. An insistent craving for the feeling of self-confidence, calm and poise that some obtain temporarily from alcohol.

WE ADMIT

If, after carefully considering the foregoing, we ADMIT we are an alcoholic we must realize that-

Once a person becomes a pathological drinker, he can never again become a controlled drinker; and-from that point on, is limited to just two alternatives:

1. Total permanent abstinence.
2. Chronic alcoholism with all of the handicaps and penalties it implies. In other words-we have gone past the point where we HAD A CHOICE.

All we have left is a DECISION to make.

WE RESOLVE TO DO SOMETHING ABOUT IT

1. WE MUST CHANGE OUR WAY OF THINKING. (This is such an important matter that it will have to be discussed more fully in a later discussion.)
2. We must realize that each morning, when you wake, you are a potential drunkard for that day.
3. We resolve that we will practice A.A. for the 24 hours of that

day.

4. We must study the other eleven Steps of the Program and practice each and every one.
5. Attend the regular Group Meeting each week without fail.
6. Firmly believe that by practicing A.A. faithfully each day, we will achieve sobriety.
7. Believe that we can be free from alcohol as a problem.
8. contact another member BEFORE taking a drink-not AFTER. Tell him what bothers you-talk it over with him freely.
9. Work the Program for ourselves alone-NOT for our wife, children, friends or for our job.
10. Be absolutely honest and sincere.
11. Be fully open minded-no mental reservations.
12. Be fully willing to work the Program. Nothing good in life comes without work.

CONCLUSION

1. Alcoholics are suffering from a MENTAL DISEASE-not a physical illness. Fortunately we in A.A. have learned how it may be controlled (this will be shown in the next eleven Steps of the Program.)
2. We can also learn to be FREE from alcohol as a problem.
3. We can achieve a full and happy life without recourse to alcohol.

ASK QUESTIONS

No question pertaining to drinking-or stopping drinking-is silly or irrelevant. The matter is TOO SERIOUS.

Any questions we ask may help some one else.

This is not a short-cut to A.A. It is an introduction-a help-a brief course in fundamentals.

In A.A. we learn by question and answer.

We learn by exchanging our thought and our experience with each other.

Any question you ask may help some one else. To cover as many questions as possible in the short time available all answers must be limited to three (3) minutes.

DISCUSSION NO. 2

THE SPIRITUAL PHASE

The material contained herein is merely an outline of the spiritual phase of the program and is not intended to replace or supplant

- a. The careful reading and re-reading of the Big Book.
- b. Regular attendance at weekly group meetings.
- c. Study of the Program.
- d. Daily practice of the program.
- e. Reading of approved printed matter on Alcoholism.
- f. Informal discussion with other members.

This instruction is not a short-cut to A.A. It is an introduction-a help-a brief course in the fundamentals.

This meeting covers Steps 2, 3, 5, 6, 7, 11. We will take them in order.

STEP NO. 2-"Came to believe that a Power greater than ourselves could restore us to sanity."

Our drinking experience has shown-

1. That as we strayed away from the normal SOCIAL side of life, our minds became confused and we strayed away from the normal MENTAL side of life.
2. An abnormal MENTAL condition is certainly not SANITY in the accepted sense of the word. We have acquired or developed a MENTAL DISEASE. Our study of A.A. shows that-
 - a. In the MENTAL or tangible side of life we have lost touch with, or ignored, or have forgotten the SPIRITUAL values that give us the dignity of MAN as differentiated from the ANIMAL. We have fallen back upon the MATERIAL things of life and these have failed us. We have been groping in the dark.

b. No HUMAN agency, no SCIENCE or ART has been able to solve the alcoholic problem, so we turn to the SPIRITUAL for guidance.

Therefore, we "Came to believe that a Power greater than ourselves could restore us to sanity."

1. We must believe with a great FAITH.

STEP NO. 3- "Made a decision to turn our will and our lives over to the care of GOD as we understand Him." In the first step we learned that we had lost the power of CHOICE and had to make a DECISION.

1. What DECISION could we make better than to

a. Turn our very WILL over to GOD, realizing that our own use of our own will had resulted in trouble.

b. As in the Lord's Prayer you must believe and practice THY WILL BE DONE.

2. GOD as we understand Him.

3. 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.

4. If a man cannot believe in GOD he can certainly believe in SOMETHING greater than himself. If he cannot believe in a POWER greater than himself he is a rather hopeless egoist.

STEP NO. 5- "Admitted to GOD, to ourselves, and to another human being the exact nature of our wrongs."

1. There is nothing new in this step. There are many sound reasons for "talking over our troubles out loud with others."

2. The Catholic already has this medium readily available to him in the Confessional.

But-the Catholic is at a disadvantage if he thinks his familiarity with confession permits him to think his part of A.A. is thereby automatically taken care of. He must, in confession, seriously consider his problems in relation to his alcoholic thinking.

3. The non-Catholic has the way open to work this step by going to his minister, his doctor, or his friend.

4. Under this step it is not even necessary to go to a priest or minister. Any understanding human being, friend or stranger will

serve the purpose.

5. The purpose and intent of this step is so plain and definite that it needs little explanation. The point is that we **MUST** do **EXACTLY** what the Fifth Step says, sooner or later.

We must not be in a rush to get this step off our chest. Consider it carefully and calmly. Then get about it and do it.

6. "Wrongs" do not necessarily mean "crime. It can well be wrong thinking-selfishness-false pride-egotism-or any one of a hundred such negative faults.

STEP NO. 6-"We are entirely ready to have God remove all these defects of character."

1. After admitting our wrong thinking and wrong actions in Step 5 we now do something more than "admit" or "confess."

2. We now become **READY** and **WILLING** to have God remove the defects in our **CHARACTER**.

3. Remember it is **OUR** character we are working on. Not the other fellow's. Here is a good place to drop the **CRITICAL** attitude toward others-the **SUPERIOR** attitude toward others.

4. We must clean our mind of wrong thinking-petty jealousy-envy-self pity-remorse, etc.

5. Here is the place to drop **RESENTMENTS**, one of the biggest hurdles the alcoholic has to get over.

6. What concerns us here is that we drop all thoughts of resentment-anger-hatred-revenge.

7. We turn our **WILL** over to God and let **HIS WILL** direct us how to patiently remove, one by one, all defects in our character.

STEP NO. 7-"Humbly asked Him to remove our shortcomings." The meaning of this step is clear. Prayer-Humility.

1. Prayer. No man can tell another **HOW** to pray. Each one has, or works out for himself, his own method.

If we cannot pray, we just talk to God and tell Him our troubles.

Meditate-think clearly and cleanly-and ask God to direct our thoughts. Christ said "ask and ye shall receive." What method is simpler-merely "ask."

If you cannot pray ask God to teach you to pray.

2. Humility. This, simply, is the virtue of being ourselves and realizing how small we are in a big world full of its own trouble.

Drop all pretense. We must not be Mr. Big Shot-bragging, boasting. Shed false pride. Tell the simple, plain, unvarnished truth. Act, walk and talk simply. See the little bit of good that exists in an evil man. Forget the little bit of evil that exists in the good man. We must not look down on the very lowest of GOD'S creatures or man's mistakes. Think clearly, honestly, fairly, generously.

3. The shortcomings we ask GOD to remove are the very defects in character that make us drink. The same defects we drink to hide or to get away from.

STEP NO. 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."

1. We pray each night-every night-a prayer of thanks.
2. We pray each morning-every morning-for help and guidance.
3. When we are lonely-confused-uncertain-we pray.

Most of us find it well to:

1. Choose, for each day, a "quite time" to meditate on the program, on your progress in it.
2. Keep conscious contact with GOD and pray to make that contact closer.
3. Pray that our will be laid aside and that God's will direct us.
4. Pray for calmness-quiet-relaxation-rest.
5. Pray for strength and courage to enable us to do today's work today.
6. Pray for forgiveness for yesterday's errors.
7. Ask for HOPE for better things tomorrow.
8. Pray for what we feel we need. We will not get what we "want." We will get what we "need"-what is good for us.

CONCLUSION

We find that no one need have difficulty with the spiritual side of the program. WILLINGNESS-HONESTY and OPEN MINDEDNESS are the ESSENTIALS OF RECOVERY. BUT THESE ARE INDISPENSABLE.

ASK QUESTIONS

No question pertaining to drinking-or stopping drinking-is silly or irrelevant. The matter is too SERIOUS. In A.A. we learn by question and answer.

We learn by exchanging our thought and our experience with each other.

Any question you ask may help someone else. To cover as many questions as possible in the short time available all answers must be limited to three (3) minutes.

GOD grant me the serenity to accept things I cannot change, courage to change things I can, and wisdom to know the difference.

DISCUSSION NO. 3

INVENTORY AND RESTITUTION

The material contained herein is merely an outline of the inventory and restitution steps and is not intended to replace or supplant-

- a. The careful reading and re-reading of the Big Book.
- b. Regular attendance at weekly group meetings.
- c. Study of the Program.
- d. Daily practice of the program.
- e. Reading of approved printed matter on Alcoholism.
- f. Informal discussion with other members.

This instruction is not a short-cut to A.A. It is an introduction-a help-a brief course in the fundamentals.

This meeting covers Steps 4-8-9-10-We will take them in order.

STEP 4-"Make a searching and fearless moral inventory of ourselves."
The intent and purpose of this step is plain. All alcoholics have a

definite need for a good self-analysis—a sort of self-appraisal.

Other people have certainly analyzed us, appraised us, criticized us and even judged us. It might be a good idea to judge ourselves, calmly and honestly. We need inventory because—

1. Either our faults, weaknesses, defects of character—are the cause of our drinking OR
2. Our drinking has weakened our character and let us drift into all kinds of wrong action, wrong attitudes, wrong viewpoints. In either event we obviously need an inventory and the only kind of inventory to make is a GOOD one.

Moreover, the job is up to US. WE created or WE let develop all the anti-social actions that got US in wrong. So WE have got to work it out. WE must make out a list of our faults and then We must do something about it.

The inventory must be four things—

1. It must be HONEST. Why waste time fooling ourselves with a phoney list. We have fooled ourselves for years. We tried to fool others and now is a good time to look ourselves squarely in the eye.
2. It must be SEARCHING. Why skip over a vital matter lightly and quickly. Our trouble is a grave mental disease, confused by screwy thinking. Therefore, we must SEARCH diligently and fearlessly to get at the TRUTH of what is wrong with us—just dig in and SEARCH.
3. It must be FEARLESS. We must not be afraid we might find things in our heart, mind and soul that we will hate to discover. If we do find such things they may be the ROOT of our trouble.
4. It must be a MORAL inventory. Some, in error, think the inventory is a lot of unpaid debts, plus a list of unmade apologies. Our trouble goes much deeper. We will find the root of our trouble lies in—resentments—False Pride—Envy—Jealousy—Selfishness and many other things. Laziness is an important one. In other words we are making an inventory of our character—our attitude toward others—our very way of living. We are not preparing a financial statement. We will pay our bills all right, because we cannot even begin to practice A.A. without HONESTY.

STEP 8—"Made a list of all persons we had harmed, and became willing to make amends to them all." Under this step we will make a list (mental or written) of those we have harmed.

We ask GOD to let His Will be done, not OUR will, and ask for the

strength and courage to become willing to forget resentments and false pride and make amends to those we have harmed. We must not do this step grudgingly, or as an unpleasant task to be rid of quickly. We must do it WILLINGLY, fairly and humbly-without condescension.

STEP 9-"Made direct amends to such people wherever possible, except when to do so would injure them or others."

Here is where we make peace with ourselves by making peace with those we have hurt.

The amends we make must be direct. We must pay in kind for the hurt we have done them.

If we have cheated them we must make restitution.

If we have hurt their feelings we must ask forgiveness from them.

The list of harms done may be long but the list of amends is equally long.

For every "wrong" we have done, there is a "right" we may do to compensate.

There is only one exception. we must develop a sense of justice, a spirit of fairness, an attitude of common sense. If our effort to make amends would create further harm or cause a scandal we will have to skip the "direct amends" and clean the matter up under STEP 5.

HUMILITY

A state of complete humility is very difficult to attain, but the goal is well worth the effort, considering the serenity that is achieved.

DISCUSSION NO. 4

ACTIVE WORK

The material contained herein is merely an outline of the inventory and restitution steps and is not intended to replace or supplant-

- a. The careful reading and re-reading of the Big Book.
- b. Regular attendance at weekly group meetings.
- c. Study of the Program.
- d. Daily practice of the program.

e. Reading of approved printed matter on Alcoholism.

f. Informal discussion with other members.

This instruction is not a short-cut to A.A. It is an introduction-a help-a brief course in the fundamentals.

THIS MEETING COVERS THE TWELFTH STEP

"Having had a spiritual experience as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs."

This STEP logically separates into 3 parts.

1. The SPIRITUAL EXPERIENCE.

The terms "spiritual experience" and "spiritual awakening" used here and in the book ALCOHOLICS ANONYMOUS, mean, upon careful reading, that the personality change sufficient to bring about recovery from alcoholism has manifested itself among us in many forms.

Do NOT get the impression that these personality changes, or spiritual experiences, must be in the nature of sudden and spectacular upheavals. Happily for everyone, this conclusion is erroneous.

Among our rapidly membership of thousands of alcoholics such transformations, though frequent, are by no means the rule. Most of our experiences are what the psychologist William James calls the "educational variety" because they develop slowly over a period of time. Quite often friends of the newcomer are aware of the difference long before he is himself.

The new man gradually realizes that he has undergone a profound alteration in his reaction to life; that such a change could hardly have been brought about by himself alone. What often takes place in a few months could seldom have been accomplished by years of self-discipline. With few exceptions our members find that they have tapped an unsuspected inner resource which they presently identify with their own conception of a Power greater than themselves.

Most emphatically we wish to say that any alcoholic capable of honestly facing his problem in the light of our experience can recover provided he does not close his mind to all spiritual concepts. He can only be defeated by an attitude of intolerance or belligerent denial.

We find that no one need have difficulty with the spiritual side of the program. Willingness, Honesty and Open Mindedness are the Essentials of Recovery. But these are indispensable.

2. CARRY THE MESSAGE TO OTHERS.

This means exactly what it says. Carry the message actively. Bring it to the man who needs it. We do it in many ways.

- a. By attending EVERY meeting of our own group
- b. By making calls when asked.
- c. By speaking at Group Meetings when asked.
- d. By supporting our Group financially to make group meetings possible.
- e. By assisting at Meetings when asked.
- f. By setting a good example of complete sobriety.
- g. By owning, and loaning to new men, our own copy of the big A.A. Book.
- h. By encouraging those who find the way difficult.
- i. By serving as an officer or on group committees or special assignment when asked.
- j. By doing all of the foregoing cheerfully and willingly.
- k. We do any or all of the foregoing at some sacrifice to OURSELVES WITH DEFINITE THOUGHT OF DEVELOPING unselfishness in our own character.

3. WE PRACTICE THESE PRINCIPLES IN ALL OUR AFFAIRS.

This last part of the TWELFTH STEP is the real purpose that all of the twelve steps lead to—a new "way of life"; a "design for living." It shows how to live rightly, think rightly and to achieve happiness.

HOW DO WE GO ABOUT IT?

- a. We resolve to live our life, one day at a time—just 24 hours.
- b. We pray each day for guidance that day.

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++++Message 771. Dr. Earle M !!!
From: tim wilson 1/14/2003 12:16:00 AM

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Hello Buffs

I am sad to say that our beloved Dr. Earle M author of "Physician Heal Thy Self" passed away Monday, 1/13/03 at 8 PM. He passed away in The San Francisco Bay Area. There were many volunteers who rallied for several months to be with him at his bedside daily. He was loved by many. Tim W

Do you Yahoo!?
Yahoo! Mail Plus - Powerful. Affordable. Sign up now.
<http://mailplus.yahoo.com>

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++++Message 772. AA Timeline - MS Word Document
From: Arthur Sheehan 1/14/2003 6:53:00 PM

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Hi AA History Lovers

For those of you who are familiar with Archie M.'s "Timelines in AA History (1864 - present)" - his basic research data has been used as a starting point to develop a Microsoft Word document that is a similar chronology, with expanded narrative and several more reference sources (e.g. Francis Hartigan, Mel B. and Action Items from the General Service Conferences). I did my best to validate each reference source and identify conflicts in the references.

As a courtesy, and respectful thank you, Archie M. has been sent the first

do I, Bill. I don't have much serenity either." I was sober by this time maybe sixteen, seventeen years. He said, "Do me a favor. When you get over to Asia, see if you can investigate firsthand, the various religions in Asia. That means Hinduism, Buddhism, and Taoism, and Confucianism and ancestral worship and the whole shebang." And I said, "All right, I'll do it." And he said, "Stay in contact with me and maybe we can find something in those religions. After all, we've taken from William James, we've taken from all the Christian religions. Let's see what these others have."

So I hugged Bill and got on the plane and went to Asia. I had three or four rest and relaxation periods a year but I didn't rest and relax. I was determined to find something that would bring peace and serenity to me. I spent a lot of time in Nepal and in Indonesia. I spent time in India. I went into these places looking, looking, looking for serenity. I spent two or three years just driving to find out something. I tried meditation, I read the Bhagavad Gita, the Vedas-everything. I went to an ashram on the southeast coast of India, run by a very famous guru and saint. There were about a hundred and fifty East Indians there. I was the only Westerner and they welcomed me. I wore a dhoti-that's a white skirt that men wear-and I wore one like the rest of them did. We all ate on the ground on great big banana leaves over a yard long. There would be food on the banana leaves and you'd make it into a ball with your right hand and throw it into your mouth. There were no knives or forks at all, so I did what they did. I didn't like the taste very much but I did it.

I happened to be there at the time of the Feast of dewali. Dewali is like our time of Easter; It's the time of renewal. We were awakened on the early morning of Dewali around two o'clock. This ashram was located at the base of a mountain known as Arunachal. Now Arunachal in Hindi means sun, and the myth goes that one of the gods, Rama, lives inside of this mountain.

We were told we had to walk around the base of this mountain-which was a ten mile walk-and as we walked, we were yelling to Rama. If you do it in a very firm and believing way, it's said that Rama will come up and wave at you and bless you. I was there, and I did it. We walked around and we were yelling "Rama, Rama, Rama" hoping that Rama would come up and bless us all. They all walked in their bare feet. I didn't, I wore my shoes. Gosh, I was tired. But I walked all night long, the whole distance.

After that event, I came back to my little apartment in Saigon, ready to return to my medical work. I was so beaten because I'd been driving and searching and clenching my fists for almost three years(and I kept writing to Bill about all this, you know). And I came into my apartment and I suddenly collapsed down onto the floor. I lay there breathing kind of heavily and I said to myself, "Oh to hell with serenity, I don't care if it ever comes." And I meant it. And do you know what happened? All of a sudden the craving to find serenity utterly evaporated-and there it was. Serenity. The trouble was the search . . . looking out there for what was right here.

You know, we only have this given second. There's always now. Once I realized that, serenity became mine. Now-I'm speaking about emotions-I haven't sought one single thing since that day because it's all right here. I often say to people at meetings. "You're trying to find peace of mind out there. I don't blame you, but it isn't out there. It's here. Right here."

Now do I think there is a supreme being, a God? Sure I do. Of course. But do I have any religious beliefs? No. Religion demands that you do certain things and my life in AA isn't like that. AA is a very loose-Jointed organization. People say there is only one way to work the program. That's crazy. We talk about the "suggested" Steps, which are guides to recovery, not absolutes. Chapter five of the Big Book says "no one among us has been able to maintain anything like perfect adherence to these principles." If we had all the members of AA standing here, everyone would have a different idea what AA is all about. Bill's idea was different from Dr. Bob's, yours will be different from mine. And yet they're all based on one thing and that is: don't drink, and use the Twelve Steps in your own way.

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+++Message 774. Toronto
From: t 1/15/2003 7:14:00 AM

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dear HistoryLovers,
I haven't posted anything in a while. Worked this up to send to that collection of Group Histories at Silkworth.Net that was mentioned in a previous post. But thought I'd also post the information here.

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Excerpts from "Better Times", newsletter from Greater Toronto Area Intergroup
<http://www.aatoronto.org/btimes.html>

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Group Anniversaries (thru end of 2002)

"1170" Yonge St, [1944-49] See below.
All Hope Group, 10 yrs, May 1992.
Back to Basics, 10 yrs, Ap. 1992.

Bayview Group, 30 yrs, Mar. 1970. See below.
Beaches Group, 55 yrs., Dec. 1947. See below.
Beginners Meeting, 5 yrs, Nov. 1997. See below.
Beverly Hills Group, 33 yrs, Nov. 1969.
Black River Group (Sutton, Ont.), 21 yrs, May 1981.
Chartwell Group, 32 yrs, Oct. 1970.
East York Group, 30 yrs, July 1972. See below.
East Toronto Men's Meeting, 46 yrs, Dec 1956.
Friendly Group, 51 yrs., Oct. 1951. See below.
Glenview Discussion Group, 56 yrs, Sept. 1946. See below.
Half Century of AA Group, 17 yrs, June 1985.
Keep It Simple group, 21 yrs, Nov. 1980. See below.
Islington Group, 46 yrs, Dec. 1956.
King City Group, 31 yrs, Mar. 1971. See below.
Last Chance Group, 20 yrs., Dec. 1982.
Leaside Group, 52 yrs, Jan. 1950. See Below
Living in Sobriety Group, 3 yrs., Sept. 1999.
Markland Wood Group, 32 yrs, Oct. 1970.
Midtown Group, 22 yrs, Jan. 1980.
Mount Royal Group, 42 yrs, July 1960. See below.
New Anchor Group, 25 yrs, Oct. 1977.
New Life Group, 34 yrs, Oct. 1968.
Newmarket Group, 40 yrs., Mar. 1962.
No Longer Alone, 7 yrs, June 1995.
No Name Group, 3 yrs, Mar. 1999.
North Toronto Group, 56 yrs, 1946. See below.
Parkdale Sunday Morning Meeting, 26 yrs, June 1976.
Parklawn Group, 30 yrs., Dec. 1972. See below.
Reaching Out Group, 20 yrs, Apr. 1982.
Remember When Group, 2 yrs. Aug. 2000.
Royal York Group, 25 yrs, May 1977.
Saturday 2pm Meeting, 5 yrs, May 1997.
Scarborough Centenary Group, 20 yrs., Jan. 1982. See below.
Scarborough General Group, 25 yrs, Nov. 1977.
Scarborough General Hospital Service Meeting, 25 yrs. Nov. 1977. See below.
Six Points Group, 35 yrs., Jan. 1967. See below.
Soaring Eagles Group, 5 yrs., Nov. 1997.
Sponsorship Group, 2 yrs., Mar. 2000.
St. Clement's Group, 50 yrs., Sept. 1952. See below.
St. Patrick's Group, 21 yrs, Mar. 1981.
Sunday Northwestern Group, 27 yrs, Dec. 1976.
Trial & Error Group, 31 yrs, Mar. 1971.
Welcome Group, 45 yrs., Apr. 1957.
Westmoreland Group, 23 yrs, Nov. 1979.
Weston Group, 49 yrs, Nov. 1953.
Woodbine Group, 40 yrs., Jan. 1962.

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The list of groups above is in alphabetical order. Although lengthy, it does not include all the groups in their area, just the ones who were mentioned as celebrating their group's anniversary in the newsletter.

The stories, about the groups, which follows are in order of the age of the group. Some have more history than others.

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From October 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

["1170" Yonge Street]
Toronto's Early AA Refuge

Joe C., 55 years sober, remembers 1170 Yonge Street vividly, "across from Summerhill station liquor store." Formerly of the Willowdale Group, Joe now attends the Sunday Morning Men's Meeting. He remains active as a certified (Minnesota) Addiction Counselor.

"1170 was our only social gathering place and safety net between 1944 and 1949." Joe reports. "Alcoholics were totally ostracized: hated by police, the medical profession, and our families. We concentrated on our 12 Steps and Big Book, clinging together. 1170 brought us joy because we had a place to go.

"We clung to each other: 15 of Canada's 25 AAs. Every evening I went to 1170, afraid I'd drink. A greasy spoon nearby was friendly to us. Also, a MacPherson Avenue boarding house always saved a bed for someone desperate.

"The 1944 monthly rent was \$50 - Bruce M. always paid the difference personally if our donations were insufficient.

"Today, speakers select spectacular drunkalogue anecdotes. Feelings are important, how one manages to overcome fears and anxieties. Once, I hadn't seen a show in six months. I reached the box office, bought my ticket, then returned to 1170, feeling in jeopardy - only 1170 was safe. Meetings were Thursday evening and Sunday afternoon. Otherwise, always open, permanent coffee."

Joe remembers that during 1944-49, 1170 was both office and social address. "In 1949 0 actually signaling AA's healthy expansion in society - some of us left 1170, called 'deserters', for meetings in St. James Cathedral parish hall. We'd played cards at 1170, then the office became York, Bay, Gerrard Street, and so on.

"My sponsor, Freddy A., the most God-loving atheist I ever met, was always there to greet, answer phones, sponsor, never thinking of payment for his limitless desire to serve.

"We men in 1946 felt we could get away with anything, even arrogance with our first woman AA, Dorothy P., as if her stigma could be worse than ours. How can new AAs imagine the climate of those early AA days?"
Donald O.

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From June 2001 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

North Toronto Group To Move
After 55 Years...

I first came to the North Toronto Group Tuesday, May 2, 1972. I was twenty-five years old, three days sober, angry, depressed, unsure, shaking, bankrupt, friendless, unemployable, and very scared. That evening I was introduced to a host of kind drunks who were to impact on my life. I would never be the same again.

These were the people who taught me about alcoholism, its insidiousness, and a program of recovery from this life-threatening disease. Many I met that evening have long since passed on, but their legacy remains.

North Toronto's first meetings were in members' homes. Soon, the popularity of this north-end meeting forced the members to seek a permanent location. Some time in late 1946 and early 1947 the Relocation Committee made a verbal arrangement with the administration of St. George's United Church on Duplex Avenue, to hold their weekly Tuesday open and Friday closed meetings.

This arrangement has never been interrupted until now.

St. George's has embarked on a program of updating, renovating, and expanding their facility to create a space to meet the pastoral challenges of the Twenty-first Century. Heady stuff - but a sacrifice. All groups using the building must vacate by the end of June for a two-year construction period. For drunks, this is an eternity.

Informed in March, we formed the 2001 Relocation Committee.

Crisis usually brings out the best in people. For the first time in many years we at North Toronto felt our very existence threatened. The

Traditions, though, assured us we had a path to follow if we were willing to use it. The group was determined to keep North Toronto open and alive for those alcoholics yet to come, just as it had been open for us.

We are happy to announce the North Toronto Group will be moving for the next couple of years to Grace Church on-the-Hill in the heart of Forest Hill (corner of Russell Hill and Lonsdale), commencing July 3. Our meetings will continue to be Tuesdays and Fridays at 8:00 pm.

Fifty-five years is a long time to live in one house. St. George's has served the North Toronto Group well. Moving is always emotional. However we've all learned that change is also good. As a group we are excited, encouraged, and grateful for this new lease on life. Thank you, Eglinton/St. George's and thank you, Grace Church on-the-Hill.
Mike D.

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From Sept 2001 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Glenview Group at 55

"While it has changed rooms...the same southeast stairs have been used for 55 years."

Shortly after the North Toronto Group was started, members felt a need for a formal discussion meeting. They found a church basement nearby and the Glenview Discussion Meeting was born in 1946. This was a closed discussion meeting to which an alcoholic had to be sponsored. In those days, only the open meetings were published.

Many a long-timer remembers their early days at the Glenview Discussion Meeting.

The meeting has always been an open topic discussion, based on the meetings described in the Big Book. Indeed, the preamble to the meeting is taken directly from the Big Book.

The meeting has always gathered in Glenview Presbyterian Church. While it has changed rooms occasionally, the same southeast stairs have been used for 55 years.

First-time visitors to Glenview are surprised to find tablecloths and the tradition of coffee being served to members. Fine china was used in the early days. These days the group has downgraded to mugs, but still serves the coffee - caf and de-caf - tea, and herbal tea. Being served is heartening to the down and out alcoholic.

Somewhere along the line, the meeting became a group - probably around the time Intergroup was born. The group/meeting has never had a historian, so while various stories have been passed along, many things have been lost in time - including the actual start-up date. Betty D. remembers that it was started in 1946 - ten years before she came to AA.

Historically, Glenview has few members, but has a large roster of regular attendees who gladly participate in the service needed to put on the meeting. It seems to be the tradition that someone takes on the job of opening up for long periods of time. Earl set the meeting up for 15 years - even at times when attendance was small, indeed. "Some nights," he told us recently, "I'd drive in from Brampton or somewhere, open and make the coffee, then sit and read my Big Book until it was time to pour the coffee out and go home." Others have taken on the job for five or more years at a stretch. Currently, Gregg H., Welcome Group, has opened up the meeting for three years. "It's an important part of my sobriety," says Gregg.

"Glenview was an important part of my getting sober in the sixties," says Dan McK., Half Century of AA Group. He remembers coming for the sandwiches at first. Today, cookies are served.

On Monday, September 17, the Glenview Discussion Group is celebrating 55 years of continuous service to the still suffering alcoholic. In keeping with 55 years of tradition, the meeting will be an open topic discussion meeting with a suggested topic of gratitude. Members and regular attendees are planning a big spread, hoping that all those who found sobriety at Glenview over the years will attend.

Glenview Discussion Group, 8:00 pm, Glenview Presbyterian Church, 1 Glenview Avenue, corner of Yonge and Glengrove, two lights south of Lawrence. Come and join the fun!
Ann P.

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From Dec 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

55 Years for The Beaches!

On December 10, the Beaches Group will be celebrating its 55th Anniversary.

In December 1947, two AAs, who lived in the Beach, held the first meeting in a Queen St. East church. Ten years later, the group moved down the street to Bellefair United Church, opposite Kew Gardens, and

then stayed there.

Plans for the 55th Anniversary are underway for its regular open meeting, on Tuesday, December 10, 8:00 pm. All are welcome!

Green P. parking is available on Lee Avenue, east of the church and south of Queen St.

Ann P., with notes from the BT archives

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From January 2000 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Leaside Celebrates 50 Years
50 Years of Service

The members of the Leaside Group have more than a Millennium celebration to think about in the year 2000. This January 11, the group will mark 50 years of continuous service and the gratitude is just spilling over. The anniversary celebration will be held January 13.

Gene M. has been a member of the group for 32 years. He remembers joining the meeting just before it moved in 1968 to its current location at 670 Eglinton Ave. East, at Hanna Road. Though nearly blind now, Gene travels every Thursday to the church, walks down the two small flights of stairs, and waits to greet his friends by the meeting's kitchen window.

Debbie B., a member of Leaside for the last 10 years, asks Gene if he wants some coffee. Yes and make it black.

Gene remembers his first sponsor, a man by the name of Rusty, who, along with his wife Alice, started the Leaside group on January 11, 1950. Back then it was one of the first few Alcoholics Anonymous meetings in Toronto, recalls Gene.

"I told him I'd be back if I could stay sober for 17 hours," says Gene.

Celebrating 33 years of continuous sobriety in March, Gene's one-year medallion was held at the Hanna Road location.

He remembers the church basement was new and everyone was excited because of the group's new location.

Since then Gene has seen it all. "We've had a lot of new ones (alcoholics). They come and go," he says, adding, "a lot of the old ones are also gone; either they moved away or died."

The Leaside Group members, four in total, are used to that, says Debbie. Though membership may be small at this group, the people who regularly frequent this meeting like the intimacy that is shared there.

Gene says. "I find that's what really keeps us going right now, people from other groups, such as Noreen F., and Jim, who really help us out."

At one point, before Debbie's time, the meeting had 22 members, recalls Gene. "We were never what you call a large group."

"That's my favourite part," says Debbie, "the intimacy."

Gene adds that he doesn't really like large groups. "It's too easy to get lost," he says, but adds quickly that he would never discourage anyone from wanting to join Leaside.

"We stay open because the newcomer keeps coming," Debbie says as she passes Gene his coffee.

That's all anyone can ask after 50 years of service.
Romana K.

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From October 2001 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Friendly Group Marks 50

On October 8, 1951, the first meeting of the Friendly Group was held in the United Church at the corner of King St. W. and Dunn Ave. On October 15, the group is celebrating 50 years of continuous service in the west end of Toronto.

Pat P., Sunnyside Group, first came to AA in 1951 and remembers going to those first meetings of the Friendly Group in her early sobriety. Nellie A., a founder of the group, "was an AA mother who lugged me to meetings," says Pat. She vividly remembers other founders - Phil B., Mal R., Red R. - all gone now.

The original church had a fire and the group moved to the fire hall at Cowan and Queen Sts., then back to the rebuilt church, then to the Queen Elizabeth Hospital cafeteria, then on to its current location at St. Vincent de Paul R.C. Church on Roncesvalles. There was a six-month period, when the current church was renovating, that the group moved to a school on Bloor St.W., but no one is sure of the exact dates of all

these moves.

Agnes G. has belonged to the group all 28 years of her sobriety. "I never thought of another group. I love it," she says.

When she called AA, Stephanie G. was told to go to the Friendly Group. She arrived on her own. Norma, a long-time member, volunteered to be her sponsor and took her to meetings.

Told to stick with one group, "where he felt right at home," Terry H. loves the Friendly Group. He has been a member since January 2, 1977 - his dry date.

George M. had some trouble staying sober in the beginning but he says he has always been a member of this group. "I'm comfortable with the people here," he adds. "There's a very warm hospitality."

"Everyone is so genuine," notes Elinor K., another group member.

This warm and friendly group puts on quite a spread for a medallion, so imagine what they will be serving for their 50th anniversary!

Join them October 15, 8:30 pm, at St. Vincent de Paul Church, 263 Roncesvalles Ave. at High Park Blvd.
Ann P.

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From August, 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

St. Clement's Turns 50!

They told me to find a group. They said it would provide me with a place full of people who would understand my problem. they will see beyond my, "FINE" (fouled-up, insecure, neurotic and enjoying it), and help me to stretch beyond my capacity. They will provide me a safe place in which to learn how to tell the truth, trust in my fellow man and know, "I am no longer alone."

What they didn't tell me was that when I joined the St. Clement's Group I would learn how to be part of a family, with its "faults and blunders, its aches and pains," to be a part of something that was neither my responsibility - not rithe - to control. I didn't now that in this group (in this family), I would learn to accept people and myself just as we are. I didn't realize that I would be given a place to celebrate our victories, mourn our defeats, and grieve our losses, such as the loss of

our dear friends, Don and Arlene.

There are those giants, upon whose shoulders we rest - Jack H.s and Jim P.s - who built a place for us. The New Generation Group, amalgamated with the St. Clements Group 20 years ago to give birt to our Monday night discussion at Our Lady of Perpetual Help. To all those who have gone before us, we say, "Thank you."

We also say thank you for the foundation of acceptance, during a different kind of Toronto, when many of our members in the gay community were able to find a home at St. Clements's. We are grateful for a place that accepted us, beaten or ountiful, and as one long time member suggested, "...the happiest group in Toronto."

The St. Clements Group invites you to help us celebrate 50 years of service with gratitude for our wins, our losses, and YOU!

Wednesday, September 25, 8 pm, St. Clement's Anglican Church, 59 Briar Hill Avenue at Duplex Avenue off St. Clement's Avenue.
Deb H.

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From July 2000 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

40 Years for Mount Royal

A guest at Harbourslight, Paul H. was mandated to attend AA meetings. Tuesdays and Thursdays he went to the nearby Mount Royal Group. Joan B., a long-time member of the group who died in January, explained the "do" things and told him, "do as you're told." So he did, and joined the group.

Now, 19 months sober, Paul is secretary of the group and a useful citizen - a social worker in the downtown c o r e , working with people just like he use to be.

The Mount Royal Group was founded in July, 1960, and will celebrate 40 years of service to the community on July 18. According to long-time AA member, Dan McK., who attended the group's first meeting, "at a church at Avenue Road and Bloor," one of the founders was Dave C., a Montreal businessman, who, says Jeff S., co-founder of the new Leslie Group and former Mount Royal member, "named it Mount Royal after Montreal." Jeff was a member of the group until 1988 and still has sponsees in the group.

Mount Royal soon moved to the Metropolitan United Church when the Rev. Dr. Little, who was a great friend of AA, was pastor. He was also part

of the original AA meetings in the Little Denmark Restaurant back in the 1940's and he welcomed another AA group meeting in his church. The York Group meets there on Thursday nights.

Mount Royal has never kept an archive - an unconfirmed legend says its founding date was the 20th - but the group's tablecloth just says the month and year. Rod I., a 25-year member of the group, remembers this date being celebrated when he first came in as the youngest member at age 28.

Rod noted, "A lot of people start here and then move on to other groups." He stressed how delighted the current group members would be to see graduates of the Mount Royal Group at the 40th anniversary celebrations.

At some point, a discussion meeting was started on Thursday nights. No one today knows when. The site of this meeting has changed over the years, currently at St. Michael's Parish Hall, 66 Bond Street, across from the Cathedral. Like the open meeting, it starts at 6:00 pm.

Because of its location and early start time, the meeting attracts a wide variety of people: business people who work downtown, visitors - both business and tourists - staying in downtown hotels, people in treatment, and dedicated souls who got sober at the Mount Royal Group and have since moved away from the downtown core. The group usually has eight or nine formal members, but 30 to 40 people attend the Tuesday night meeting. A fair number are from treatment and are mandated to come. However, as Rod says, "It wears off on them," and they stay.

The group has a lot of one-year medallions and fewer longer-term ones as many newer AAs move away from the downtown core as they become established in sobriety.

To celebrate 40 years of dedicated group service, attend the Mount Royal Group, Metropolitan United Church Hall, 50 Queen St. E., at the corner of Bond (it's the building in the back of the church), on July 18, at 6:00 pm.

Ann P.

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From Dec 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Six Points is Higher Powered!

It is with great pleasure I share this great news of magic, of dreams, and of being higher powered.

The Six Points Group is very proud of all our members. However, at this point, we would like to share particular thanks and continued blessings to a named few who are celebrating AA Birthdays during the holiday season. As well as, we are joyously celebrating our 35th Group Anniversary.

December

December 6, Sean N. celebrates 1 year. His medallion date to be announced (TBA). Monday, December 23 is our fifth annual Candle Light Gratitude meeting. All are welcome to this opportunity to see old friends, meet new friends, and enjoy our delicious array of food and festivities. All beginning at 8:30 pm. .Enjoy the cheer without the beer..

January

January 4, Mike D. celebrates 15 years. His medallion date TBA.

January 5, Bernie C. celebrates 30 years.

January 6, Rob D. celebrates one year.

January 6, 35th Group Anniversary.

January 8, Bruce B. celebrates five years. His medallion date TBA.

Magical Night

These are all very special dates. However, mark your calendars for one magical night . January 6. Come join us while we celebrate our group.s Anniversary . 35 years of saving lives . and share in a 1-year medallion for Rob D. and a 30-year medallion for Bernie C. Witness the magic!

Grateful Bernie

Bernie is our longest-standing member at Six Points. He has been a member for all 30 years. Bernie says, .always be there. . at your home group, that is.

Sobriety has given Bernie many things, in particular, great friends both in and out the rooms. Included on his gratitude list is his 10-year passion as a marathon runner. .I have been given a new lease on life,. he says.

Six Points Group extends a special invitation to all to share in their many festivities throughout Christmas and into the New Year.

Darlene D.

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From March 2001 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

King City Group Celebrates 30 years

It all started in early March 1971, when a sober member of the Richmond Hill Group wouldn't give the key to the meeting place at their church to a chronic "slipper."

Chronic or not, Lincoln took matters into his own hands, went to King City, and started his own group. As the old saying goes, "...with a resentment and a coffeepot..."

With another "slipper" and a sober member by the name of Jack T., the King City Group took shape in a little meeting room at the top of the stairs in All Saint's Anglican Church on Keele Street.

Bill S., long time member of King City says: "I was just coming around at the end of '71 or '72. Keith S. and I were, as they say, kicking the tires and slamming the doors to see what it was all about. Jack and his friend Alex were the foundation. The rest of us took turns staying sober. There were only a few meetings in the area - Keswick, Newmarket, and Bolton. We needed a meeting and those first members, drunk or sober, kept the doors open for the rest of us."

The first woman to join the King City group was Marie B. who recently celebrated 20 years in AA.

Keith S., Danny C., and Bill S. are original members who are still active in carrying the message of Alcoholics Anonymous.

Today, King City Group is alive and thriving with about 75 members. All meetings are well attended and a Tradition meeting is held once a month to keep members abreast of why AA works.

In recognition of 30 years of AA in King City, the group would like to invite everyone to celebrate with us on Monday evening at 8 p.m. on March 19. The group has invited Father Leo B. to speak.

With God's help, we'll still be chugging along 30 years from now.
Bernadette W.

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From March 2000 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Breakaway Group Celebrates 30 years

At thirty year's old, you could say the Bayview Group is a long-timer in AA circles.

Started on March 26, 1970, the Bayview Group was a break away meeting started by three Willowdale members: Al B., Jeff S. (now Pine Hills Group) and Julian (now Sheppard Group).

It was the strength and courage of these three founders that has helped Bayview grow and develop its traditional AA values, said current member, Chris B.

"It was the first AA meeting I ever went to and the only group I've ever joined," Chris says.

"All these years I've never changed groups because it's the best group in Toronto," Chris adds with a small chuckle.

Chris, who joined three months after Bayview started, remembers Bayview's humble beginnings with only 10 or 12 people in the basement kitchen of a church.

Today, Bayview has blossomed with over 90 people on its member's list; many of them highly active within AA service.

Traditionally, that's the way Al B. would have liked it - members active in service work.

"Al was quite the AA man," Chris recalls. Always looking to get a person active in service work Al originally introduced the two-speaker system to Bayview.

"Al wanted to give the people that were younger in sobriety a chance to participate, to get active," explains Chris.

Though Chris remembers being shy he too was pressured to stand up in the front of the room and share his experience, strength and hope. "Al would sort of shame you into doing it."

Regardless of the tactics or location changes, the group that was founded on AA dedication and a commitment to service work will be celebrating 30 years of continual service on Sunday, March 26, 2000 at 8:30 pm.

Romana K.

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From July, 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

East York Group Celebrates 30 Years

As I was travelling through the east end of the city to attend this particular meeting, I found that I had arrived a good hour early. Scanning the area for a coffee shop (a familiar refuge for any recovering alcoholic), I heard laughter coming from around the corner So I followed the sound and discovered that members of the East York Group were already there, with the doors open, ready to greet any newcomers or fellow AAs at their weekly speaker meeting. Needless to say I didn't need to go to that coffee shop.

A passage in the 'Grapevine' book, "The Home Group: Heartbeat of AA", says "The home group is where the AA member takes the first tiny step into making the support system of Alcoholics Anonymous work ... home groups become the spokes in the big wheel of Alcoholics Anonymous."

Since July 18, 1972, this group, originally called the New East York Group, has adhered to these sentiments by opening its doors to many members over the years. The group will be celebrating 30 years of service on Tuesday, July 23 at 8:00 pm at St. Columbia - All Hallows Church (just east of St. Clair and O'Conner).

Some members, like Milton B., joined the group after moving into the area. Milton joined about three years ago, and the first person to greet him was East York member, Jimmy H. "The first time I came to the East York Group," said Milton, "I was made to feel very welcome, and I've been here ever since. I love this group. There's a lot of love, laughter, and camaraderie."

Milton also tells of the commitment and joy in service that the group demonstrates by attending and supporting service meetings. Some members, like Milton, carry the message of AA into correctional facilities.

Bill L., who joined the group seven years ago, shared his feelings about the group and his understanding of the importance of sponsorship. "We have a real variety of sobriety," Bill says, adding, "When you find a solid group, you find solid sponsorship." In keeping with this idea, the group recently implemented a temporary sponsorship program.

There are more men than women in the East York Group group, but more women have joined recently. Joanne E. says having more male members doesn't bother her because, "We're all good friends and we are here to support each other." She also said that the women at the group have solid sobriety, and this has attracted more women.

Liz V., the group secretary, is relatively new at the group. Liz's enthusiasm for the group was immediate and she's happy doing service at the group level.

Harold M. one of the early members, has been with the group for 26 years. As unofficial group historian, he mentioned that the original location was, "down the street a piece." John M., who, sadly, has passed on, started the group. Harold is very grateful he still belongs to East York and can share his experience with new members.

Perhaps the most poignant comment made about the East York Group came from Gerry H., who had been a member for ten years. He said the program of Alcoholics Anonymous and past and present members of the East York Group, "... saved my life, and I have a lot of gratitude."

Don't miss the opportunity to attend the East York Group's 30th anniversary. They'll surely welcome you (as they did me) into their friendly fold. A sign posted on the podium says it all: "If you are new here, let us know - YOU ARE NO LONGER ALONE."

Alexx V.

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From Dec 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Parklawn Group: 30 Years and Still Going!!!!

We started life as The Young Peoples Group, and became the Parklawn Group in 1972. At that time there were only three members, Roy K, Gordie H. (deceased), and Brian R. (deceased). Meetings were held St. James Anglican Church on Parklawn.

Attendance was low and many times, in order to pay the rent, members had to dig into their own pockets. Business meetings were held in the members' homes. The Long Branch Group helped support Parklawn in those early days! It was nothing to see eight or ten members of Long Branch here, not just occasionally but every Friday. At times, we didn't know if people belonged to Parklawn or Long Branch.

In the 80.s, most members held at least one position, either in the Group or at Intergroup.

We also had a lot of women join this Group. We had as many as eight at one time. Our Group grew and, in the mid-80.s, we had 27 members.

Around that time we were having problems at St James Church and had to move to St. Mark's in Dec .86 until .94 when that church asked us to move, as they needed the space. Again we moved further north on Parklawn to the Presbyterian Church on a week-to-week basis .til we found a new

location.

Finally that church could no longer accommodate us and we voted to close down the meeting until another church was found. Brian J. sent out many letters to churches. Dick. C and Doug R. talked with ministers trying to locate another church. Three months passed; then, in June 1994, we received a letter from the Humbercrest United Church reporting they had a meeting room available on Friday nights, and so here we are!!

We'd considered changing our meeting to another night, but Friday was very important to most of us at Parklawn and even members from other groups relied on our meeting to end their week or start the weekend!

Over the years this Group survived many problems of low membership and low funds, but we hung on. When we moved to Humbercrest United, we were down to four members, Dick C. Doug R. Erin B. & Brian J. All worked desperately to get this Group back up and running, and without the support from the members of Trial & Error and Long Branch Groups we would not have survived.

So many people have passed through our doors, and as I sit here, names and faces race through my mind. Though I know some have passed on, and some have gone out, I wonder how the rest are doing.

Although our Seventh Tradition is small compared to some Groups, we manage to pay the rent, buy cakes for anniversaries, support GTA Intergroup and General Service, and even have some for the church at Christmas. It is only the continued support by members from other groups that has kept us going...

They say in AA, if a group is needed it will last; if it's not it will fail!

I thank God it was needed, cause I, for one, needed it. This group changed my life . it gave me a life! And for that I.ll be eternally grateful. I only hope that 30 years from now this Group will still be going and that I will still be a member.

Brian J.

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From October, 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

25 Years for Service Meeting

The Scarborough General Hospital Service Meeting started November 8, 1977.

Founders include Tony T., Duncan Donald M., Jack T., Joe S., all of whom continued coming to the meetings until their deaths from causes other than alcohol. Bill M, Unionville Group, was present at the first meeting and continues to attend today.

Roy St. C. came to the second meeting as a hospital patient. Soon, Murray D., now deceased after 44 years of sobriety, became a regular - coming early to set up and make coffee.

the legendary Tommy H., Unionville Group, was also there at the beginning continuing his support until his death in 1999. His wife, Betty, an employee of the hospital, supported and facilitated the meeting being there. She still attends and lends her support where needed. She helped get reduced-cost parking for those attending AA.

For ages, Bob, also of the Unionville Group, co-ordinated the weekly set-up with a number of faithful AAs, now mostly getting on in years. Recently the torch was passed to me, Terry G., Scarborough Group.

It is a true honour for me. It was the first AA meeting I attended when I started my journey in recovery and service. It has played a great part in carrying the message to the still suffering alcoholics on the 10th (Psychiatric) floor of the hospital.

Many fellow AAs started their journey at the Scarborough General Hospital Meeting. Over the past year, it has amazed me how many speakers attended their first meeting as a patient.

Part of the service offered by members includes escorting patients down from the 10th floor, as well as setting up, making coffee, and putting on the meeting.

The regular meeting at the hospital (located on the northwest corner of McCowan and Lawrence) is in the Crockford classroom on the main floor. No rent is charged but the meeting makes an annual donation to the Scarborough General Hospital Foundation.

Originally a discussion meeting, the format soon changed to its current style. Three readings, then a speaker shares his / her experience, strength and hope for 25 minutes, followed by a 15 minute question period. This format has been found very suitable for a hospital meeting.

Last year, the regular members adopted the policy of giving out desire chips to those new and just coming back. Also, a Big Book is given to someone attending their first meeting. Many Big Books have been given out to patients with the hope of planting the seed.

Over the last two years, attendance has dropped. The regulars are doing

everything in their power to keep the meeting alive and well. Groups in the surrounding area have been asked to support the meeting - volunteering to set up, supply the Chairperson, and find the spaker. Pine Hills, As Bill Sees It, and Keep It Simple are some of the groups taking on a month at a time. More groups are needed to volunteer. There are still four months that need to be filled. This is a great way to get newcomers involved in service.

The Scarborough General Hospital Meeting is celebrating 25 years of continuous service on November 5, at 7:00 pm, in the Main Auditorium. The speaker is Mildred F., Rox Glen Traditional Group.

Please come and support the 25th Anniversary Meeting - and feel the spirit of the many that have passed on, but left the message to us.
Terry G.

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From November 2001 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Keep It Simple Group Celebrates 20 years

In my 15th month of sobriety, four members of my first home group - Doug T. (now deceased), Florence E., Wally, and Doris - asked me to join them in starting a discussion group because there weren't many discussions available in our area.

The name Keep It Simple was chosen to commemorate the last discussion between Dr. Bob and Bill W. We chose the Heron Park Community Centre as a central Scarborough location, starting with a Thursday night closed discussion group. However, as new members celebrated milestones, we added an open meeting on Sundays.

Our first meeting was November 6, 1981 and looking back today, I can't express my gratitude enough for the many miracles we've seen.

On August 5 of this year, we temporarily moved out of Heron Park Community Centre to make way for renovations. We've been meeting temporarily at the Port Union Community Centre, but we'll be back in our newly rebuilt old home, Heron Park, located off Manse Road, in time for our anniversary celebration - complete with cake and refreshments - on November 11, 2001.

My gratitude goes out to the four members who helped start the group. It's been a wonderful journey in my 21 years of sobriety. We all look forward to many more years of carrying the message.

Jim H.

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From Dec 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

[Scarborough Centenary Group]
Service is Key

Way back in the mid to late seventies, members of the Unionville Group were unsuccessfully trying to start AA service meetings at the three Scarborough hospitals. Co-operation on the part of the hospitals was not there. Then along came Tony T., Saturday Night Gratitude Group. He managed to talk his way into both Scarborough Centenary and Scarborough General.

Closed discussion meetings started at both hospitals in October and November 1978. For details about the Scarborough General Meeting, see the October 2002 BETTER TIMES. [see below] (For interest, the Scarborough Grace Hospital finally allowed an AA service meeting in the mid-nineties.)

Also a member of Saturday Night Gratitude Group, Lois F. joined Tony for the first meeting at Scarborough Centenary. She had just celebrated her two-year anniversary and was getting active in service. Local Scarborough groups supported the meeting in those early days.

By the early eighties the meeting was thriving. On January 5, 1983, it became a group, known as the Scarborough Centenary Group. Lois was there as a founding member with four others, and is still a member today.

There are lots of opportunities for service at this group. Patients are always brought down from the appropriate floors. The group has an archives and set guidelines for the running of the meeting. Participation in the wider AA community is encouraged. Len D., and other members of the Scarborough Centenary Group started the annual dance in support of the Regent Park Christmas Day dinner. See page 7.

Over the years, a Thursday open speaker meeting has been added. On Mondays, the open topic discussion meeting is now an open meeting. There is also a Beginner.s Room on Monday nights.

While there is a large turnover of faces due to being in a hospital, there are many long-term familiar faces as well. Notable are Reg P., who has made the coffee since he joined in .87, Julie L., who is very active with the Beginner.s Room . a member since .88, and too many others to

mention here.

Many spouses also make regular attendance a must. In particular is the widow of Jack J. They started coming to the group in '83. He died seven years ago, but his wife continues to come, in her wheelchair, and to offer upbeat support.

On January 9, 2003, the Scarborough Centenary Group will be celebrating 20 years as a group and 25 years of service. All are invited to attend, especially people who came to the group in the early days of their sobriety,

The meeting will not be in the usual meeting place. It will be in the Education Theatre, Floor #1, Margaret Birch Wing, Rouge Valley Centenary Hospital. Use the main door. Take the north elevator down to floor 1 and follow the signs.

Following the meeting, there will be a buffet dinner in the usual meeting room on the 6th floor in the Occupational Therapy Room. The meeting starts at 7:00 pm.

Parking vouchers are available at the meeting for attendees. With voucher the parking is only \$1.

Ann P.

Rouge Valley Centenary Hospital has been host to the Scarborough Centenary Service Meeting for 25 years

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From November 2002 issue of "Better Times", newsletter for Greater Toronto Area Intergroup

Flourishing After Five Years

The Beginners Meeting takes place at three o'clock on Saturday afternoons at Our Lady of Lourdes R. C. Church on Sherbourne Street just north of Wellesley. Our first meeting, at the Church of St. Simon the Apostle on Bloor Street East, was held on November 7, 1997. At that first meeting there were three AA members: one beginner, who no longer lives in Toronto, Bob I., Rox Glen Traditional Group, and myself, St. Jamestown Group.

Together we waited.

Quite quickly others came to us. Today our attendance varies between ten and 25, usually around 20. Our talk is focused on what first brought me to AA. and what brought me to this meeting. We hear honest and

Sent: Monday, January 20, 2003 12:10 PM

Subject: [AAHistoryLovers] Al-Anon Resolution of Gratitude

Hi, History Lovers:

I believe there have been at least three resolutions by the General Service Conference of Alcoholics Anonymous acknowledging the contributions of the Al-Anon Family Groups. The one from 1969 by the 19th Conference is in "Guidelines - Relationship Between A.A. and Al-Anon." Could someone point me to the text of all three? Here is what is in the "Guidelines."

Thanks. Tom En2ger

A.A.'s Debt of Gratitude to Al-Anon

The following resolution of gratitude to the fellowship of the Al-Anon Family Groups was unanimously approved by the 1969 General Service Conference of Alcoholics Anonymous.

The delegates of this 19th General Service Conference of Alcoholics Anonymous, meeting in official session in New York City, this 25th day of April, 1969, do hereby declare:

WHEREAS, it is the desire it is the desire of this conference to the relationship between Alcoholics Anonymous and the Al-Anon Family Groups, and

WHEREAS, it is the further desire of this Conference to acknowledge A.A.'s debt of gratitude to the Al-Anon Family Groups, therefore

BE IT RESOLVED, that Alcoholics Anonymous recognizes the special relationship which it enjoys with the Al-Anon Family Groups, a separate but similar fellowship. And be it further resolved that Alcoholics Anonymous wishes to recognize, and hereby does recognize, the great contribution which the Al-Anon Family Groups have made and are making in assisting the families of alcoholics everywhere.

To unsubscribe from this group, send an email to:
AAHistoryLovers-unsubscribe@yahogroups.com

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the foreign countries. He does angel fights when he isn't doing AA talks (conferences). If you get the opportunity to hear him by all means go it's worth it! I find him & his wife to be remarkable people always being of service to others. Big Book 4th edition page 522 Grounded.

Jane B.

Texas

Ildog@prodigy.net

----- Original Message -----

From: Rob & Vicki Fuhrman

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, January 21, 2003 8:27 AM

Subject: [AAHistoryLovers] 4th editions authors

Does any one know the names of the authors of the new stories in the 4th edition?

Rob F

Huntington, IN

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|||||

++++Message 787. RE: 4th editions authors
From: Ed Adami 1/21/2003 8:49:00 PM

|||||

If there is an interest, there is a speaker mp3 file posted at:
xa-speakers.org by Lyle P. from a speak he did, that can be downloaded and/or
burned to cd, or to listen to.

Ed A.

Crowley, TX.

understand what her use of the term "by standing vote" signifies. Perhaps access to a 1952 Conference Report might shed some light on the matter.

2)

The wording of the 1969 General Service Conference resolution in M-39 does not indicate a reaffirmation of any prior resolution.

3)

I could not find any mention of a resolution of gratitude to AFG in the Final Report of the 2001 General Service Conference (an Area web site speaks for the Area not the Conference).

There have probably been countless individual expressions of gratitude to AFG (mine among them).

But the count of General Service Conference resolutions of gratitude to AFG still seems to be one.

Cheers

Arthur

----- Original Message -----

From: ny-aa@att.net

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, January 21, 2003 9:24 AM

Subject: Re: [AAHistoryLovers] AI-Anon Resolution of Gratitude

Hi, History Lovers:

I have the text of the 1969 Resolution of Gratitude because it is in the "Guidelines." I remember an older edition of the "Guidelines" that said the 1969 Resolution of Gratitude "reaffirmed" one from one of the first General Service Conferences. Tony sent me this which confirmed the 1952 Resolution but I still don't have the text:

A real reference:

[from "Lois Remembers" pg 177]

The Second AA General Service Conference met in April 1952 and passed a resolution by standing vote, thanking those who had fostered the AI-Anon Family Groups. We were quite moved and very grateful.

One A.A. area website had a Resolution of Gratitude to AI-Anon on the occasion

Memo From The Editor: the name of the teller of this story is purposely omitted. He says his friends and former associates will recognize him. To others his name does not matter. But if your interest is not merely casual, if you or a friend or a member of your family need his help, write to The Alcoholic Foundation, P.O. Box 459, New York 17, New York You will be put in direct touch with him or with the nearest Alcoholics Anonymous group.

In the fall of 1938, I was working in a small radio station in Plattsburg, New York. On a cold night in November I had chills and fever. I sent for a doctor who told me I had incipient pneumonia.

Some time during the night, delirious, I fell down the stair well of my rooming house and smashed my hip. I was in the hospital for three-months and when I came out I knew I was crippled for life. But none of that annoyed me as much as the fact that some well-meaning ambulance attendant had given me a drink of whisky before my late-night arrival at the hospital. Because they could smell it on my breath, I was booked as drunk...

Now I'll tell you the real story of what happened. I had been sent to Plattsburg by some friends who wanted to get me out of New York City. I had been making a mess of myself in New York, cadging money for drinks. So my friends found a job for me in Plattsburg. At \$25 a week.

I had been earning nearly ten times that much; \$25 a week was pin money. So-you guessed it-I hit the bottle a little harder. On the night I fell down the stair well I wasn't delirious. I was drunk and I fell over the bannisters.

The ambulance attendant who gave me the drink was only doing the humanitarian thing. When you've got an alcoholic on your hands the first rule is to give him the alcohol he seems to need. You leave it to the doctors and nurses to sober him up.

But I fooled the doctors and nurses during the three months that I was confined in the hospital. At least I thought I did, which is the same thing to an alcoholic. The first day there I managed to get a quart of rye. There are usually people in hospitals who think they are being kind in smuggling booze to you.

When I was nearing the end of my stay my nurse came and sat on my bed. "Of course you won't admit it," she said, "But you're an alcoholic. Why don't you do something about it?"

"Of course I'm not an alcoholic," I said. "I've simply had a little bad luck."

She whipped out of the room with a crisping of her starched skirts. I reached under the covers of my bed. I took a long pull at a pint I had

hidden there. Stupid fool! Me, an alcoholic!

Let's go back a little. I started what was then called social drinking a few years after college. I got married. I entered radio publicity. In 1927 I went with National Broadcasting Company and was soon promoted. I was going great guns.

At the same time I was doing more drinking. At home I drank only when we had guests, though I always found the need to have three or four extra snorts on the side. I was beginning to fall into a drinker's pattern, but I didn't know it.

Then my wife left me. She took my two sons with her. This startled me, because she said that she left me because I drank too much. Ridiculous! Why, I only drank as every other businessman did. But she left me nevertheless. Within two years I was married again. This time I was going to show the world, particularly my first wife.

I showed her all right. I was now living in a 14-room house in a swanky Connecticut suburb; sitting pretty. I left the National Broadcasting Company to go with a famous advertising firm. I did a lot of traveling and naturally I did a lot of drinking on my trips. How, otherwise, could you entertain the customers? Ah, how otherwise!

Eventually I was eased out of that firm and it never occurred to me why. They gave me a thousand reasons but not the real reason, which was that I couldn't hold my liquor. Other men could, but I couldn't

I was then elected president of an agency specializing in radio and I felt pretty good. But strangely enough, I was eased out of that company also. Then I went with another big advertising agency. It was about six months before I was eased out of there.

When I lost that job I had been married, the second time, about seven years. My job was gone but I was confident that on the following Monday I would start on a much better one; all I had to do was say the word. So I proceeded to go home and to announce to my wife that on this week end I was really going on a binge. I guess I did. I don't remember.

On Monday I woke up in a hospital. This was the Norwich State Hospital for the Insane, at Norwich, Connecticut. I explained to a nurse that I had been drinking a little too much and that my wife had sent me here for a couple of weeks to sober up.

"Two weeks!" said the nurse. "Do you know you've been in here for two years?"

I was, too. My wife apparently had been more fed up than I realized. She had

signed the papers committing me. The first time she came she was sorry, but it was not until five months later that we were able to convince the State of Connecticut that I should be let out. One reason for the aplomb that got me out was that in this hospital, try as I might, I couldn't sneak a drink.

When at last I got out I found that my wife had gone to live with her parents and she had taken the children with her. She had disposed of practically everything we owned in our beautiful 14-room house. What did I do? You guessed it. You're going to guess it so often that I'll now try to give you a listing of the hospitals I was in - for excessive drinking - after that.

Plattsburg, with which I started this story. Broken hip.

Metropolitan Hospital, Welfare Island, New York. Delirium tremens.

Bellevue Hospital, New York, more than a dozen times. This was in the psychopathic or "drunk" ward, naturally.

And, oh yes, before any of this started there was a stretch at New York's Medical Center, where I paid \$25 a day for room and keep for a so-called "nervous breakdown." I did not realize that it was alcohol that caused my "nervousness." I never had the guts to put the blame where it belonged.

But let's go back to the time I left Norwich. I crawled out of there with my tail between my legs and I found my wife had left and I went on a series of benders. No wife could tell me where to get off!

I left Connecticut. New York was better; there were more people to borrow from. I still had "friends" at NBC and other places. I used to hang around NBC at five in the afternoon, waiting for people to come out. I put the bee on all of them: five dollars today, two dollars tomorrow, three the next day.

I always tried to borrow at least two dollars. One dollar for my room in a cheap hotel, the other dollar for the half-pint that would put me to sleep. On at least one occasion I found myself sleeping on the grass with a 25-cent bottle of sherry in my hand. I say I found myself. Actually a policeman found me and told me to get going. Although it was late September I was well-dressed (so I thought) in a filthy white Palm Beach suit and a pair of white shoes that were mostly black.

"I'm no drunken bum," said I to the cop resentfully.

To myself I was still the important personage who for years had been a prominent executive. I knew that if people would stop picking on me I would be back on my feet tomorrow. Always tomorrow.

Then my friends ganged up and sent me to Plattsburg. When I got out of the Plattsburg Hospital, on crutches, I fondly expected my wife to feel sorry for me and let me come home. She didn't. She was done with me.

I thought my sister was done with me too. But my sister, bless her heart, wasn't done with me. She knew a man, the brother of a friend of hers. She sent him to see me.

He told me the story of his life, which was much like mine. He asked me to go to the home of a man in Brooklyn who had gathered around him a dozen other men and women who also had stories like mine. They came for me in a car; they practically carried me up the steps to my first meeting of Alcoholics Anonymous.

I walked in on a group of 30 or 40 who looked happy and sober. I thought they were a bunch of holier-than-thou's who would try to make me over into their own pattern. But these people offered me friendship without criticism. They came and got me each week, and I finally came to understand that they had a set of principles which, if I followed them, would enable me to lead a better life. But I still kept my tongue in my cheek. They could call themselves alcoholics. I never would, because I wasn't one.

This was just six years before I finally admitted in an Alcoholics Anonymous meeting, humbly and sincerely, that I too was an alcoholic.

The contact with these people did something to me. I got back into the National Broadcasting Company. I stayed cold sober for about two years. Then for a few years I drank, but very carefully. I managed to keep my job; as a matter of fact, I again went up the scale very rapidly. An advertising agency took me away from NBC and I thought that was a feather in my cap.

I married again, for the third time. I now felt so sure of myself that I went on a toot. My wife and I had some arguments about the fact that I was drinking again. I told her not to be silly, that I had the thing under complete control. She was a trained nurse. She knew all the symptoms. She simply moved faster than the others and saved herself a lot of grief. At the end of five weeks she left me. For good. That was my third strike.

I was very sorry for myself and-you've guessed it again. Presently I became unconscious with the D.T.'s for ten days. The advertising agency was swell to me, but eventually its patience wore out and I was fired again. Because I didn't have any money left I was sent to the public hospital on Welfare Island.

God knows how I came out of it, but I did. God knows how I got a job, but I did. I got a job with one of the biggest of all advertising agencies, and I thumbed my nose at all my critics. This time I would show them! I showed them by going on a bender. Needless to say I lost this job too.

I was then being sent to the psychopathic ward at Bellevue Hospital. The authorities finally got tired of seeing me there, where they would sober you up for five days and then turn you loose, only to have you reappear again. If you were a repeater long enough there was still another fate in store for you-the Rockland State Hospital, where if you were once elected to membership it might be good for life. The grapevine at Bellevue told me I was going to be sent to Rockland. That scared me stiff.

I needed a cigarette; I didn't have one; I didn't even have the money for one. There was a visitor sitting by the bed next to mine. He was smoking, so I put on my best smile and bummed a cigarette from him. Then I entered into small talk by way of talking to him. Was this his first visit to Bellevue?

He said, casually, "I'm just a member of A.A. This is my day to visit patients."

"You mean you're a member of Alcoholics Anonymous?"

"Sure." He grinned at me.

I was scared. Moreover, the truth had been beginning to dawn on me-the truth that I was an alcoholic. It had been coming very painfully-but it was coming.

I stammered, "I once-well, I wasn't exactly a member, but I went to a lot of meetings. I mean of A.A. Do you think-?"

The man smiled. "Take it easy, son-you can't do it all by yourself." Then he dumped a pack of cigarettes on my bed and walked out.

That same day five different members of Alcoholics Anonymous came to call on me. They talked. I listened. Eventually they got me out of Bellevue. I have never been back there-and I have never taken a drink since.

I started attending A.A. meetings again, but now, instead of being in a private house in Brooklyn, they were held in a big building in Manhattan, with bowling alleys and pool tables, a cafeteria and rooms for bridge and poker. Instead of three or four dozen people hanging around there now were hundreds.

But it wasn't this material progress of the A.A. movement that got me. It was literally a spiritual awakening. Maybe I can't explain it but I'll try.

I took an honest fearless inventory of myself-the first of my life. I became willing to have my faults removed, instead of trying, always futilely, to remove them myself. I became humble enough to ask help from a higher power. Yes, God, though you don't have to believe in God: just a higher power, the

We just returned a few hours ago from taking part in a magnificent event -- the 3-day celebration, in Holguin, Cuba, of the 10th anniversary of the founding of AA in Cuba. I went with my wife, Ruth, and Bruce K. from San Francisco, the guy who rounded up seven of us in the first place to go to Havana in Jan. 1993.

This visit was quite an eye-opener. From our first meeting on 1/18/93 with six Cuban alcoholics, all of whom subsequently went out and drank, there are now 160 groups throughout the country and an estimated 3,000 active AA members. Full general service structure with staffed office in Havana, trustees, districts, areas; central offices in all the larger cities, the works! 400 members attended the 3-day event in Holguin. Unbelievably moving experience.

During the all-day sessions at the 10th Anniversary event in Holguin, Cuba, last Saturday, a Cuban woman rounded up my wife, the other American woman with us, and around twenty other Cuban women, and said, "C'mon, let's have a meeting of just us women!" They went into a part of the big church where the conference was being held, and shooed out a bunch of guys, then they spent over 3 hours in what turned out to be Cuba's very first women's AA meeting!

Ruth tells me that during the meeting, two of those present came out as gay, saying that it was the first time in their lives they had felt comfortable talking about it in a group of any kind. One of them had mentioned it once in an AA meeting, and was pretty much scolded by the men present. Cuba is what Americans would consider quite "backward" when it comes to issues of gender and sexual orientation. Based on previous experience, I have a feeling that women-only AA meetings may take hold in Cuba.

Sort of on the same subject, we were invited to a private home that night by a friend of the oldest AA in Cuba (ten years), who said "We've killed a large pig and want you to come help us eat it." Who could turn down such an invitation <G>? When we arrived, said porker was duly spread-eagled on a large table, perfectly roasted and delicious, and we shared it with a couple of dozen Cuban AAs. One of them was Matica, the first woman to get sober in AA in Cuba, whom I had met in a hospital in Havana in June of 1993, and who claimed I was the first person she had ever met who was alcoholic and talked to her on an equal basis! Wow, what a feeling!

For those who erroneously think Cuba represses religion, the

from Lois Remembers, various notes on Bill and Lois W's travels.

1943-4 trip [pg 143-4] \$\$_\$END_PRE

(extended trip through the west and south) \$\$_\$END_PRE

Chicago \$\$_\$END_PRE

Omaha \$\$_\$END_PRE

Denver \$\$_\$END_PRE

Grand Canyon (side trip to see Canyon) \$\$_\$END_PRE

Los Angeles \$\$_\$END_PRE

Hollywood \$\$_\$END_PRE

San Francisco \$\$_\$END_PRE

San Quentin prison \$\$_\$END_PRE

Sacramento \$\$_\$END_PRE

Folsom prison \$\$_\$END_PRE

Portland \$\$_\$END_PRE

Seattle \$\$_\$END_PRE

San Diego (to return Bill's mom home) \$\$_\$END_PRE

Trabuco \$\$_\$END_PRE

Tucson, Arizona \$\$_\$END_PRE

Houston, Tx \$\$_\$END_PRE

New Orleans, La \$\$_\$END_PRE

Dallas, Tx \$\$_\$END_PRE

Little Rock, Ark \$\$_\$END_PRE

Oklahoma City, Ok \$\$_\$END_PRE

1948 trip [149-50] \$\$_\$END_PRE

(by train through Canada) \$ _ \$ _END _PRE

Toronto \$ _ \$ _END _PRE

Winnipeg \$ _ \$ _END _PRE

Calgary \$ _ \$ _END _PRE

Marblehead (to see Bill's dad) \$ _ \$ _END _PRE

Vancouver \$ _ \$ _END _PRE

Victoria \$ _ \$ _END _PRE

Los Angeles (met by Dr. Bob and Anne) \$ _ \$ _END _PRE

1950 spring trip [pg 152-5] \$ _ \$ _END _PRE

(10 week plan to visit groups in Norway, Sweden, Denmark, Holland, France, England, Ireland & Scotland) \$ _ \$ _END _PRE

Norway - Oslo \$ _ \$ _END _PRE

Sweden - Stockholm \$ _ \$ _END _PRE

Holland - Amsterdam \$ _ \$ _END _PRE

France - Paris \$ _ \$ _END _PRE

England - Caxton Hall, "The Hall", high class sanitarium near Harrow
\$ _ \$ _END _PRE

Ireland - Dublin, Blarney Castle, Limerick, Belfast \$ _ \$ _END _PRE

Scotland - Edinburgh \$ _ \$ _END _PRE

(home just in time for first AA International Convention in Cleveland)
\$ _ \$ _END _PRE

Other travels / vacations noted [pg 150-2] \$ _ \$ _END _PRE

Laurentine Mountains of Quebec \$ _ \$ _END _PRE

used as example of how impromptu meetings formed when Bill W sighted
\$ _ \$ _END _PRE

Charleston, Sc \$ _ \$ _END _PRE



Here is an article published in the Magazine "Confidential" in September 1954.

Alcoholics Anonymous

No Booze But Plenty of Babes

Some AA's go to meetings to hear how to stay dry. The others-well, many have discovered their club is a faster spot for a pick-up than the best saloon in town!

An Ozarks mountain boy who had a hankering to write before he ever saw a typewriter, Homer H. Shannon graduated from the University of Missouri and set out on a newspapering, free-lance writing career interrupted only by service in both World Wars. Like many another excellent scribes before and after him, Shannon has occasionally looked at life too heartily from the bottom of a highball glass and recently gave AA a whirl, as a corrective measure. His disillusionment is told with wry (or rye) humor in this penetrating report.

By HOMER H. SHANNON

The twentieth Anniversary of the founding of Alcoholics Anonymous-most remarkable hoax of this generation-will be celebrated next December. Tens of thousands of cups of coffee will be downed by the membership of this noble order of sometime drunks in honor of the event. And, no doubt, a considerable number of the brothers and sisters will be so inspired by the historic occasion that they'll take off on a prolonged bender.

The AA hoax not only has proved its durability, but it is especially notable for the aura of sanctity it has assumed in the minds of do-gooders and otherwise level-headed citizens who have swallowed-with or without chaser-its brand of fairy tale. These include ministers of the gospel, social workers, municipal judges, personnel executives of great industrial enterprises and even a scattering of medical and scientific gents who know the bottle babies by reputation.

Love to Be Humbugged-by a Pious Fraud

Such good souls love to be humbugged-as long as it's a good, clean, pious fraud. They'd probably be horrified to know that many an AA still drops around to the club house for the sole purpose of picking up a date, rather than to boost his new-found and oh-so-temporary enmity towards John Barleycorn. It's true, though. I can give you some proof in my own experiences and a whole lot more from what other AA's have told me.

But we'll get into that later. First, let's take a look at AA's proud claim that it has accumulated a membership of 150,000 around the world. At least that's the figure put out by the zealous boys who run the show. No one has ever seen the membership books because there just aren't any. It's Alcoholics Anonymous remember.

But even if there are 150,000 who stay sober long enough to be called members, it's scarcely a drop in the family beer bucket. In this country alone there are about 4,000,000 alcoholics, periodics and problem drinkers. They are all fit subjects for AA, even though a real AA makes it important that he is an alcoholic, not a namby-pamby second or third-grade addict.

The AA version of the long series of cults dedicated to the salvation of over-eager tipplers was the brainchild of a fellow named Bill Wilson. It isn't quite cricket to use last names of alkys who affiliate. But Bill has been making speeches around the country for so many years, it can't be much of a secret his last name is Wilson. With that exception, I'll play the game according to rule and won't mention out loud the names of any other members I know. From here on it's Bill and Jane and Harry and Lucy.

While I was a member, I toured meetings of half a dozen groups scattered about the various boroughs of New York. That's regulation. It affords a greater variety of horror stories than if you stuck to home base. At every meeting three or four speakers—male and female—tell in sordid detail how low they had sunk while clutching the bottle and how high they've climbed since they relaxed their grip on the foul-smelling thing.

By visiting various groups, you not only get to hear more and better stories, you also meet more and sometimes better people of both sexes. If you are a man, it's especially nice to meet and better people of the female sex, since your wife probably isn't a member of AA.

My home group was in Brooklyn, a few blocks from where I live. Naturally, I know that gang a lot better than the others. The chapter boasts a club house over a garage—open every evening, plus afternoons on Saturday and Sunday. At one end of the long room is a "bar" where you can buy a good cup of coffee for a dime. Heavy drinkers are given to plenty of coffee when they are off the hard stuff, in or out of AA. There are comfortable chairs and divans scattered about. Also, old magazines and books. Even a radio, which is rarely turned on because it would mess up conversation which, next to romance, is the main business of the place.

Up close to the coffee bar are a couple of tables which we called "Lovers' Nook." Romance was all over the place, but that was where it really got organized. At ten cents a throw you could buy drink after drink and not be hurt too badly.

It must have gotten around the neighborhood that our romance corner was pretty good. A middle-aged gal', slightly off her rocker, began occupying a chair there every evening for several weeks. She had plenty of company until a male regular she had turned down got around to asking her if she were an alky. She didn't quite understand the significance of the question but pleaded not guilty. In a firm sort of way she was invited not to come back.

Genuine lady luses get all the loving treatment accorded the males, however, and sometimes extra-special care if they're good looking. Until recent years, it was commonly believed among non-members that AA was strictly for the boys and the general public still has a childish opinion that the only females who ever join a swearing-off society are wrinkled old trollops who spent their youth in second rate brothels.

I wish all those who have fallen for this idea could attend one of the many big parties tossed by the Manhattan-Uptown branch of AA. The first time I went, I met two girls who had been in the chorus of New York's famed Copacabana line only the year before. Later that same evening, I was introduced to a pair of top-flight models whose beautiful faces had graced the covers of leading fashion magazines.

There were some 250 persons at the party and the men outnumbered the girls slightly—a ratio of three-to-two, I'd say—but there was plenty of femininity there, much of it under 30, and many of the samples would have had to be very potted, indeed, for the average man to pass up.

One thing encouraging about a female AA is that it doesn't take much coaxing to make a date and then get even better acquainted.

Maybe they figure that after seeing so many spotted snakes and pink elephants they have nothing left to fear.

Have to Watch Lady AA's

AA's are like call girls in one way. As soon as two get together, one or the other always asks, "How did you ever get into this racket?" Swapping yarns with reformed binge babies. I discovered there's a deep maternal instinct in a female AA. If you say you were led down the primrose path by a heartless dame who's still lapping it up and still torturing other men, you've got your new sweetheart hooked. A Maybe it makes her mad to think of some other gal who can down a Martini without climbing right into the bottle; I don't know.

You have to watch them, though. The minute they feel they're in love, they get a deadly urge to celebrate. First thing you know, neither of you can find yourselves, much less the black-coffee-club where you met. I slipped off the wagon hard a couple of times before I learned not to toast a new

`WE COULDN'T WORK IF WE WERE KNOWN'

In 1953, More and More `People With Problems'

Banded Together Under The Title: The Anonymous

He stood on the platform and with a bang of the gavel opened the meeting. "If there are reporters here," he said, "you can write anything you want. But don't use names. You must respect us on this because some people are funny; they usen't to mind being seen in the Hotel Metropolis so drunk they couldn't stand up, but they're a little bit sensitive about being seen sitting down here cold sober"

So began a recent meeting of Alcoholics Anonymous, an association of men and women who share their experience, hopes and strength with each other in order to solve a common problem-alcoholism.

Conceived by a drunk as he lay in bed in a drunk's hospital in New York in 1934, this organization of nameless men and women was the first to bear the title ANONYMOUS. In the years that followed, and particularly in 1953, other individuals bearing their own peculiar sorrow have banded together for comfort and strength. They too are ANONYMOUS.

It was after twenty-five years of stealing, forgery and near-death that an ex-addict conceived of an organization for those who knew the hell of drug enslavement. Like the founders of AA, this man found his "way out" through association with those who knew the nightmare of drug addiction and who wanted, as much as he, to live normal lives. He first tried attending AA meetings, hoping they would provide him with the encouragement and strength to stay off drugs. But AA didn't work. "I felt lonely," he says, "because all they talked about was alcoholism and I was a drug addict." He drifted away; It was only after another bout with the "white death" that he began his own organization. He called it Narcotics Anonymous, and to it men and women who had experienced the humiliation and despair of drug enslavement were drawn.

Under the guidance of a leading New York psychologist, another group of people have been brought together. Their problem: homosexuality. Meeting in the office of Dr. Albert Ellis, these men discuss their problems in an

effort to understand them, perhaps to overcome them. Their feelings are best summed up in the words of one of Dr. Ellis' patients: "First my problem was a sense of guilt and shame. Now it's having to live most of my life pretending to be what I'm not. We homosexuals live in constant fear. We are a persecuted minority.

In Their Search for Happiness, They Wish to Remain Nameless

"Thoughtful AAs, however, encourage these sponsors to bring addicts to open meetings, just as they would any other interested people. In the end, these addicts usually gravitate to other forms of therapy. They are not received on the platform in open meetings unless they have an alcohol problem, and closed meetings are, of course, denied them. We know that we cannot do everything for everybody with an addiction problem.

"There has also occurred lately a new development centering upon hippies who have LSD or marijuana troubles -- not so much stronger stuff. Many of these kids appear to be alcoholics also, and they are flocking into AA, often with excellent results.

"Some weeks ago, there was a young people's convention of AAs. Shortly thereafter, four of these kids visited the office. I saw one young gal prancing down the hall, hair flying, in a mini-skirt, wearing love beads and the works. I thought, 'Holy smoke, what now!' She told me she was the oldest member of the young people's group in her area -- age twenty-two! They had kids as young as sixteen. I was curious and took the whole party out to lunch.

"Well, they were absolutely wonderful. They talked (and acted) just about as good a kind of AA as I've seen anywhere. I think all of them said they had had some kind of drug problem, but had kicked that, too. When they first came around, they had insisted on their own ideas of AA, but in the end they found AA plenty good enough as it was. Though they needed their own meetings, they found interest and inspiration in the meetings of much older folks as well.

"Perhaps, as younger people come into AA, we shall have to put up with some unconventional nonsense -- with patience and good humor, let's hope. But it should be well worth the attempt. And also, if various hippie addicts want to form their own sort of fellowship along AA lines, by all means let us encourage them. We need deny them only the AA name, and assure them that the rest of our program is theirs for the taking and using -- any part or all of it.

"For these reasons, I feel hopeful and not a bit scared by this trend. Of course, I'm no prophet. I may be mistaken, so please keep me posted. This is a highly interesting and perhaps significant development. I certainly do not think it ought to be fought. Instead, it ought to be encouraged in what we already know to be workable channels.

In affection ... Bill"

AA Grapevine, March, 1971

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alcoholics and non-alcoholic friends, who today number fifteen. When in the spring of 1938 our Foundation was born, A.A. was three years old. We had only 50 members. The book *Alcoholics Anonymous* was just an idea. None could then guess the magnificence of the gift which Providence had begun to bestow.

In the twelve years since, those 50 early members have spawned 120,000 more. A.A. stretches world-wide. Religion and medicine have approvingly raised us out of that No Man's Land where we once floundered between them. We have no enemies, our friends are beyond count. Like gleaming coral islands our thousands of Groups build themselves upward out of the alcohol sea. What a God-given, miraculous circumstance!

Through this glowing, feverish infancy, the Alcoholic Foundation Board, unseen by many, quietly played a great part in the formation and spread of our well-loved Society. Acting through our General Service Office, the book *Alcoholics Anonymous*, and latterly the *Grapevine*, the Foundation became directly responsible for half our growth and effectiveness--both in quality and quantity. There can be no question of that.

Suppose then, all these years, we had been without those fine services. Where would we be today minus the A.A. book and our standard literature which now pours out of Headquarters at the rate of three tons a month? Suppose our public relations had been left to thoughtless chance. Suppose no one had been assigned to encourage good publicity and kill the bad. Suppose no accurate information about A.A. had been available. Imagine our vital and delicate relations with medicine and religion left to pot luck. Then, too, where would thousands of A.A.'s be today if the General Office hadn't answered their frantic letters and referred them to help? (Our New York Office received and answered 28,000 letters of all kinds last year.) Or in what shape would hundreds of distant A.A. Groups now be if that Office hadn't started them by mail or directed travelers to them? How could we manage without a world Group Directory? What about those foreign Groups in 28 countries clamoring for translations, proved experience and encouragement? Would we be publishing the A.A. book at Oslo, Norway and London, England? What of those lone members on high seas or in far corners of the earth, those prisoners, those asylum inmates, those veterans in service or in hospitals? Where might we one day be if we never had the A.A. *Grapevine*, our mirror of A.A. life and principal forum of written expression? How grateful we are for those faithful Secretaries, those painstaking volunteer Editors and those able Trustees who have stood sentinel all these years over our principal affairs. Without all these things, where would we

be? You must have guessed it. We'd be nowhere; that's sure.

So it is that by the "Steps" we have recovered, by the "Traditions" we have unified and by our Headquarters Services we have been able to function as a Society.

Yet some may still say - "Of course the Foundation should go on. Certainly the Foundation should go on. Certainly we'll pay that small expense. But why can't we leave its conduct to Dr. Bob and Bill and their friends the Trustees? We always have. Why do they now bother us with such business? Let's keep A. A. simple." Good questions, these. But today the answers are quite different than they once were.

Let's face these facts:

First -- Dr. Bob and Bill are perishable, they can't last forever.

Second - Their friends, the Trustees, are almost unknown to the A.A. Movement.

Third - In future years our Trustees couldn't possibly function without direct guidance from A.A. itself. Somebody must advise them. Somebody, or something must take the place of Dr. Bob and Bill.

Fourth - Alcoholics Anonymous is out of its infancy. Grown up, adult now, it has full right and the plain duty to take direct responsibility for its own Headquarters.

Fifth -- Clearly then, unless the Foundation is firmly anchored, through State and Provincial representatives, to the movement it serves, a Headquarters breakdown will someday be inevitable. When its old-timers vanish, an isolated Foundation couldn't survive one grave mistake or serious controversy. Any storm could blow it down. Its revival wouldn't be simple. Possibly it could never be revived. Still isolated, there would be no means of doing that. Like a fine car without gasoline, it would be helpless.

Sixth -- Another serious flaw: As a whole, the A.A. movement has never faced a grave crisis. But someday it will have to. Human affairs being what they are, we can't expect to remain untouched by the hour of serious trouble. With direct support unavailable, with no reliable cross-section of A.A. opinion, how could our remote Trustees handle a hazardous emergency? This gaping "open end" in our present set-up could positively guarantee a debacle.

Confidence in the Foundation would be lost. A. A. `s everywhere would say: "By whose authority do the Trustees speak for us? And how do they know they are right? " With A.A. Service life-lines tangled and severed, what then might happen to the "Million who don't know." Thousands would continue to suffer on or die because we had taken no forethought, because we had forgotten the virtue of Prudence. This must not come to pass.

That is why the Trustees, Dr. Bob and I now propose the "General Service Conference of Alcoholics Anonymous." That is why we urgently need your direct help. Our principal Services must go on living. We think the General Service Conference of Alcoholics Anonymous can be the agency to make that certain.

SECTION II Our Proposed Plan

Here is our over-all plan. To start the General Service Conference, the Foundation Trustees will invite one Delegate from each State of the Union and one from each Province of Canada. States and Provinces having large A.A. populations will be asked to send additional Delegates. (Subject, of course, to A.A. `s willingness to finance full representation.)

These Delegates will serve in two rotating panels. Panel No. 1 will be formed by inviting representatives from the 28 States and Provinces having, by our Group Directory, the largest A.A. populations. Panel No. 2 (which will start in the second year) will be created by inviting Delegates from the remaining 28 States and Provinces plus additional representation from densely populated regions.

Delegates to the General Service Conference at New York are to be selected by Group representatives who will usually meet in the largest A.A. center of each State or Province, on dates to be set every two years by the Alcoholic Foundation working with appropriate State or Provincial Committees.

A non-controversial method has been devised for the selection of State Committees and Conference Delegates. It will be seen that this method carefully avoids our usual political troubles. No Delegate so chosen could possibly consider himself a political victor. He will feel himself a servant, but not a senator. (Details in Section III)

Each Delegate will serve a two-year term, will always be available for mail or phone consultation with A.A. Headquarters, and will twice attend the General Service Conference which will

ordinarily be held in New York City to coincide with the regular April meeting of the Foundation. At the Conference, these Delegates will sit with our Trustees, General Office Secretaries and Grapevine Staff Members. Thus, we shall constitute the "General Service Conference of Alcoholics Anonymous."

Now what will our General Service Conference do?

A. It will here the Annual Reports of the Foundation, General Office, Grapevine, and Works Publishing (the A.A. Book Company); also the report of our C.P.A.

B. It will fully discuss these reports, offering needed suggestions or resolutions respecting them.

C. The Trustees will present to the Conference all serious problems of policy or finance confronting A.A. Headquarters, or A.A. as a whole. Following discussions of these, the Conference will offer the Trustees appropriate advice and resolutions.

D. Special attention will be given to all violations of our Tradition liable to seriously affect A.A. as a whole. The Conference will, if it be deemed wise, publish suitable resolutions deploring such deviations.

E. Because Conference activities will extend over a three-day weekend, Delegates will be able to exchange views on every conceivable problem. They will become closely acquainted with each other and with our Headquarters people. They will visit the premises of the Foundation, Grapevine and General Office. This should engender mutual confidence. Guesswork and rumor are to be replaced by first-hand knowledge.

F. Before the conclusion of each year's Conference, a Committee will be named to render all A.A. members a written report upon the condition of their Headquarters and the state of A.A. generally.

On a Conference Delegates return home, his State or Provincial Committee will, if practical, call a meeting of Group representatives and any others who wish to hear his personal report. The Delegate will get this meeting's reaction to his report, and its suggestions respecting problems to be considered at future Conference Sessions. The Delegate ought to visit as many of his constituent Groups as possible. They should have direct knowledge of their A.A. Headquarters.

How best to finance our Conference expenses is a moot question.

The General Service Conference will function for the benefit of A.A. as a whole. Its entire cost ought to be a charge against those "Group Contributions" now sent to New York for the support of the General Office. But this method is quite impossible now. Group Contributions are not meeting General Office expenses. Nor can the "Reserve" or the Foundation's A.A. "Book Income" carry the Conference.

We therefore propose that all A.A. Groups be asked for a gift of \$5. each, yearly, at Christmas. The Foundation Trustees would deposit these sums in a special account marked "Conference Funds."

If even one-half the A.A. Groups made this annual \$5. gift to the Foundation "for the benefit of the million who don't yet know," we estimate that the resulting income would absorb the total yearly Conference overhead, plus all Delegates' transportation to New York in excess of \$100. each. (See Section IV for details)

One more word about money. A.A. Headquarters recently sent out its semiannual appeal for voluntary contributions, remarking that of late the Groups had donated much less than the traditional "\$1.. per member a year." The present condition is only natural. The larger A.A. grows, the less the average Group is apt to know or care about the Foundation. It's not surprising that interest lags. But the General Service Conference should change all that. A brand new channel of participation and understanding will be wide open. No doubt hundreds of Groups not now giving to the Foundation will commence to do so. Meanwhile, our great thanks go out to all those who have supported Headquarters in past years, especially to Groups whose gifts have far exceeded the traditional "\$1. per member" yardstick. Without them we'd never have got by; there would be no Foundation Office or Grapevine today. But it should be noted that foreign, institutional or quite new A.A. Groups need never feel obligated.

The A.A. General Service Conference will be an informal gathering. Resolutions passed by a simple majority will be advisory only. But the Trustees will traditionally favor all resolutions passed by a two-thirds vote. When Trustees of the Foundation retire, the remaining Board members will traditionally consult the Conference, or a committee thereof, before naming their successors. Above all, it ought to be understood that the General Service Conference will never become a government for Alcoholics Anonymous. Though it may publish resolutions respecting deviations from A.A. Tradition, it is

agreed that such acts will never be personal, punitive or governmental in their character.

So concludes our general outline of the General Service Conference plan.

The Trustees, Dr. Bob and I rest in sure confidence that this--your third legacy--will never be lost; that your new responsibility will be carried without faltering. By its complete willingness to serve God in all weather, may the Society of Alcoholics Anonymous ever merit the worthiness to endure.

SECTION III

A.A. State And Provincial Assemblies:

Their Committees And Delegates, How Chosen

Without great expense or friction, how can States and Provinces select their General Service Conference Delegates and suitable State or Provincial Service Committees? This is the "\$100." question. But we believe there is an answer. On one of Bill's western trips, experiments were tried which proved it possible to do these things. The following concrete plan is the result. At this stage we urge the need to be definite to avoid confusion. Later on you may wish to amend the plan to suit local needs or iron out flaws. Here we are:

A. With Foundation help, meetings of A.A. Group representatives will be organized in each State and Province, these to be called Assemblies.

B. Each assembly will cast separate written ballots for each of its State or Provincial Committeemen; three, five, seven or more of them.

C. Committeemen so selected will be automatically placed in nomination as candidates for the post of Delegate to the General Service Conference for a two--year term.

D. If, on a trial ballot, no one of these Committeemen can be elected Delegate by a two-thirds vote, they then draw lots between them to name the Delegate.

E. Each State or Provincial Assembly naming a Delegate pays his plane or railroad fare to New York. But not to exceed \$100. yearly per Delegate. Money to defray this expense will be raised at the Assembly meeting where the Delegate is chosen. Two years, paid in advance, is preferable. For the benefit of distant

regions, the Foundation "Conference Fund" will pay any yearly transportation expense in excess of \$100. per Delegate (See Section IV)

For the clear guidance of those States and Provinces who send Delegates in 1951 and 1952, we urge this detailed procedure:

By January 1, 1951 the Foundation will ask the A.A. Group within each State and Province comprising Panel No. 1 how many of them wish to participate, as outlined above. Each Group expecting to help chose a Delegate will immediately select an experienced A.A. Representative. He (or she) will be ready to attend the State or Provincial Assembly. A date (not later than March 15th) will be announced. Much care ought to be given such selections. Any one of them may become Committeemen or the Delegate. Old-timers and former Group or Intergroup Officers ought to be considered possibilities.

Assuming that a minimum of 10 Groups in each State and Province of Panel No. 1 has volunteered to participate, the Foundation, in cooperation with the Groups, (or Intergroups) of the largest local centers, will arrange suitable State or Provincial meetings. The Foundation will then advise all participating Groups of the places and dates of their respective Assemblies. (In following years State and Provincial Committees will of course assume this duty.)

By this process we shall create a series of State and Provincial Assembly meetings, the Panel No. 1 Assemblies to gather in early 1951.

Now a very important question. Just how will State or Provincial Assemblies be conducted? For these key meetings we urge this procedure:

Let's assume that the Foundation, cooperating with a Temporary Committee* appointed at a typical "host city", has already named the date, hour and address of a given Assembly meeting. Group Representatives, "out of town" and "in town" have arrived. What happens then?

1. Registration: Each Group Representative registers his, and his Group's name and address in the Registration Book provided. He also has brought a copy of this pamphlet so he can follow the Assembly procedure.

2. Registration Completed: Chairman of the Temporary Committee opens the Assembly and reports the number present from the

Registration Book. Those who have not registered do so.

3. Tellers Appointed. Local expenses covered: Temporary Chairman appoints one or more tellers. He names the sum spent by his Committee in arranging the Assembly meeting and asks the tellers to pass the hat to cover it.

4. First Business -- Determining size of State or Provincial Committee: The Temporary Chairman then determines the size of the Committee desired by asking whether Assembly will have three, five, seven, or more Committeemen. He requests a show of hands on these figures in succession, until a majority names the proper number.

* The temporary "host committee" will only be needed for the very first meeting, after which State or Provincial Committees will take over.

5. Election of State or Provincial Committee: Tellers pass blank ballots. The Temporary Chairman then points out that all Committeemen ought to be experienced A.A.'s well known in the area, who would be willing to give close attention to Conference affairs for a two-year period. Temporary Chairman then requests a written ballot for Committeeman No. 1. Tellers count the ballots and report the high man. Unless he declines to serve, he becomes State Chairman at once and takes over the meeting. Similarly the next ballot produces a Treasurer, the next a Secretary, and further ballots the remainder of the Committee. If there are declinations, the process continues until there is a full Committee elected for a two-year term. (Note that this method avoids personal nominations, hence personal controversy.)

6. Trial Attempt to Elect a Delegate by 2/3rds Vote: The Chairman reminds the Assembly, that according to plan, the election of the State (or Provincial) Committee has automatically placed all its members in nomination for the post of Delegate also explains why, to assure unanimity, the election should be by two-thirds vote. Therefore the Chairman asks for a show of hands on this question -- "Will this assembly, on a single written ballot, attempt the choice of its Delegate by a two-thirds vote?" Should more than two-thirds of the meeting indicate a desire to try this two--thirds method, a ballot is cast. If one of the Committeemen receives two-thirds or more, he becomes the Delegate for two years. Otherwise the method of election is discarded.

7. Delegate Chosen by Lot: The Tellers then place in a hat the names of each Committeeman willing to serve as Delegate. The

first man (or lady!) out of the hat becomes State or Provincial Delegate for two years. The remaining Committeemen become alternates according to the order of their election. The State Secretary records the result together with the names and addresses of his Committee.

8. Duty of Treasurer: The Chairman then directs his Committee's Treasurer to name the sum required from each Group Representative present to cover the newly chosen Delegate's traveling expenses for two years. (This is determined by dividing the number present into the total estimated expense, or \$200., whichever is lower.) The Chairman asks the Assembly for a show of hands whether it wishes to pay one year's traveling expense, or two, in advance. The Treasurer then receives the agreed payment from each Group Representative and issues such Representative a receipt by which he may reimburse himself from his Group's treasury.

9) Secretary's Report: The Chairman instructs the Secretary to prepare a brief written report of the meeting, listing the names and addresses of Committeemen and Delegate, copy to the Alcoholic Foundation.

10) Final Business: The Chairman then throws the meeting open to discussion. Questions respecting the Conference, or instructions to be given the new Delegate, may be brought to the floor. Finally, the Chairman announces the date of an Open Meeting to be held after the Delegates return from New York. There the Delegate is to make his personal report to all A.A. members who wish to hear it. Adjournment is then in order.

Such is our concept of the typical State or Provincial Assembly. We hope it proves a successful model for future years. We can only try and see.

Though it may prove desirable, it will not be absolutely necessary to hold Assembly meetings in "off-election years." But returning Delegates in those years ought to make their usual report to Open Meetings held in large centers and should visit as many of their constituent Groups as they can.

Should travel money be lacking for a Delegate in his second year, his State Chairman may circularize the constituent Groups, or his Committee may raise this sum as they deem wise.

When, in the judgment of a State or Provincial Committee, a Delegate becomes incapacitated through alcohol, or otherwise, the Chairman will attend the General Service Conference in his

place. If the Chairman cannot attend, he will offer the post of Delegate to his fellow Committeemen in the order of their seniority as determined at the time of their election.

It is hoped, too, that State Chairmen will keep in close contact with the Alcoholic Foundation, addressing their correspondence to the A.A. General Office where one of its secretaries will be named to look after Conference matters.

A special word about Panel No. 2. To place the General Service Conference on a rotating basis, no Delegates can be invited from Panel No. 2 regions until 1952. These States and Provinces will then be approached in precisely the same manner as above described for Panel No. 1.

Since it is felt that Panel No. 2 may be more thinly represented, it seems right to invite additional delegates from those States or Provinces having an A.A. population of more than 2000 to round it out. On Panel List No. 2, attached, a number of cities which can act as "assembly" points for such additional representation are suggested. Provided "Conference Funds" prove adequate, additional cities in heavily populated regions may make application for representation.

Though no Panel No. 2 Delegates can be chosen until 1952, we hope that all States and Provinces will generously contribute to "Conference Funds" during 1951. For unless ample funds are in sight, we shall have to limit the total number of Delegates invited to the Conference. We much hope that won't happen as ultimate success for the Conference will depend upon wide-spread representation.

On the following list, each State, Province or special locality may discover the Panel in which it belongs. These selections were based upon the 1950 Group Directory. In suggesting cities for additional representation, we have been obliged to consider convenience as well as population.

Naturally these arrangements are tentative, experimental. Defects will show up. But we can mend these as we go. We shall begin thus.

IMPORTANT -- We hope and believe that we shall be able to invite Delegates from every locality listed, but it might not work out that way at first. Should there be a limited response from all the A.A. Groups when asked for the \$5. Christmas contributions to the "Conference Fund," we would have to limit out invitations accordingly. We may have to start on a smaller basis than we

anticipated. So please don't feel disturbed or disappointed should we have to limit representation at the start. We'll do the best we can.

NOTE - Where large centers are near State or national boundaries, there seems no good reason why Groups in adjoining areas may not cross these lines to elect Delegates. For example, at Detroit, Kansas City, Missouri, Buffalo, New York, etc.

SECTION IV Financing The General Service Conference

How to finance our General Service Conference is a plain guess. We'll have to make the best estimate we can and try it out. There's no other way.

First, some background. Lacking close contact, the Foundation has grown remote from the Groups. They have lost the feeling that our Foundation is really theirs. A.A. General Office expenses have soared because of inflation, even though that office isn't half as big, in relation to A.A.'s size, as it used to be. For these reasons the A.A. Groups haven't been meeting their current Headquarters expenses; 2000 Groups who could well give a hand, still abstain. The entire burden falls on the remaining 1500 Groups; they carry the load. Nobody is specially to blame for this, it's simply a condition. One important Conference purpose is to stabilize and correct this very situation. When the A.A. Groups are given direct participation and know the score, they will handle the matter. We are sure of that. Then Conference expenses can be deducted from routine contributions; the difference will scarcely be felt. But that time hasn't arrived.

Therefore Groups who already contribute, plus those who may soon be interested, are the ones who will make our Conference a success.

Naturally we can't place the entire financial responsibility upon those Groups who happen to take part in choosing Delegates, either. Many Groups at long distance from State or Provincial "Assembly" points might not be able to help choose a Delegate. Nevertheless we're positive that hundreds of them, considering this new set-up, would like to make a direct contribution to its success.

Bearing these facts in mind, our tentative financial plan is this:

1. That we ask every A.A. Group in the United States and Canada to contribute \$5. annually, this special gift to be made to the Foundation at Christmas for the benefit of "the millions who don't know." Since the Conference would insure the continuance of A.A. Headquarters, which is our principal lifeline to all those yet to come, this would be the thought.

Such a Christmas-time appeal would create an annual income somewhere between \$5,000. and \$10,000. for Conference purposes. If interest is small, we can invite but few Delegates. If interest is large, we can invite all those who are listed in Panels Nos. 1 and 2. This income will be deposited in a special Foundation account devoted to Conference purposes only and titled "Conference Funds."

- Just how would these \$5. Christmas--time contributions be used? Save one exception the Foundation would pay the total expenses of the General Service Conference, the year round. This would include:

(a) Full hotel bills and meals for as many as 60 Delegates for three days.

(b) The cost of a suitable meeting place.

(c) The printing of an annual Conference report to be sent to all A.A. members.

(d) The cost of secretarial help, correspondence and special mailings.

(e) All round--trip plane and railroad fares exceeding \$100. in any one year to assist distant Groups with transport of their Delegates.

(f) Organization expense-- distribution of 100,000 copies of this plan, possible travel by Bill, etc.

2) Each Group Assembly sending a Delegate would pay his round-trip fare to New York not exceeding \$100. per year. Any excess would be chargeable to the Foundation "Conference Fund." Eastern Groups would seemingly have an advantage but it's not great. Because of their numbers, the Easterners would be the principal \$5. Contributors to the "General Funds." Hence their's would be the lion's share of paying all Western fares over \$100. Therefore approximate justice would be done.

Quite obviously, full representation at our General Service Conference is going to depend squarely upon the generosity of some 2000 Groups Contributing \$5. each a year for this very special Conference purpose. It is a responsibility which you--the members of A.A.--will need to take if you are to receive and guard well your Third Legacy, The General Services of Alcoholics Anonymous.

Dr. Bob and I have the deepest faith that you are going to accept that responsibility.

SECTION V
Temporary Charter
for the
General Service Conference
"12 Suggested Principles"

We here present a precise statement of "12 Principles" upon which the General Service Conference of Alcoholics Anonymous can be founded; principles upon which it may be experimentally assembled, financed and operated during a four-year trial period beginning, if possible, in April 1951.

If in four years the Conference proves its usefulness and has gained wide A.A. acceptance, it may then amend these principles according to the dictates of actual experience. But any such changes in the Conference Principles should, of course, conform to the Tradition of Alcoholics Anonymous. Meanwhile, we only commit ourselves to giving the Conference - a thorough trial.

On this basis the Trustees, Dr. Bob and I offer you - the members of A.A. -this temporary "Charter" for your General Service Conference:

The General Service Conference
of Alcoholics Anonymous
(North American Section)

1. Purpose: The General Service Conference of Alcoholics Anonymous is expected to become the basic guardian of our A.A. Tradition and World Services. It is especially hoped the Conference will lend guidance to, and perpetuate the Alcoholic Foundation and the A.A. General Headquarters at New York City. The Conference will be a service body only; never a government.

2. Composition: - The Conference will be composed of A.A. State and Provincial Delegates, Trustees of the Alcoholic Foundation, and Staff members of the General Service Office and Grapevine.

3. Conference Relation to A.A.: The Conference will serve as a vehicle through which the A.A. Movement can effectively express its views upon all matter of vital A.A. policy and all hazardous deviations from A.A. Tradition, thus providing Alcoholics Anonymous with a reliable guide to right thought and wise action upon these serious subjects.

4. Conference Relations to A.A. General Headquarters: The Conference will also be expected to serve as a dependable guide for The Alcoholic Foundation, whose Trustees are the Custodians of A.A. general funds, the book "Alcoholics Anonymous," the General Service Office and the Grapevine. As such, the Trustees can be expected with favor upon any Conference resolution relating to vital A.A. policy passed by a two-thirds vote of the Conference. In filling vacancies on the Foundation Board the Trustees should be empowered to consult the Conference or a Committee thereof. It must be remembered, however, that the Conference will be informal and unincorporated and that the Alcoholic Foundation is alone authorized to make contracts, conduct public relations in the name of Alcoholics Anonymous, and insure the financial and managerial integrity of the A.A. General Headquarters. But if the Conference, following a reasonable trial period, becomes a vital and accepted Service of the A.A. movement it should then be entitled to shape and mould its own final form.

5. State and Provincial Delegates -- Term of Office: State and Provincial Delegates will be chosen for terms of two years each.

6. Conference Rotation: This will be effected by two panels of State and Provincial Delegates. First Year, Panel No. 1: To be composed by inviting one Delegate from each of those 27 States or Provinces having the largest A.A. population. Second Year, Panel No. 2: To be composed by inviting one Delegate each from the 28 remaining States and Provinces. Panel No. 2 will also invite extra representatives from those States and Provinces having an A.A. population of more than 2000. (See Section III)

7. Conference Delegates - Points at Which Selected: Conference Delegates will be selected at the largest centers of A.A. population within their respective States and Provinces. But Panel No. 2 will ordinarily include Delegates from the next larger centers of each State and Province having more than 2000 A.A. population (See Section III)

8. State and Provincial Delegates - Method of Selection: State and Provincial Conference Delegates will be chosen by Assemblies of A.A. Group Representatives meeting at such dates and places as may be jointly arranged by The Alcoholic Foundation and suitable State and Provincial Committee according to the principles of Point No. 7.

Delegates and alternates will be chosen by election or by lot, or by a combination of these methods. But if elected, a Delegate ought to be chosen by a majority of two-thirds because all Delegates should feel themselves servants of world A.A. rather than marginal victors of troublesome political contests. (See Section III for method of choosing Conference Delegates and State or Provincial Committees.)

9. - The General Service Conference -- How Financed: General Service Conference total costs will be apportioned as follows:

(a) Once yearly, each A.A. Group interested will be asked to make a \$5.00 contribution to the Alcoholic Foundation "Conference Fun"

(b) Those Groups within each State or Province who actually participate in naming Delegates will pay their Delegates traveling expenses to and from New York City, not to exceed, however, \$100.00 a year each. It is estimated that any excess above this figure can be absorbed by the "Conference Fund." (See Section IV for detail.)

10. Conference Meetings: The Conference ought to meet yearly at New York, or specially if there be an emergency. And two-thirds of the State, Provincial and A.A. Headquarters Delegates registered should constitute a quorum.

11. Ordinary Procedure: The Conference will hear the reports of The Foundation and its related Headquarters Services. The Conference will then advise with the Trustees and Headquarters Staff concerning pending and important matters of finance or general policy affecting the Headquarters or A.A. as a whole, making such suggestions or passing such resolutions as it may deem desirable. The Conference may also discuss and recommend appropriate action concerning serious deviations from A.A. Tradition, or harmful misuse of the name "Alcoholics Anonymous." The Conference will elect its own officers and pass suitable by-laws. Before adjournment the Conference will authorize a Committee to draft a full report on its proceedings and the state of A.A. generally, which will be furnished the Alcoholics

Anonymous Groups throughout the world.

12. General Warranties of the Conference: In all its proceedings the General Service Conference ought to observe the spirit of our A.A. Tradition, taking great care: that the Conference never becomes the seat of perilous wealth or power; that sufficient operating funds plus ample reserves be its prudent financial principle; that none of the Conference members ever be placed in a position of unqualified authority over the others; that all important decisions be reached by discussion and vote; that no Conference resolution ever be punitive in character or an incitement to public controversy; that the Conference never attempts to govern Alcoholics Anonymous, and that, like the Society of Alcoholics Anonymous which it serves, the Conference ought always remain democratic in thought and action. Perhaps, now, certain questions are coming to mind. For instance:

Q. Why should our Trustees and Headquarters Staff be voting members of the Conference.

A. As the ones most experienced in the conduct of our overall Services, they are obviously entitled to full Conference participation.

Q. Why is a "cross-section of A.A. opinion" so necessary?

A. Future Trustees must have sound advice and vigorous backing. Without that they never could speak for A.A. in years to come. A.A., too, must have a definite means of knowing its own mind. Otherwise serious issues of the future will certainly bring us endless controversy and confusion. A Society such as ours cannot permanently function on emotion, rumor or guesswork; it cannot be well advised by the clamors of small or self-appointed minorities.

Q. Why, on important matters, should a two-thirds vote of the Conference be needed?

A. Since the Conference will meet briefly, and but once a year, our Headquarters Staffs must be given some latitude for independent judgment. Hence they ought not be too firmly bound by a bare majority. To be binding, a Conference resolution ought to be reasonably unanimous.

Q. Why shouldn't the Conference elect the Foundation Trustees?

A. This would introduce a difficult and unnecessary political problem. It seems better that the Trustees continue to name

their own successors, subject to consultation with the Conference or a Committee thereof. Should circumstances warrant, the Trustees would unquestionably look with favor on any advice offered by two-thirds of the Conference respecting the composition of the Foundation Board.

Q. What is meant by "two year rotating panels?"

A. This means that only the Delegates described in Panel No. 1 will attend the 1951 Conference. In 1953 the original Panel No. 1 will be replaced by a new Panel No. 1 chosen from the same area. And so on, ad infinitum. This will make for continuity because only one-half of our out-of-town Delegates will have to be replaced each year. (See Part III, Selection of Delegates.)

Q. Why shouldn't our Conference be a government for Alcoholics Anonymous?

A. Each A.A. Group is autonomous; our only "authority" is a Higher Power. Practically speaking, no A.A. Group will stand for a personal government anyhow; we're built that way. Though the Conference will guide A.A. Headquarters, it must never assume to govern A.A. as a whole. While it can publicly deplore misuse of the A.A. name or departures from Tradition, it ought never attempt punishment or legal restraint of non-conformists--in A.A. or out. That is the road to public controversy and internal disruption. The Conference will give us an example and a guide, but not a government. A personal government is something, God willing, that Alcoholics Anonymous will never have. We shall authorize servants to act for us, but not rulers.

This is the basic structure of our Conference to be. Its framework has long been under study and consultation. We trust that it will commence to meet our evident need; that it will be regarded by all A.A.'s as a safe and suitable beginning.

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+++Message 804. Re: Third Legacy
From: Arthur Sheehan 1/31/2003 12:20:00 PM

|||||

Hi Lee

You seem to be getting answers that don't address your question on Third Legacy Procedures in elections.

The procedure is spelled out in Chapter 1 of the A.A. Service Manual (on pages S20-21 in the 2002-2003 version).

Areas use it to elect the Delegate, Chairperson, Treasurer, Secretary and their Alternates (some may include other officers on the slate). The procedure is also used in other venues as well (e.g. for Trustees). Third Legacy elections are decided by substantial unanimity of a 2/3 majority vote and can take up to 5 ballots. As the ballots progress a vote count threshold is defined to winnow out minority vote holders. The 5th ballot is optional (based on a motion to have a 5th ballot and carried by simple majority). If no candidate gets a 2/3 majority then it "goes to the hat" (i.e. the winner is chosen by lot).

The Area Delegate and Officer election cycle is every 2 years (called a Panel). Members elected for 2003-2004 are Panel 53 (numbering started with 1 in 1951, the 1st Conference, 2 in 1952, etc.) Areas are divided into odd/even year Panels so that about 1/2 the Delegates rotate each year (that helps the Conference run smoother). The procedure should also be used at District elections (perhaps less stringently). District elections may or may not correspond with the Area. Some Areas like to have half their DCMs rotate each year rather than all of them every two years. Groups might use a much less stringent, and informal, procedure before "going to the hat" (e.g. a simple majority rather than 2/3 majority). It will vary by group (some groups will elect you if you leave the room to go to the bathroom).

If you haven't been to an election Assembly it's really well worth the experience. It can be a bit agonizing though (both in time and outcome). It can be a heart breaker when a well qualified candidate is 1 or 2 votes shy of 2/3 majority and loses out of the hat. But that's the way it goes - and it really seems to go well all things considered.

Hope the above helps.

Cheers

Arthur

----- Original Message -----

From: M. Lee Carroll

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, January 30, 2003 7:21 PM

p.s. thanks to Jim B. for sharing the entire October 1950 pamphlet "Your Third Legacy---Will You Accept It?"---the five ballots and the "hat" practice weren't in there but most likely that direction was taken on voting soon afterward. It's a particularly beautiful fact that the pamphlet, with Bill and Dr. Bob as its authors, showed our two co-founders' agreement on the venture of the annual Conference, not knowing if it would be successful. Bill later wrote that Dr. Bob finally agreed with Bill on the need for the General Service Conference--- the two men would never see each other again after that last autumn 1950 meeting, as Bob passed away and never had the opportunity to see another of our fellowship's miracles take place the next year...

The pamphlet was published at 50,000 copies and rushed to every AA address on file. The Alcoholic Foundation Trustees had been hearing the Conference proposal since 1947, mostly from Bill with firsthand experience and mounting frustration on the workings of the AF Board. The two years before our first General Service Conference in 1951 had brought some resistance from different Sections of the fellowship, even a high pressured letter writing campaign against the idea of a Conference that had mailings to many groups at the same time the proposal was gradually gaining approval---our "Orthodox Group" chapter of AA history did not break the momentum.

Does anyone have one of those "Orthodox Group" letters to share with us?

----- Original Message -----

From: Arthur Sheehan

To: AA History Lovers

Sent: Friday, January 31, 2003 11:20 AM

Subject: Re: [AAHistoryLovers] Third Legacy

The procedure is spelled out in Chapter 1 of the A.A. Service Manual (on pages S20-21 in the 2002-2003 version).

Cheers

Arthur

----- Original Message -----

From: M. Lee Carroll

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, January 30, 2003 7:21 PM

Subject: [AAHistoryLovers] Third Legacy

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+++Message 806. Article on Clubs-Variety, March 28,1945

From: Jim Blair 1/31/2003 9:27:00 AM

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Alcoholics Anonymous Doing Great

Job in Its New Times Sq. Clubhouse

Alcoholics Anonymous has come to Broadway. The organization that has helped life 12,000 drunks onto the waterwagon, many of them straight from the gutter, is now established in a new clubhouse on West 41st street, a few minutes from Times Sq.

It's the old Knox Memorial, Collegiate Chapel, Reformed Church of America. Inside, church pews are lined up, and the Christ looks out over the audience benevolently from a stained glass window. But here the church similarity ends. Men and women sit around, waiting for the services to open, smoking. You look around and see the faces of people you know - some of them famous people, some of whom have been on Broadway, in the amusement world in general, for years.

The reporter's training urges taking notes, but you discard that notion, knowing that you must respect their anonymity. Here is a great actress. If you as much as hinted at the play in which she had been famous, almost everyone would know her as well as if you printed the name in boldface caps. A man behind you speaks in a voice you'd heard before. Sure enough, he is the famous - rather, once famous - radio personality. And that man who just walked in, the one in the Navy officer's uniform - you find out later that he is a lieutenant commander, just back from two years in the Pacific - he is an old friend, an old newspaper colleague: you had stood at the bar together many times in the "old days."

But here, they are all fellow members of AA. Among themselves, they sometimes drop their anonymity, as your newspaper friend did when he got up to address the audience a little later. You know the history of his drinking very well and wonder how much of it he'll tell. But he tells it all. And you say to yourself: if they're all as honest as he, they're honest indeed.

No Pulling Punches

Honesty is the quality that stands out among these people. For honesty is

the approach to their method for curing themselves. They have a 12-step program. Boiled down, their program calls upon drunks to admit to themselves first of all that they are drunks, who can't handle their liquor. Then they are advised to analyze their personalities and find out what made them that way; adjust their personal relations to normal life; depend upon some power outside of themselves to help them stay sober; work with other alcoholics, to help cure the latter and to help stabilize themselves.

This matter of depending on some outside power - that gets some of them down; that sounds like religious evangelism. But it isn't anything of that kind. These are not religious fanatics or zealots. These are sensible men and women of the world for the greater part, some of whom had been much too blas. They know the score. They're hep. They don't try to tell you what God to worship, or how - they don't really care whether you worship any.

Proving the latter point is a guy from Bridgeport who gets up to tell his story. "I never knew anything about this God business," he says, "and I don't now." And in his own, quite ungrammatical way, he tells how he finally caught on to the waterwagon and how he's fought to stay on it.

There isn't anybody around the joint sprouting wings. The "testimonials" that are given are intended only to add point to the AA program, to show that it really works. And there is no doubt that it does.

Highly Endorsed

Social workers speak highly of the AA movement. The section on neurology and psychiatry of the New York State Medical Society has run articles in its official journal about the work of AA. Prominent psychiatrists have given it their endorsement. And of course religious leaders have blessed it. All have agreed that AA is the McCoy.

There are more than 300 branches all over the country, about 30 in the N.Y. metropolitan area alone, and a h.q. in Hollywood too. At the 41st street clubhouse there are billiard rooms and card rooms, a library and a writing room where members can relax, good fellowship and all the appurtenances of any good club - except a bar. For one thing is insisted upon by AA - don't come to the club drunk or with liquor on your breath. AA knows that some of the members slip some times; these are helped to get back to dryness again. But they can't come to the club until they had actually stopped drinking - no matter how recently. The steward of the new clubhouse, elected to office only last Sunday, is an engineer, a man well known in his profession, who had recently slipped back into drunkenness. But he has decided to give the AA program another trial; and the organization, in turn, accepted him for his deserved trial again.

The evening spent with the AA was exhilarating. You wonder: would these people care to have you talk about their work. You decide to ask the

the persons I had harmed (Step 8), and worked out ways and means of slowly making restitution (Step 9)."

Also, whenever I read statements like "I have heard it said...", I think we may be dipping into "Step theory" instead of AA History. I do not believe that AA History Lovers is a forum for Step theory. I try to ask myself a question before I submit to this site - What do I base this on, opinion or some piece of written or oral AA history coming from a reliable source? I know that the term "reliable source" & "AA history" is sometimes almost a contradiction of terms but these are just some of my thoughts, meant with love. I definitely see the Big Book's directions on Step 6 & 7 as having much depth & weight. When understood & practiced as a way of life, on the same day immediately following the hour after a 5th Step (as it's outlined in the Big Book), there is a lot of moving in the direction of more ego deflation and a whole lot there to take in. Intellectually, it seems a little simple & almost insultingly vague. But when understood & deeply internalized through study & meditation line by line, these two paragraphs on page 76 are power-packed! I am sorry if I have stepped on any toes & God bless!

Just Love,

Barefoot Bill

Hi

The 12 Steps were drafted in Dec. 1938 only a few months prior to printing the Big Book in April 1939. Bill claimed that it took him about 30 minutes to draft the 12 Steps (while in the process of writing Chapter 5). Up to that point, a word-of-mouth program of 6 Steps was used in Akron and NY (see AA Comes of Age pg 160 and the Big Book story "He Sold Himself Short"). When Bill wrote "Into Action" there wasn't any genuine and explicit prior experience with Steps 6 and 7 as we know them today.

In drafting the 12 Steps, Bill wanted to be definitive and clear in describing our program and he also wanted to close loopholes. Our current 2nd, 3rd, 6th, 7th and 11th Steps were all derived from a single previous Step of the word-of-mouth program described by Bill as "We prayed to whatever God we thought there was for power to practice these precepts." According to Earl Treat, Akron had an even more concise version of this word-of-mouth Step as "Dependence and Guidance from a Higher Power."

Much argument ensued over the 12 Steps among early pioneer members. Some wanted more emphasis on God and some wanted less. Some were happy with 6 steps and didn't want 12. Since Bill was caught in the middle, this may have had an influence on him not being more expansive in the narrative. The first version of Step 7 had us getting on our knees and that didn't go over well either.

than Coke, he felt lit up. His hangover miraculously disappeared. And, for three hours, he forgot his troubles.

Today his worries are few. He's solved most of his alcohol-caused troubles; he's made his comeback on a television program. And on his way to and from the Twenty-Four-Hour Club, where he practically lives, he passes the hotel bar without batting an eye.

In Los Angeles, a judge who faced removal from the bench because of his repeated drunken behavior in court came to his A.A. helper with an excuse for his latest lapse: "I took up with nondrinkers," he said, "and they bored me right off the wagon. Got a bellyful of museums, concerts, and lectures. Wanted to be with human beings again."

"I know where you'll find them," said the spiritual guide. And he led the jurist to the 6,300 Club, at that number on Wilshire Boulevard. This club, too, was a fraternity for ex-drunks, so the judge joined it. And though he had a few off-bench slips, he's been riding the wagon hand-somely for a year and a half. And a higher court has forgotten his drunken escapades.

During the past twelve years, ex-drunks in 150 hangouts, all the way from San Francisco to Bangor, Maine, have been having similar experiences.

In 1940, a group of whisky-steeped A.A.'s in Akron, Ohio, organized the appropriately named Arid Club in the belief that, as fine as the A.A. philosophy was, the dozens of so-called clubhouses in which its Twelve Steps were taught, while coffee and sandwiches were served on the side, were no proper substitute for much needed club life.

Seven years later, in New York, an even more booze-wracked group of A.A.'s laid to rest forever an old drunk's tale to the effect that old sots inevitably die if they take the cold-turkey treatment. These men and women called their organization the Twenty-Four-Hour Club because they believed that going just twenty-four hours at a time without a helpful snort would be a monumentally ambitious program. It was, but they survived the grim ordeal and lost their own grimness.

Word of these two outstanding successes spread abroad. And clubs for alcoholics dedicated to hedonistic pleasures, as well as total abstinence, sprang up all over the country, until there are now 115 of them in the United States and one, the Alano Club, in Vancouver, British Columbia.

Club life for ex-drunks is A.A.'s second miracle. It speeds the cure and social readjustment of ordinary case-hardened alcoholics; and it transforms many of A.A.'s black sheep into shining examples of its evangelical philosophy.

The moment Lionel Sloane entered the Twenty-Four-Hour Club, the A.A.

strategists knew that the old actor was going to be a pushover for the miracle. His A.A. mentor had a whispered conversation with the orchestra leader and the music stopped. The leader announced that a star of silent film days would sing a few numbers. Lionel sang. He wowed 'em, and held the spotlight for the rest of the evening.

When the club closed at midnight, Lionel and his host went to a Third Avenue bar for stirrup cups of ginger ale. A red-faced exponent of the Fair Deal was offering to beat the daylights out of anyone who didn't love good old Harry Truman. A MacArthurite fell asleep at the bar. Two strangers found a bond in their admiration of the late F.D.R. and repeated, again, again, and again, vows of lasting friendship. And off-key singing came from three frustrated tenors and a bass.

"Now would you call this fun?" asked the A.A. man.

"All right you double-crossing so-and-so," said Lionel. "How do you get to be a member of that drunk trap of yours?"

After Lionel joined the club he discovered that its amenities, on a somewhat reduced scale, were comparable to those of The Players, to which he once belonged. The latest editions of newspapers lay within a handy reach on a long table. Best sellers were stacked on shelves in a reading nook. The bulletin board was a hodgepodge of club announcements, relayed telephone messages, and notices of items lost and found. The cuisine was not as good as The Players', but it was passable. And it could be enjoyed by guests. For all these conveniences, Lionel paid dues of only three dollars a month.

But it was the good company of 300 temperamental conviviais, who were facing and, most of the time, solving the problem of what they called their illness, that brought to Lionel an inner experience that most club members have to go through before they recover lost human dignity and have real fun.

One of these reformed Sybarites was an advertising man who'd been an alcoholic ever since his wife divorced him in 1942. One morning, after a prolonged drinking bout with a client, he'd seen snakes rise up from a grass island in the middle of Park Avenue and bow to him. He took the A.A. treatment with negative results. A year later, after joining the club, he took another stroll down the Avenue. He observed the snake phenomenon all over again. Upon investigation, the snakes turned out to be ivy vines. The island of green had a grillwork built over the New York Central's tracks, and every time a train whooshed by, the vines rose in the air.

"I'm probably the only member of the club who owes his cure to false delirium tremens," he said. "But false or real, they made me lay off the stuff. If my agency offered to make me vice-president on condition that I keep up with drinking clients, I'd tell them to go to hell. Incidentally, the agency seems pretty pleased with my work now. I'm chairman of the

By Stewart Robertson

"NO," SAYS ALCOHOLICS ANONYMOUS, "THERE
IS NOT" - BUT THIS VOLUNTARY, NONPROFIT,
NO-DUES GROUP OF EX-ALCOHOLICS HAS PUT
AND KEPT THOUSANDS ON THE WATER WAGON

Every year at this time the alcoholic resolves to quit drinking. The best resolve he could make this year would be to join Alcoholics Anonymous. Having all been alcoholics themselves, these men and women are the best possible ones to help anyone who wants to control his drinking but can't do it alone. They will send information to anyone free of charge. Address Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, New York

Alcoholism is not a "failing" - it is a dread disease. The person branded an alcoholic is at grips with a killer as deadly as cancer or coronary thrombosis. He is not just a social menace; he is desperately ill.

The alcoholic can be turned into a sane and sober citizen, and often the best one to show him the way to reformation is not a relative, doctor, or clergyman - it is an ex-alcoholic!

In case you don't agree with any of these statements, perhaps you had better read them over again before going on to learn of Alcoholics Anonymous, the organization that knows how to lick the problem facing the drunkard. For the statements are true, if we are to believe the medical profession and the more than 12,000 members of Alcoholics Anonymous who are once more leading decent, self-respecting, useful lives in more than 365 cities. In fact, there is no sensible argument against them. Salvation, conversion, reclamation - call it whatever you like, the AA system gets results. There are no potions to be slipped into one's coffee, no electric shocks, no preaching, and likewise no bullying. It is a new departure, but its fundamentals are as old as man. It is beautifully simple, yet it has something of an eternal mystery. It works.

Alcoholics Anonymous got its start when a New York broker known as Bill met an Akron, Ohio physician we shall call Doc. The New Yorker's drinking habits had severely handicapped his career, but he had been firmly aboard the water wagon for five months when he visited Akron in an attempt to swing a deal that would put him back on his financial feet. The deal fell through and the frustrated Bill, alone and unhappy in a strange city, felt the need of a bracer. In other words, a stiff drink of liquor. But knowing that the first drink would only be the cornerstone of a prolonged debauch, Bill fought down the temptation. Back in New York he had found that his greatest help in

keeping sober was to talk to other alcoholics under treatment in the hospital where he had been "de-fogged" during his last hangover. He felt that if he could give similar assistance in Akron, he would be safe. So, selecting the name of a clergyman from a church directory in the hotel lobby, he telephoned to ask whether the minister knew of an alcoholic who wanted help. The minister sent him to Doc, a confirmed alcoholic now shaken and remorseful after a terrific bender.

Bill worked earnestly on his new friend and won him over to his method of rehabilitation. Then Bill went to live at doc's home, and both men began to wrestle with other alcoholics. They had some success, some failure. The upshot was that Doc, aided by a faithful and heroic wife, turned his home into a small asylum for alcoholics who wanted to be straightened out but had lost the will power to do it themselves. Bill went back to New York, and as he was also married to a brave and patient woman, he was able to do the same thing with his house. In four years Bill and Doc between them guided about 100 alcoholics to dry ground, and soon afterward the subjects told the world about their recovery program and personal histories in a book called "Alcoholics Anonymous," a title that was passed on to the movement which, up to then, had not been christened. Today, five years later, the book has gone through five successively enlarged editions and is greatly responsible for the growth of membership both here and in Canada.

The AA program has 12 steps that may be summarized as follows:

- 1) The alcoholic must truly want to be delivered from his problem and admit that he has no control over his drinking.
- 2) He should believe that a power greater than himself could restore him to sanity.
- 3) He should decide to turn over his will and his life to God, as he understands Him. He should depend upon his concept of a higher power to strengthen and sustain him and, through prayer and meditation, improve his contact with God and the power to carry out His will.
- 4) 4. He should make a searching and fearless inventory of himself and admit to God, to himself, and to another human being the full extent of his shortcomings and the wrongs he has done. He should make a list of all persons he has harmed and be willing to make direct amends to them wherever possible, except when to do so would injure them or others.
- 5) He should use his newly found knowledge and power to help other alcoholics.

As you can imagine, this is simple in outline but not easy to fulfill without a struggle, for the alcoholic is a person of many illusions. One is that someday he will have the whip hand over his drinking - not stop it,

mind you - but he will ration himself strictly and imbibe like a gentleman. Another is that by swearing off for a stated period he will be more self-controlled when he starts drinking again. Still another excuse is that he can drink only beer and thus stay away from hard liquor. None of these fallacies impress the particular AA's who have undertaken to help an alcoholic stop drinking, and they tell him so, giving their own experience as a basis.

"WE know how it is, say the Aas, and the alcoholic grows interested in these men who understand his problem. The alcoholic is nearly always callous to the pleas of family, friends, and minister because such appeals are voiced too emotionally, although he may have maudlin spells of vowing to reform. But he can be won over by plain talk from ex-alcoholics. "we know what it's like to wait in agony for a saloon to open," continued the AAs, "to hide liquor in half a dozen places in the house, to wake up in a strange room or even a strange town and wonder how you got there. We know what it means to steal money from your wife's purse, to haggle in pawnshops, to have your wife get herself a job in order to pay the rent. And we, too, have thought of jumping from a high window or blowing out our brains."

The alcoholic listens with amazement as his new friends describe some of their old escapades, and he realizes that his own adventures were trifling compared to the purple binges confessed to by the very men who are trying to help him. He is told that because he is allergic to alcohol he is poisoned by it, and that the way to stop drinking is to cut it off entirely - because once an alcoholic, always an alcoholic. The AAs know that their man's knowledge of his condition is never enough to make him stop drinking for good. "We know that you lack the proper means of defense against your enemy," they tell him, "so your help must come from a higher power. Why not try God?"

Here is the stumbling block that appalls many an alcoholic, for, as the secretary of the Alcoholic Foundation explained to me, more than 50% of their members professed to be agnostics, atheists, or backsliders from some church. "I don't believe there is a God," runs the familiar plaint, "or why would he let me get into such a mess?" The AAs are not affronted when they hear this; in fact, they expect it, because they are aware of two things. First, most alcoholics possess a defiant individuality, and second, they resent the idea of God because they themselves cherish a feeling of omnipotence. Therefore, the AAs do not laugh when some weak, drink-ridden soul protests that he is too sane and honest to believe all that old-fashioned stuff about God.

They counter by asking whether the alcoholic doesn't believe there is a greater power in the universe than himself. "Why of course," the patient says in substance. "I don't know what it is, but I believe there is some sort of great plan that directs the universe."

"All right then," say the AAs, "why not use your own conception of God?" To most of the alcoholics this seems to be an exceedingly brilliant proposal, and men who rebel at the word "God" put their faith in a Creative Intelligence, Supreme Being, Universal Mind, or Spirit of Nature. For some men and women God is the ocean and the stars, in a symphony or picture, on the mountains or in a book. And some believe they have found their conception of God in Alcoholics Anonymous. With no religious ax to grind, any conception that will bring results is all right with the AAs.

Remember..

A man who drinks now and then usually drinks more now than he did then.

Alcohol doesn't pick you up; it lets you down

Alcoholism is a disease - not a "failing." The alcoholic is a sick man and should be treated as one. Ignoring him, abusing him, or treating him with scorn, contempt, or ridicule will neither cure nor help him.

In some cases the new man ducks the idea of God or a substitute and tries to right himself by being honest, tolerant, and helpful toward other alcoholics. An AA member asked me to report that it is their experience everywhere that faith always comes to those who try this simple approach with an open mind - and in the meantime they stay sober. But those who actively deny the spiritual content in the program seldom remain dry. AA stresses the spiritual because thousands of its members have found they cannot succeed without it.

The achievement of a fresh understanding with friends, creditors, and even enemies is as severe a wrench to the alcoholic's pride as it would be to the rest of us. Yet the fact remains that when the patient goes through with this part of the program he feels like a new man. It may involve reconciliation with wife and children, often a slow process not gained by promises but by performance over a long pull. This is a matter for the alcoholic to struggle with alone, but when it comes to more prosaic adjustments with creditors, there have been cases where AAs gambled on their choice by advancing him the money to settle his debts. There was never an alcoholic who didn't manage to get his social and business relationships into hopeless confusion, and AAs claim the disentangling process can only be made possible and bearable through faith.

When the alcoholic is in the clear, confident and happy in his new strength, he is reminded that faith without works is dead. This mental nudge is scarcely needed, for the now ex-alcoholic is eager to do missionary work among those still trapped by the allure of liquor. He realizes that alcoholism has brought more sorrow to the human race than any other agency, for its destruction is neither merciful nor swift. He understands that liquor breaks down not only the physical man, but so

relentlessly sabotages the will that a self-starting cure is almost impossible. He knows that no amount of adversity will permanently divert the alcoholic to sobriety. He understands that the patient will have to fight not only himself but many of his drinking companions whose tender hearts will impel them to smuggle a flask to their battling comrade.

He stands ready to answer the call of an alcoholic at any time, even at three o'clock in the morning, and often does just that. And being a recovered alcoholic, he will be free from the misguided passion of the nondrinker who tries to thrust abstinence on a sinner.

You can understand why this sort of co-operation has caused Alcoholics Anonymous to become known to more than 12,000 people in urgent need of rescue. Do they never fail? Being human, yes, they do. AA estimates that 50% of the patients stop drinking almost at once, many after reading "alcoholics Anonymous" and without requiring further aid; 25% win through after one or two relapses; the other 25% are frankly doubtful cases. Never do the AAs regard themselves as "cured" but they do become total abstainers from liquor. Some of them may shudder at being "saved," but that is, of course, what really happens. And with an estimated 300,000 alcoholics in the country, there is plenty of saving yet to be done. The term "alcoholic" does not apply to the millions of moderate drinkers or even to those who go on occasional benders; it relates only to the problem drinkers who are men overboard and about to go under.

Alcoholics Anonymous and its Foundation take no stand on the liquor question. They are neither wet nor dry, but their purpose for existence leaves no doubt. If you know of an alcoholic who might be helped by their recovery program, AA will tell you if there is a member in your town and where he can be reached. If an eligible person wants to start a chapter, AA will tell him how to go about establishing it, but after that the unit will be on its own. There are no dues, fees, or assessments in Alcoholics Anonymous, and the chief requisite for membership is an earnest desire to stop drinking. And should you want a copy of "Alcoholics Anonymous" which is packed with clearly worded helpfulness buttressed by dramatic case histories, either to give to a friend in despair or to read yourself for its impact as a human document, AA will send it to you direct for \$3.50. For an answer to any question you may have about AA, write a letter to Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, New York. In case you order the book, make your check or money order payable to Works Publishing, Inc., at the same address. Literature is sent free with answers to all inquiries.

Alcoholics Anonymous is not an aggregation of saints. Its members are people who have regained their footing in a precarious world hitherto unable to help them, and they have learned how to live happily, usefully, and without fear. No AA need ever be lonesome, for the members are friends held together by an unusual bond, and being largely gregarious, they

on through difficulties. Yes, I would reply, and lot's of people don't. We have 18,000 suicides a year and 500,000 asylum inmates. Commitments to state mental hospitals have doubled since the end of World War II. Every day legally sane people swallow a number of tons of sedatives and wash them down with several million gallons of soothing alcoholic beverages, and we're still jittery. If anyone knows of what the ancients used to call "an ever-present help in trouble," it's a public duty, as I see it, to pass it along. Such a help came to me twelve years ago. I had cracked up under pressures which are not uncommon in our times. My wife had taken up with another man, my business was in ruins, and I was trying to get fished out of a morass created by twenty-five years of problem drinking. My mental state was such that I couldn't even ask for a job, much less hold one. I thought frequently of suicide. Then, half-doubting and half-hoping, I took up with some people who were supposed to know how to lay hold of a situation of this kind. They gave me a book called Alcoholics Anonymous, and my eye fell on a remarkable passage. Before I tell you what it said, let me assure the reader that he doesn't have to be an alcoholic to proceed with this article; everyone concerned with open-minded living may find something of interest. This is what the authors promised:

"We are going to know a new freedom and a new happiness. Feelings of uselessness and self-pity, fears of other people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. Our whole attitude and outlook on life will change."

I decided to try it—what could I lose? Twelve years later I may ask: Do I ever feel useless and sorry for myself? Has fear of people and poverty left me? Do I always know intuitively what to do? Such perfection has, alas, evaded me; but this I can say: the extravagant promise has come true to an astonishing degree. The seemingly impossible has, indeed, happened—to me and to many. Some 200,000 of us have known these benefits to some extent. The foundation on which we all build is a way of looking at life which, as previously observed, we call The 24-Hour Plan. In essence the plan is to become aware that, if you take on the job of living one day at a time, you'll make it. But there's a good deal more to it than this; it has subtlety and paradox, corollaries and derivatives. I suppose the best way to tell you about it is to look back over the past twelve years and tell about some of my days.

On a cold and rainy November night I went to my first meeting of people enrolled in the Plan. They met in a Y.M.C.A. meeting room, a basement cubicle with cracked plaster and a single unshaded bulb. That first evening I carried away little more than a vague impression that these people were trying to understand what life was mainly about and to live it by workable principles. As time went on I discovered that my first impression had been correct. I had enrolled in a school for living, high in its standards, stern beyond belief with backsliders. If you passed your exams you were

marvelously rewarded; punishment for failure-alcoholic relapse-was self-administered and sometimes grim. There was Harry, the handsome state cop who came around off and on, but never seemed to grasp the main, big ideas. One day he pulled the state's car off the road and drew the state's automatic out of its holster and blew out his brains. There was Ed, guiding spirit of a good-sized sales organization, urbane and capable, but clumsy with the simple lessons taught at school. One day he took a train from New York to Philadelphia, rode an elevator up to the top of a tall hotel and jumped off. There was Jane, warned about the danger of brain edema, who pushed her luck too far in an alcoholic experiment, lost her mind and never got it all back. There were others, tragic, unforgettable, teaching vital lessons by their failures. And there were inspiring successes. These last, I gratefully report, were predominant.

In time, just by being around the people who were "on the program," I began to have some ideas about why we have emotional stresses and how The 24-Hour Plan sees us through. People break down, I am quite sure, for the same reason animals in laboratories do-too great expectations, followed by to severe disappointments, too often repeated. The 24-Hour Plan cushions such shocks by encouraging us to gear our hopes to what may reasonably be expected of the day in which we find ourselves.

This brings us directly to the question: What is a day, and what may one reasonably expect of it? Of course, our ordinary days vary according to our involvement. Now and then, however, it's rewarding to take a day, strip it of all its nonessentials and get acquainted with it in its pristine essence. A day, the dictionary says, is the period of the earth's revolution on its axis. One of the finest things that can happen to a person, say devotees of The 24-Hour Plan, is really to come to know a day.

You have to pick your time, though, and be in the mood. The best time for me is after a period when I have had a lot to do with people and am ready for a little solitude. It may sound strange at first, but this complete break from people, this getting by one's self and trying to know a day is, to many of us, one of the essential points of the plan, high in dividends.

I like to get up when it is still dark on the day I have chosen and watch for dawn-the beginning. The way dawn comes is always a special and fine excitement, too often missed. Things seem to know it's coming; the quiet of the night seems to deepen a little just before the first light. Then the light changes and the pre-dawn twilight is there, a filtered presence. I think of the great arc of light advancing over the earth and of all the things greeting it: a forest full of birds in song, a rooster crowing somewhere. Presently the sun breaks the horizon, rapidly clears the earth and begins its climb.

All day I keep track of the sun. If I can manage it, I walk on a wooded road or along a river or lake or the sea; or I drive to a distant place where

nobody knows me. I have cleared my project with my family-who understand that apartness is as much of family life as togetherness-and have arranged that business demands be not pressing; then I can give myself to the day. Noon comes. At sea the navigators are watching through their sextants; they check their chronometers and know where they are.

Sunset, twilight, dark, the moon and stars-I begin to know a little where I am too. All the day I have not thought of people, but of earth and sun, daylight and dark. When thoughts of people intrude, I try to choose the people of whom I will think. I pick solitary, day-conscious people-the psalmist lifting his eyes to the hills, from whence came his help, the young prophet walking in the desert and encountering his destiny, the poet considering the lake country of England, the physicist perceiving that space is curved. All are people who have made The 24-Hour Plan's big discovery-that man's rational poise is related to his awareness of time and place, earth and sun.

Sometimes there is a great moment of full knowledge of being an earth creature and belonging, wholly content. This delicious instant is often reported by those who have known the plan-by any name-in depth. It may be described as a sudden intuition that the whole of creation is offered for you, that you are a part of a cosmic creative current, secure. One is not always so fortunate as to know this moment on the day one has chosen. But a moment comes when one knows it's time for the return to people and the hurly-burly, to see what contribution one can make, refreshed.

The 24-Hour Plan is wonderfully flexible. It encompasses whatever we may conclude, on taking inventory in the light of our best understanding, is the major need of that day. It provides for the rhythmic, pulsating quality of life, the thing that Arnold Toynbee, acknowledging that one day's need may not be the same as another's, called the principle of withdrawal and return. Sometimes the difficulty is not too great involvement with people but the opposite-too much of being by ourselves.

The plan divides life into livable, manageable, daily units. This, indeed, was what made it so admirably suited to alcoholics. We knew that swearing off forever was beyond us, but abstinence for a single day was something we could manage. The principle applies to a whole catalogue of trying situations, having nothing to do with alcoholism.

The thing most likely to ruin any 24-hour stretch, we found, are fear and resentment. To enjoy life we had to control these plagues. We acknowledged realistically that other people would sometimes make mistakes and wrong us, but we could not afford to let this make us afraid of them or chronically angry. When we tried daily to tidy up our own behavior, sweeping out the ashes of burned-out grudges and opening the doors to fresh opportunity, we found that perhaps they had not decisively harmed us after all. Resentments, replaced by new interests, died from lack of nourishment.

My twelve years on the plan have been full of emotional peaks and valleys. Because the plan has never let me down, I have come to trust it.

I crossed the first of the valleys after the refusal of my first wife to accept reconciliation. After my seemingly miraculous recovery from alcoholism it was a baffling reversal of everything I had learned to expect of her, and the justice of things. It seemed to me we had been through the worst, that happiness was at last ahead. I loved our children, our home and, despite our misunderstandings, I loved her. It took me a wretched year to accept her determination to carry through a divorce. The plan, as well as the famous A.A. prayer for serenity to accept things we can't change and for courage to change things we can, saw me through this valley.

Then quite unexpectedly, I rose to one of the peaks. A neighbor woman had a bent for matchmaking. She noted my dismal celibacy, recalled a young divorcee who lived with her three youngsters in a neighboring suburb, and wrote notes to both of us. I called on the young lady. It was a click from our first meeting over a Sunday-afternoon cup of hot chocolate. A year later we were married and ever since have known the great happiness of marital harmony and devotion.

Happy marriage, however, cannot ward off calamity, and presently I was to enter the deepest, blackest valley I have yet been called upon to cross. I was careful not to allow my friendship for the children of my first marriage, including a son, to lapse. A father's hopes and plans for his son-how long they incubate, even from his own boyhood, and how they hatch and soar! One night the phone rang, and I was summoned to the hospital to see my son after an accident. The next day he died. I cannot tell here what I felt during the following days and months, or say much about a lonely corridor that haunts my memory even now. But I can say that the plan saw me through.

Meanwhile, life, irrepressible, was bear-ing upward toward another peak. A baby was on the way. Carl Sandburg once said that a baby was God's idea that human life was worth while. Sandburg was right. When our little girl arrived, even in our grief we found it good to look after the needs of this small and charming, this needing, trusting, appreciative person.

After these heights and depths the business ups and downs seemed almost anti- climactic. True, I coddled a whopping rage for a while when a boss fired me because I could not share his views on local politics. I hit a giddy peak when a new product I had concocted began to find favor with customers. And I slumped into another valley, or at least a gully, when I misjudged demand and wound up \$20,000 in the hole.

But nothing has yet happened in these twelve years that has found the plan wanting. If it can produce this wonder for an alcoholic type like

myself-edgy, high-strung, mercurial, headstrong, conflict-prone and vain-what might it not do for a normal person, normally beset? It is the lesson of my deepest heart that lets me say truly that The 24-Hour Plan, the decision to bargain for this day alone, is an ever-present help in trouble.

Our experience suggests that nobody can work the plan alone. Some sort of affiliation with some human organization based on some sort of idea that is at least global in scope is essential. We alcoholics have weekly meetings devoted mainly to discussing ramifications of the plan. All churches offer this primary call to the transcendent. So do many fraternal orders. For those who mistrust creeds, organizations like the Unitarian Fellowship bring the challenge of cosmic thought without doctrinaire demands. Service and literary clubs often are bridges to a realm of thought beyond the commonplace. All these groups can provide the ingredient without which the plan cannot work-direct contact with thinking people.

Friends can be of enormous help. When I first undertook the plan I felt I didn't have any. But friends appeared, and two of them-named, by coincidence, Walter B. and Walter C.-contributed important thoughts. Walter C. helped me to understand the rewards of just being quiet, quoting the Chinese proverb: "Muddy water if permitted to remain still will gradually become clear of itself." The more practical Walter B. took me to task one time-when I was trying to bull through an impossible situation-with these words: "Relax; give events a chance to go to work on your side."

Some of my best friends in the plan have been books. Here, as with any other kind of friend, it is individual's choice. I have liked Conquest of fear by Basil King, from its opening line-"When I say that during most of my conscious life I have been prey to fears, I take it for granted that I am expressing the case of the majority of people"-to that memorable assertion-"The life principle is my principle; I cannot cut myself off from it, it cannot cut itself off from me." The New Testament has some fine statements of the Plan: "Give us this day sufficient unto the day" My wife likes Ann Lindbergh's Gift From the Sea, with its special word for mothers and its cry to her sex, "Why have we been seduced into abandoning the timeless inner strength of woman?" I have found things in John Cowper Powys' A Philosophy of Solitude worth remembering: "People find to their astonishment that when they drop their eternal striving and clutching, real happiness flows in upon them in a brimming flood-the art lies in the embrace of those elemental accompaniments of existence which as a rule are taken so stupidly for granted."

If my account of the plan seems to emphasize calamity it's only because bad times always seem so much harder to manage than good. Surely we must not end the narrative without mentioning that an important part of the plan is watching for those small delights-"those elemental accompaniments of existence"-which life is always tossing our way.

One morning last winter I awoke with a vague dread and discontent. The malaise persisted most of the day. During the afternoon the weather grew colder, and by the day's end the temperature had fallen thirty degrees. When I came home, my eight-year-old daughter danced and tugged at my coattails, shouting, "Daddy, daddy, the pond's frozen-take us skating!" I was about to plead too tired, but we were called to the table. After supper we all got our skates and went to the pond. The moon came up and made the big irregular oval and its surrounding woods a glistening, blue-black-and-white fairyland. It was a night of laughter, swift gliding and spills-one I will always remember, and it came unexpectedly out of nowhere.

There have been many such times. One day in late spring I heard the sound of a steam calliope. Now, playing a calliope is to me what being President is to some people. They are about as common where I live as yaks are in Iowa. My musical training never extended much beyond a few boyhood piano lessons; actually to command the instrument of the river boats was almost beyond my daydreams. Nevertheless, there came this haunting desire. I followed the sound a few blocks, and there at the curb sat a man playing the great machine, mounted on a wagon. I was sure that anyone owning such a thing would be selective about who played it. Just the same I asked-shouting, so grand was the din-if I might try.

He smiled and nodded and moved over on the bench, and waved an inviting hand toward the keyboard. I stepped aboard, approaching the big, hot pipes with awe. The quivering, powerful thing now sat waiting my touch, its tense boiler hissing. I played Farmer in the Dell over and over, the great steamboat sounds whistling, fooping, boop-aloooping over the landscape for miles in all directions and upward God knows how far. It was all part of the plan, and it contains a lesson-if a chance to play a steam calliope can come to me, any good thing can happen to anybody.

"Give events a chance to work on your side," Walter B. had said. This is no Pollyanna happy piece; some days we get nowhere, and when they're over, all you can say is that you've suffered through another day. But even that is an accomplishment when your passing through one of the valleys. Some things are healed only by time, administered in 24-hour lots. Its mere passage brings one closer to that restoration that makes it possible to begin living creatively again. Thus have people been living their daily stints for a million years, through an incredible variety of shifting circumstances.

Failure to hold fast to this truth has cost many a life, swept away in a fit of temporary disappointment. A neighbor of mine, a literary man, worked for four years on a novel, shipped it to market, then fell into despair during the weeks of waiting for a publisher to decide. One evening he drove his car into his garage, closed the door and started the engine. This widow and children are now living well on the royalties and movie rights-the book was an international success.

William Ruddell, 11/35 or 1/37 ("A Business Man's Recovery")

Myron Williams, 4/36, ("Hindsight")

Granted, this is more than "seven more," but that is because some of these folks drank again and came back (two dates next to their name)

Most, as you can see, were stories in the First Edition.

I have a list of the first 100 (more or less). I'll see if I can find it.

Lee

>>> dangerousa@yahoo.com 02/03/03 05:47PM >>>

Hello, AA History Lovers, I am trying to find information on who the first 12 members to join Alcoholics Anonymous were and the order in which they joined? The source of information used to determine this is also helpful.

Thank you,
Keith M.

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+++Message 813. Re: The first 12 members to join
AlcoholicsAnonymous
From: J. Lobdell 2/5/2003 8:47:00 AM

=====

The list of attendance at [Alcoholic] OG "Parties" in the Dr Bob Papers at Brown University suggests that six of the next seven (after Bill W., Dr. Bob, Bill D.) were Phil S. (present from 1935), Walter B. (from Mar 1936), Tom L. (Jun 1936), Paul S. (Jun 1936), Joe D. (Jun 1936), and Bob O. (Jun 1936). Ernie G.'s name does not appear. -- JL

>From: "M. Lee Carroll"

>Reply-To: AAHistoryLovers@yahoogroups.com

>To:

>Subject: Re: [AAHistoryLovers] The first 12 members to join
AlcoholicsAnonymous

>Date: Tue, 04 Feb 2003 18:11:02 -0500

>

>Keith M. asked about the first twelve into AA. During my research on
>the People Places and Things Mentioned in the First 164 pages of the
>Book, I have come up with the following:

>

>re; Page159 Who were the "seven more?"

>

>Akron

>Ernie Galbraith 9/35 ("The Seven Month Slip")

>Phil S. 9/35 - First AA court case

>Tom Lucas, 11/35 or 12/37, ("My Wife and I")

>Walter Bray, 2/36, ("The Backslider")

>Joe Doppler, 4/36, ("The European Drinker")

>Paul Stanley, 7/36, ("Truth Freed Me")

>

>NY

>Fitz Mayo, 10/35, ("Our Southern Friend")

>Hank Parkhurst, 11/35, ("The Unbeliever")

>William Ruddell, 11/35 or 1/37 ("A Business Man's Recovery")

>Myron Williams, 4/36, ("Hindsight")

>

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The National Committee is not concerned with beverage alcohol itself. We take no sides in that ancient tug of war. We state flatly, in fact, that this organization, the National Committee for Education on Alcoholism, and all its affiliated committees—twenty-two of them at this date—are neither "wet" nor "dry." We go further. We state that this organization shall not concern itself in any activities designed to promote or prevent the sale or consumption of alcoholic beverages.

Our concern is with a disease called alcoholism and its victims, those hapless, suffering human beings who are known as alcoholics.

We recognized, as did others concerned with the problem of alcoholism, that practically nothing was known by the general public of this disease. We realized that because of this lack of knowledge, the public attitude ranged from utter ignorance, through apathy and indifference, up to prejudice and active antagonism. The public attitude reflects not only a total lack of factual knowledge, but also the presence of a mass of misinformation and falsehoods. Out of this attitude has grown the type of treatment which the citizens of these United States have given and still give to that segment of the population who suffer from this illness. I think you know what that treatment is as well as I do. It is hostile, contemptuous, and punitive. It is completely without understanding and often without pity.

In most cities in this country there is no place to put the alcoholic who is in the throes of this deadly malady, except the local jail. We, as a nation, are not wont to treat our sick in that fashion. We are not cruel and barbarous. We are not medieval. We pride ourselves on being enlightened; and we are, on the whole, a kind people. Yet to a great body of sick human beings we offer only punishment for their illness. We behave as if we were still in the Middle Ages.

This attitude is shared by those who suffer from this illness. I can tell you from my own experience. I had never heard the word "alcoholic;" I had never heard the word "alcoholism." Of course, I had heard of drunkards; everyone has, I also knew, or thought I knew, what a drunkard was. He was that unfortunate person whom one saw in the less pretty part of town, shuffling about in rags, bearded, unwashed, sleeping in doorways, in gutters, sticking out filthy hands for a dime for a cup of coffee. You hoped he wouldn't touch you.

If I had given any thought to the subject, I would have described him as a person who had never had the opportunity to know a normal way of life. Or if by chance he had been born to better things, he had something missing, something that made him unable to take advantage of his opportunities. I would have said that there was nothing that could be done about it; and if there were, he wouldn't be worth salvaging as there wasn't anything there in the first place.

How can a man who still has a job or has recently lost his job through drinking come out openly and say: "I am a drunkard; I have no will power; I have no character; I am a bum"? He isn't and knows he isn't. He is faced with the same dilemma in which I found myself: Why is it that my will power is so strong on everything else and has no effect on drinking?

The wall of ignorance and prejudice nearly killed me, and it is killing other alcoholics every day. If we can break that wall down we can reach these people and help them. In every city where we have information centers they are coming and asking for information, and their families and friends and employers are coming. They are all asking: "What is this thing, alcoholism?" "What can we do about it?" "Where can we go in this city for help?" The centers that have been established have the answers. They know what hospital will take alcoholics and whether there are any such places in the community; whether others can be persuaded to admit alcoholics and what can be, at long last, provided for these desperately sick people. Can we provide medical treatment that will prevent their deaths? Yes, we can, and we must.

I know, by virtue of my own position as an alcoholic, thousands of men and women who have recovered from this illness. I can assure you from my personal experience that these people make better than average citizens. It is as if they felt they had to make up for lost time. They put themselves into things with twice the amount of energy of anyone else. They work harder at it and give more of themselves. These people are well worth saving, and yet today we are allowing them to die right and left.

This situation must be changed. It is our belief that it will be changed when the public is placed in possession of the facts. That is the challenging task which we have accepted. We wished to make these facts as simple as possible that they might be understood by every man, woman, and child in this country. In order to do this, we adopted three simple concepts which are printed on each piece of our literature, and which our speakers reiterate over and over again throughout the cities of this land. These concepts are simple, but they are revolutionary in content, for they embody an attitude which is exactly the opposite to that shown by our actions in the past. We believe that when these concepts are accepted into the thinking of the people of America, a change in their actions must result. The three concepts are as follows: 1) Alcoholism is a disease, and the alcoholic is a sick person.

2) The alcoholic can be helped and is worth helping.

3) Alcoholism is a public-health problem and therefore a public responsibility.

The fact that alcoholism is a disease has been known to science for more

than a century and a half. Many great Americans of the last century recognized this fact, although it was an English doctor who, in 1778, wrote the first modern treatise on the diagnosis and treatment of the disease of alcoholism. The Connecticut Medical Society recognized alcoholism as a disease requiring special treatment and hospitals for that treatment in a resolution it presented to the Connecticut State Legislature in 1830.

I myself was ashamed when I learned these things. Yet I was not to blame for my ignorance, for I had never been taught any such facts. Just the same, it is curious, is it not, that scientific facts well known to science for such a long period should never have become common knowledge? The normal gap, they tell me, between a scientific discovery and its acceptance by the public is twenty years. Why in the case of alcoholism should this gap be so extended? We are late in starting, but we are trying desperately to bridge that gap as speedily and as effectively as possible now. This, in short, is our primary objective.

Our second concept, that the alcoholic can be helped and is worth helping, is a statement that could not have been made even ten years ago from a public platform, because it could not have been proved. Although there have always been alcoholics who got well by one means or another and walked among us as normal human beings, they dared not mention what the nature of their illness had been. The stigma attached to alcoholism was so great that, if people knew the truth, these recovered alcoholics might have jeopardized their whole future—their jobs, their family relationships, their place in society. Not until the creation of Alcoholics Anonymous twelve years ago was there any change in this situation.

Then for the first time alcoholics began to get well in numbers. Banded together in groups, they had the strength to face the hostile world and to talk of this illness from which they had recovered. They talked so that other alcoholics might learn the truth about their condition, and seek help. Their voices were heard. Today Alcoholics Anonymous numbers more than 35,000 active members. These are well and happy people, prosperous citizens who have returned to their places in their communities. They are assets—no longer liabilities. They make good citizens, these people who a few years ago were a stone around the neck of everyone who knew them; a care and a burden and a terrible cost to themselves, their families, their employers, and their communities. Liabilities in every sense, they represented not only appalling economic waste, but also the most terrible human waste, heartbreak, broken homes, and tragedies of every sort. Yet today they are assets. These people can be seen and they are known for their accomplishments. They are the living proof of our second concept.

Our last concept, that this is a public-health problem and therefore a public responsibility, follows inevitably upon acceptance of the other two. This is our job, yours and mine, as citizens and human beings. We, the people, create public attitudes and we can change them. The majority of the

estimated three million alcoholics in this country fall into the category of what I call the hidden alcoholic. These are usually persons who have some family left, and that family will go to any length to hide the fact that alcoholism has struck in their midst. In their opinion the shame and degradation of publicity far outweighs the welfare of the alcoholic. The alcoholic is "protected," hidden from view, but actually he is being prevented from getting help. Not until the stigma is removed and alcoholism is discussed as freely and as openly as any other illness, will these people dare to seek help. We must remove this stigma if we are to save thousands from unnecessary deaths.

So our efforts cannot stop with a mere change in public opinion. We must see to it that there are other places than jails in which to put these sick people when they are in the delirium of their sickness-acute intoxication. We must set up information centers where individuals, families, friends, agencies, doctors, and ministers can go to get the facts on the disease itself, and on the facilities available in that area for its treatment. These centers must ceaselessly carry on an intensive campaign of education in their communities, aimed at uncovering hidden alcoholics and providing an environment of enlightened unstanding in which recovery will be possible.

Most communities will find that there are not many facilities other than the local group of Alcoholics Anonymous about which they can give information. Yet other facilities will be needed. Therefore, these organized groups must next undertake the difficult task of persuading general hospitals to open beds for the treatment of acute alcoholism. This is a matter of crisis, of extreme emergency, in which the lack of immediate medical treatment all too frequently causes death. Next they will need a clinic for diagnosis and treatment, and later they will need rest centers for those who require long-term care.

We can now say that we know this program of community action is a beginning toward the solution of the problem which is so appalling in its devastation and waste. We can say we know because we already have twenty-two such affiliated committees operating in eighteen cities throughout the country, and the progress they report is more than encouraging. It has convinced us that we can solve the problem of alcoholism in America, if we will.

Source: Health, July 1947

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+++Message 815. Re: my post on the first 12 into AA
From: M. Lee Carroll 2/5/2003 10:51:00 AM

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Several have expressed question/concern over Bill D. AA#3. My post

was referring to the statement on page 159, "A year and six months later these three [Bill W. Dr Bob, and Bill D.] had succeeded with seven more." Thus, Bill D is not included in the list I posted as he is one of the "three."

Lee

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+++Message 816. mildew
From: shakey1aa 2/6/2003 9:21:00 AM

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We recently got a 1st edition 3rd printing light blue covered big book donated to the southeastern penna intergroup archives.its in ok condition except for some fading on the cover and some mildew on the cover. any suggestions on restoration. we've isolated the book from our other 1st and 2nd big book donations.It was apparantly bought in a used book store by a deceased member for about a dollar fifty.This same member donated to us (willed) a 1st edition 1st printing big book in french which was given to him by general services. he was the 1st member to translate the big book into italian. yis shakey
mike g

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+++Message 817. Periodical Lit.: Hygeia, July 1948
From: Jim Blair 2/6/2003 11:05:00 AM

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ALCOHOLICS ANONYMOUS

Second of seven articles on alcoholIn personal and public health

We in Alcoholics Anonymous-more than 60,000 men and women-have found a way of life that for us has solved the problem of alcoholism.

To some of us the word "alcoholic" presented a problem almost as great as our abnormal drinking. Our picture of the alcoholic: The stumbling creature of the skid roads of our bigger cities; the town drunkard, half clown, half bogy man, of our smaller communities; or the hapless, hopeless, desperate "repeater" of the state and private hospitals, the "cures", the workhouses.

The majority of us weren't that kind of drinker. We maintained a home. We supported our families. We had a position in the community. True, we drank more than most people but that didn't make us fit our concept of the

alcoholic.

For such of us Alcoholics Anonymous said: We believe that an alcoholic is simply an uncontrolled drinker. We believe that the alcoholic is one whose life has become unmanageable because of his drinking. We believe that, if a man's drinking is interfering seriously with a normal way of life in his domestic, social or business affairs, that the man might well examine himself honestly, objectively, to determine if he has passed the thin line that separates the uncontrolled drinker from the controlled drinker.

To others of us, the word "alcoholic" and the AA definition of an alcoholic, came as a blessed relief. The thought had nagged us that no sane man would continue to drink as we were drinking. We had drifted into the twilight zone of the mind where the real and the fancied were becoming tangled. We were beginning to fear that out-and-out insanity lay just around the bend.

To both groups bitter experience lent credence to the suggestion that certain human beings were allergic to alcohol; that certain persons were so constituted as to make them hypersensitive to the effects of alcohol; that alcohol was a disease or a symptom, perhaps, of a deeper disease.

This put a new light on alcoholism. We were not wrestling merely with a moral problem. We were not simply afflicted by darkness of intellect, weakness of will and sheer orneriness of personality.

The next step was the attack on the obsession common to alcoholics-that somehow, somewhere, sometime they will be able to drink in a controlled manner. Despite the alcoholic's past, despite the facts of the record, there is in the alcoholic this obsession that tomorrow, the next time he can drink in moderation.

The true nature of the obsession began to appear when a cold and analytic examination of the alcoholic's record was made in company with men and women whose own records presented a startling parallel. And what did the record show? That over no considerable period had the alcoholic been able to drink in a temperate manner; that despite the devices he had tried-some elaborate, some ingenious, some just plain silly-and despite the seeming safeguards he had set up, there was always but one ending to his experiments with alcohol-he had drunk to excess.

There was the further attack on the obsession in the testimony of the group experience of Alcoholics Anonymous and in the findings of the physician and the psychiatrist, that once a man had passed the line that separates the uncontrolled drinker from the controlled drinker, there was no returning; that never again could he hope to drink in a controlled manner.

Here is the stark factual picture for the alcoholic; That never can he hope to drink except to excess; that as the years go on the little enjoyment

becomes less and, if he persists in drinking, the material suffering, the physical suffering, the mental anguish grow worse. If there is any semblance of sanity left in the alcoholic, he sees the need for a decision. With the help of men and women whom he recognizes as having been through the same meatgrinder he has experienced, the alcoholic is aided in arriving at the one proper decision—to put alcohol out of his life.

When a man embraces the way of life of Alcoholics Anonymous, he makes no promise, he takes no pledge that never again will he drink.

We say to him: "Can you quit drinking for twenty-four hours?"

"Certainly," he says. "Anybody can quit drinking for twenty-four hours."

"Well," we say, "that's all we want you to strive for—to quit drinking for twenty-four hours."

And then we add: "Twenty-four hours at a time."

To the alcoholic the prospect of living out his life with never another drink opens a dim and dubious vista. It seems an endless, difficult trail.

But the thought of staying dry just for today, that seems simple, comparatively easy. And it is.

This may strike some as a childish device, a playing with words, a paltering with a problem.

What we in Alcoholics Anonymous are interested in is the result. And what is the result of this twenty-four hour program and how does it work out?

It cuts down the problem of alcoholism from a huge complex, bewildering, life-long problem to the simple task of here and now.

It closes the door on the past with its sighs over what might have been, its dolorous regrets over lost opportunity, its rankling remorse.

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He has found a formula for cutting life to a size he can grapple with and he adopts it for all his affairs.

He has found new friends, close friends, friends who understand him better than those of years standing. As one alcoholic tells it: "The difference between being in Alcoholics Anonymous and trying to stay dry by myself is the difference between being at liberty and in solitary confinement." This group therapy is important, highly important.

But the driving force of Alcoholics Anonymous is spiritual, a belief in and a dependence on a Higher Power-God, as the alcoholic understands Him. No attempt will be made here at amplification of this statement because this phase of the Alcoholics Anonymous program is a highly individualistic one, a concept and a relationship that each alcoholic works out for himself.

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The New Yorker was bemoaning the fact that he couldn't persuade other alcoholics to accept the means by which he had achieved sobriety after a spectacular career in alcoholism.

The surgeon suggested maybe the New Yorker had been operating in the belief that in talking with other alcoholics, he was conferring the favor; that he was Lady Bountiful with the basket of groceries visiting the poor. Out of their discussion came the recognition that the sober alcoholic, in talking with the drinking alcoholic, is conferring the favor on himself.

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And with each new man or woman the sober alcoholic brings into Alcoholics

Anonymous comes a heightened sense of responsibility, a deeper satisfaction and a buttressed resolve to continue living without alcohol.

Many a psychiatrist has suggested to the alcoholic that interest in a hobby be one to which the alcoholic can devote the rest of his life, a hobby in which his interest will never flag. The hobby? Building himself into the kind of personality he has always wanted to be. Seeking to live his own concept of the perfect life.

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In personal and public health

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The ambulance attendant who gave me the drink was only doing the humanitarian thing. When you've got an alcoholic on your hands the first rule is to give him the alcohol he seems to need. You leave it to the doctors and nurses to sober him up.

But I fooled the doctors and nurses during the three months that I was confined in the hospital. At least I thought I did, which is the same thing to an alcoholic. The first day there I managed to get a quart of rye. There are usually people in hospitals who think they are being kind in smuggling booze to you.

When I was nearing the end of my stay my nurse came and sat on my bed. "Of course you won't admit it," she said, "But you're an alcoholic. Why don't you do something about it?"

"Of course I'm not an alcoholic," I said. "I've simply had a little bad luck."

She whipped out of the room with a cringing of her starched skirts. I reached under the covers of my bed. I took a long pull at a pint I had hidden there. Stupid fool! Me, an alcoholic.

Let's go back a little. I started what was then called social drinking a few years after college. I got married. I entered radio publicity. In 1927 I went with National Broadcasting Company and was soon promoted. I was going great guns.

At the same time I was doing more drinking. At home I drank only when we had guests, though I always found the need to have three or four extra snorts on the side. I was beginning to fall into a drinker's pattern, but I didn't know it.

Then my wife left me. She took my two sons with her. This startled me, because she said that she left me because I drank too much. Ridiculous! Why, I only drank as every other businessman did. But she left me nevertheless. Within two years I was married again. This time I was going to show the world, particularly my first wife.

I showed her all right. I was now living in a 14-room house in a swanky Connecticut suburb; sitting pretty. I left the National Broadcasting Company to go with a famous advertising firm. I did a lot of traveling and naturally I did a lot of drinking on my trips. How, otherwise, could you entertain the customers? Ah, how otherwise!

Eventually I was eased out of that firm and it never occurred to me why. They gave me a thousand reasons but not the real reason, which was that I couldn't hold my liquor. Other men could, but I couldn't

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He told me the story of his life, which was much like mine. He asked me to go to the home of a man in Brooklyn who had gathered around him a dozen other men and women who also had stories like mine. They came for me in a car; they practically carried me up the steps to my first meeting of Alcoholics Anonymous.

I walked in on a group of 30 or 40 who looked happy and sober. I thought they were a bunch of holier-than-thou's who would try to make me over into their own pattern. But these people offered me friendship without criticism. They came and got me each week, and I finally came to understand that they had a set of principles which, if I followed them, would enable me to lead a better life. But I still kept my tongue in my cheek. They could call themselves alcoholics. I never would, because I wasn't one.

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for a few years I drank, but very carefully. I managed to keep my job; as a matter of fact, I again went up the scale very rapidly. An advertising agency took me away from NBC and I thought that was a feather in my cap.

I married again, for the third time. I now felt so sure of myself that I went on a toot. My wife and I had some arguments about the fact that I was drinking again. I told her not to be silly, that I had the thing under complete control. She was a trained nurse. She knew all the symptoms. She simply moved faster than the others and saved herself a lot of grief. At the end of five weeks she left me. For good. That was my third strike.

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God knows how I came out of it, but I did. God knows how I got a job, but I did. I got a job with one of the biggest of all advertising agencies, and I thumbed my nose at all my critics. This time I would show them! I showed them by going on a bender. Needless to say I lost this job too.

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I needed a cigarette; I didn't have one; I didn't even have the money for one. There was a visitor sitting by the bed next to mine. He was smoking, so I put on my best smile and bummed a cigarette from him. Then I entered into small talk by way of talking to him. Was this his first visit to Bellevue?

He said, casually, "I'm just a member of A.A. This is my day to visit patients."

"You mean you're a member of Alcoholics Anonymous?"

"Sure." He grinned at me.

I was scared. Moreover, the truth had been beginning to dawn on me-the truth that I was an alcoholic. It had been coming very painfully-but it was coming.

I stammered, "I once-well, I wasn't exactly a member, but I went to a lot of meetings. I mean of A.A. Do you think-?"

The man smiled. "Take it easy, son-you can't do it all by yourself." Then he dumped a pack of cigarets on my bed and walked out.

That same day five different members of Alcoholics Anonymous came to call on me. They talked. I listened. Eventually they got me out of Bellevue. I have never been back there-and I have never taken a drink since.

I started attending A.A. meetings again, but now, instead of being in a private house in Brooklyn, they were held in a big building in Manhattan, with bowling alleys and pool tables, a cafeteria and rooms for bridge and poker. Instead of three or four dozen people hanging around there now were hundreds.

But it wasn't this material progress of the A.A. movement that got me. It was literally a spiritual awakening. Maybe I can't explain it but I'll try.

I took an honest fearless inventory of myself-the first of my life. I became willing to have my faults removed, instead of trying, always futilely, to remove them myself. I became humble enough to ask help from a higher power. Yes, God, though you don't have to believe in God: just a higher power, the power that makes the world go around, or any other conception of a power greater than yourself.

Since then I have tried through meditation and prayer to increase my conscious contact with that higher power. I have tried to make amends for the wrongs I have done, and I have tried to pass my experiences along to those who are having similar troubles. I have tried to practice the principles of A.A. in my daily contact with my fellow men. This article is an example of what I mean. It isn't any fun to bare my past as a souse. But I do it gladly in the hope that the telling may help some other souse not to be one.

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Certain things are gone. My three attempts at marriage-they are gone, of course. My children have been taken from me-but if I ever meet them, I will at least be the kind of person they won't be ashamed of.

We can't retrace our steps. All we can do is to live every day as it is

dealt out to us. We do what we can today to make up for our yesterdays; that is all we can do. While we may have dreams for tomorrow, we don't live tomorrow today-but living today, really living today, we find our tomorrows are never like yesterday.

Source: Pageant, April 1947

This is the story of a brilliant man who very nearly sacrificed his whole life to liquor. It makes shocking reading, but every word of it is true

I WAS AN ALCOHOLIC

Anonymous

As told to Gerald Mygatt

Memo From The Editor: the name of the teller of this story is purposely omitted. He says his friends and former associates will recognize him. To others his name does not matter. But if your interest is not merely casual, if you or a friend or a member of your family need his help, write to The Alcoholic Foundation, P.O. Box 459, New York 17, New York You will be put in direct touch with him or with the nearest Alcoholics Anonymous group.

In the fall of 1938, I was working in a small radio station in Plattsburg, New York. On a cold night in November I had chills and fever. I sent for a doctor who told me I had incipient pneumonia.

Some time during the night, delirious, I fell down the stair well of my rooming house and smashed my hip. I was in the hospital for three-months and when I came out I knew I was crippled for life. But none of that annoyed me as much as the fact that some well-meaning ambulance attendant had given me a drink of whisky before my late-night arrival at the hospital. Because they could smell it on my breath, I was booked as drunk...

Now I'll tell you the real story of what happened. I had been sent to Plattsburg by some friends who wanted to get me out of New York City. I had been making a mess of myself in New York, cadging money for drinks. So my friends found a job for me in Plattsburg. At \$25 a week.

I had been earning nearly ten times that much; \$25 a week was pin money. So-you guessed it-I hit the bottle a little harder. On the night I fell down the stair well I wasn't delirious. I was drunk and I fell over the bannisters.

The ambulance attendant who gave me the drink was only doing the

humanitarian thing. When you've got an alcoholic on your hands the first rule is to give him the alcohol he seems to need. You leave it to the doctors and nurses to sober him up.

But I fooled the doctors and nurses during the three months that I was confined in the hospital. At least I thought I did, which is the same thing to an alcoholic. The first day there I managed to get a quart of rye. There are usually people in hospitals who think they are being kind in smuggling booze to you.

When I was nearing the end of my stay my nurse came and sat on my bed. "Of course you won't admit it," she said, "But you're an alcoholic. Why don't you do something about it?"

"Of course I'm not an alcoholic," I said. "I've simply had a little bad luck."

She whipped out of the room with a crisping of her starched skirts. I reached under the covers of my bed. I took a long pull at a pint I had hidden there. Stupid fool! Me, an alcoholic.

Let's go back a little. I started what was then called social drinking a few years after college. I got married. I entered radio publicity. In 1927 I went with National Broadcasting Company and was soon promoted. I was going great guns.

At the same time I was doing more drinking. At home I drank only when we had guests, though I always found the need to have three or four extra snorts on the side. I was beginning to fall into a drinker's pattern, but I didn't know it.

Then my wife left me. She took my two sons with her. This startled me, because she said that she left me because I drank too much. Ridiculous! Why, I only drank as every other businessman did. But she left me nevertheless. Within two years I was married again. This time I was going to show the world, particularly my first wife.

I showed her all right. I was now living in a 14-room house in a swanky Connecticut suburb; sitting pretty. I left the National Broadcasting Company to go with a famous advertising firm. I did a lot of traveling and naturally I did a lot of drinking on my trips. How, otherwise, could you entertain the customers? Ah, how otherwise!

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abandon.

Now we think you can take it! Here are the steps we took, which are suggested as your Program of Recovery:

1. 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 and direction 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 willing that God remove all these defects of character.
7. Humbly, on our knees, asked Him to remove our shortcomings - holding nothing back.
8. Made a list of all persons we had harmed, and became willing to make complete 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 contact with God, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual experience as the result of this course of action, we tried to carry this message to others, especially alcoholics, and to practice these principles in all our affairs.

You may exclaim, "What an order! I can't go through with it." Do not be discouraged. No one among us has been able to maintain anything like perfect adherence to these principles. We are not saints. The point is, that we are willing to grow along spiritual lines. The principles we have set down are guides to progress. We claim spiritual progress rather than spiritual perfection.

Our description of the alcoholic, the chapter to the agnostic, and our personal adventures before and after, have been designed to sell you three pertinent ideas:

- (a) That you are alcoholic and cannot manage your own life.
- (b) That probably no human power can relieve your alcoholism.
- (c) That God can and will.

If you are not convinced on these vital issues, you ought to re-read the book to this point or else throw it away!

If you are convinced, you are now at step three, which is that you make a decision to turn your will and your life over to God as you understand Him. Just what do we mean by that, and just what do we do?

The first requirement is that you see that any life run on self-will can hardly be a success. On that basis we are almost always in collision with something or somebody, even though our motives may be good. Most people try to live by self-propulsion. Each person is like an actor who wants to run the whole show: is forever trying to arrange the lights, the ballet, the scenery and the rest of the players in his own way. If his arrangements would only stay put, if only people would do as he wishes, the show would be great. Everybody, including himself, would be pleased. Life would be wonderful. In trying to make these arrangements our actor may sometimes be quite virtuous. He may be kind, considerate, patient, generous; even modest and self-sacrificing. On the other hand, he may be mean, egotistical, selfish and dishonest. But, as with most humans, he is more likely to have varied traits.

What usually happens? The show doesn't come off very well. He begins to think life doesn't treat him right. He decides to exert himself some more. He becomes, on the next occasion, still more demanding or gracious, as the case may be. Still the play does not suit him. Admitting he may be somewhat at fault, he is sure that other people are more to blame. He becomes angry, indignant, self-pitying. What is his basic trouble? Is he not really a self-seeker even when trying to be kind? Is he not a victim of the delusion that he can wrest satisfaction and happiness out of this world if he only manages well? Is it not evident to all the rest of the players that these are the things he wants? And do not his actions make each of them wish to retaliate, snatching all they can get out of the show? Is he not, even in his best moments, a producer of confusion rather than harmony?

Our actor is self-centered - ego-centric, as people like to call it

nowadays. He is like the retired business man who lolls in the Florida sunshine in the winter complaining of the sad state of the nation; the preacher who sighs over the sins of the twentieth century; politicians and reformers who are sure all would be Utopia if the rest of the world would only behave; the outlaw safe cracker who thinks society has wronged him; and the alcoholic who has lost all and is locked up. Whatever their protestations, are not these people mostly concerned with themselves, their resentments, or their self-pity?

Selfishness - self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity, we step on the toes of our fellows and they retaliate. Sometimes they hurt us, seemingly, without provocation, but we invariably find that at some time in the past we have made decisions based on self, which later placed us in a position to be hurt. So our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is almost the most extreme example that could be found of self-will run riot, though he usually doesn't think so. Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us! God makes that possible. And there is no way of entirely getting rid of self without Him. You may have moral and philosophical convictions galore, but you can't live up to them even though you would like to. Neither can you reduce your self-centeredness much by wishing or trying on your own power. You must have God's help.

This is the how and why of it. First of all, quit playing God yourself. It doesn't work. Next, decide that hereafter in this drama of life, God is going to be your Director. He is the Principal; you are to be His agent. He is the Father, and you are His child. Get that simple relationship straight. Most good ideas are simple and this concept is to be the keystone of the new and triumphant arch through which you will pass to freedom.

When you sincerely take such a position, all sorts of remarkable things follow. You have a new Employer. Being all powerful, He must necessarily provide what you need, if you keep close to Him and perform His work well. Established on such a footing you become less and less interested in yourself, your little plans and designs. More and more you become interested in seeing what you can contribute to life. As you feel new power flow in, as you enjoy peace of mind, as you discover you can face life successfully, as you become conscious of His presence, you begin to lose your fear of today, tomorrow, or the hereafter. You will have been reborn.

Get down upon your knees and say to your Maker, as you understand Him: "God, I offer myself to Thee - to build with me and to do with

me as Thou wilt. Relieve me of the bondage of self, that I may better do Thy will. Take away my difficulties, that victory over them may bear witness to those I would help of Thy Power, Thy Love, and Thy Way of life. May I do Thy will always!" Think well before taking this step. Be sure you are ready; that you can at last abandon yourself utterly to Him.

It is very desirable that you make your decision with an understanding person. It may be your wife, your best friend, your spiritual adviser, but remember it is better to meet God alone than with one who might misunderstand. You must decide this for yourself. The wording of your decision is, of course, quite optional so long as you express the idea, voicing it without reservation. This decision is only a beginning, though if honestly and humbly made, an effect, sometimes a very great one, will be felt at once.

Next we launch out on a course of vigorous action, the first step of which is a personal housecleaning, which you have never in all probability attempted. Though your decision is a vital and crucial step, it can have little permanent effect unless at once followed by a strenuous effort to face, and to be rid of, the things in yourself which have been blocking you. Your liquor is but a symptom. Let's now get down to basic causes and conditions.

Therefore, you start upon a personal inventory. This is step four. A business which takes no regular inventory usually goes broke. Taking a commercial inventory is a fact-finding and a fact-facing process. It is an effort to discover the truth about the stock-in-trade. Its object is to disclose damaged or unsalable goods, to get rid of them promptly and without regret. If the owner of the business is to be successful, he cannot fool himself about values.

We do exactly the same thing with our lives. We take stock honestly. First, we search out the flaws in our make-up which have caused our failure. Being convinced that self, manifested in various ways, is what has defeated us, we consider its common manifestations.

Resentment is the "number one" offender. It destroys more alcoholics than anything else. From it stem all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spiritually sick. When the spiritual malady is overcome, we straighten out mentally and physically. In dealing with resentments, we set them on paper. List people, institutions or principles with whom you are angry. Ask yourself why you are angry. In most cases it will be found that your self-esteem, your pocketbook, your ambitions, your personal relationships, (including sex) are hurt or threatened. So you are sore. You are "burned up."

On your grudge list set opposite each name your injuries. Is it your self-esteem, your security, your ambitions, your personal, or your sex relations, which have been interfered with?

Be as definite as this example:

I'm resentful at: The Cause Affects my:

Mr. Brown His attention to my wife. Sex relations.

Self-esteem (fear)

Told my wife of my mistress. Sex relations.

Self-esteem (fear)

Brown may get my job at the office. Security.

Self-esteem (fear)

Mrs. Jones She's a nut-she snubbed me.

She committed her husband for Personal relation-

drinking.He's my friend.She's ship.Self-esteem

a gossip. (fear)

My employer Unreasonable - Unjust - Over-

bearing - Threatens to fire me for Self-esteem (fear)

drinking and padding my expense Security account.

My wife Misunderstands and nags.Likes Pride - Personal

Brown. Wants house put in her name. and sex relations-

Security (fear)

Go on through the list back through your lifetime. Nothing counts but thoroughness and honesty. When you are finished consider it carefully. The first thing apparent to you is that this world and its people are often quite wrong. To conclude that others are wrong is as far as most of us ever get. The usual outcome is that people continue to wrong you and you stay sore. Sometimes it is remorse and then you are sore at yourself. But the more you fight and try to have your way, the worse matters get. Isn't that so? As in war, victors only seem to win. Your moments of triumph are short-lived.

It is plain that a way of life which includes deep resentment leads only to futility and unhappiness. To the precise extent that we permit these, do we squander the hours that might have been worth while. But with the alcoholic whose only hope is the maintenance and growth of a spiritual experience, this business of resentment is infinitely grave. We find that it is fatal. For when harboring such feelings we shut ourselves off from the sunlight of the Spirit. The insanity of alcohol returns and we drink again. And with us, to drink is to die.

If we are to live, we must be free of anger. The grouch and the brainstorm are not for us. They may be the dubious luxury of normal men, but for alcoholics these things are poison.

Turn back to your list, for it holds the key to your future. You must be prepared to look at it from an entirely different angle. You will begin to see that the world and its people really dominate you. In your present state, the wrongdoing of others, fancied or real, has power to actually kill you. How shall you escape? You see that these resentments must be mastered, but how? You cannot wish them away any more than alcohol.

This is our course: realize at once that the people who wrong you are spiritually sick. Though you don't like their symptoms and the way these disturb you, they, like yourself, are sick, too. Ask God to help you show them the same tolerance, pity, and patience that you would cheerfully grant a friend who has cancer. When a person next offends, say to yourself "This is a sick man. How can I be helpful to him? God save me from being angry. Thy will be done."

Never argue. Never retaliate. You wouldn't treat sick people that way. If you do, you destroy your chance of being helpful. You cannot be helpful to all people, but at least God will show you how to take a kindly and tolerant view of each and everyone.

Take up your list again. Putting out of your mind the wrongs others have done, resolutely look for your own mistakes. Where have you been selfish, dishonest, self-seeking and frightened? Though a situation may not be entirely your fault, disregard the other person involved entirely. See where you have been to blame. This is your inventory, not the other man's. When you see your fault write it down on the list. See it before you in black and white. Admit your wrongs honestly and be willing to set these matters straight.

You will notice that the word fear is bracketed alongside the difficulties with Mr. Brown, Mrs. Jones, your employer, and your wife. This short word somehow touches about every aspect of our lives. It is an evil and corroding thread; the fabric of our existence is shot through with it. It sets in motion trains of circumstances which bring us misfortune we feel we don't deserve. But did not we, ourselves, set the ball rolling? Sometimes we think fear ought to be classed with stealing as a sin. It seems to cause more trouble.

Review your fears thoroughly. Put them on paper, even though you have no resentment in connection with them. Ask yourself why you have them. Isn't it because self-reliance has failed you? Self-reliance was good as far as it went, but it didn't go far enough. Some of us once had great self-confidence, but it didn't fully solve the fear problem, or any other. When it made us cocky, it was worse.

Perhaps there is a better way - we think so. For you are now to go on a different basis; the basis of trusting and relying upon God. You are to trust infinite God rather than your finite self. You are in the world to play the role he assigns. Just to the extent that you do as you think He would have you, and humbly rely on Him, does He enable you to match calamity with serenity.

You must never apologize to anyone for depending upon your Creator. You can laugh at those who think spirituality the way of weakness. Paradoxically, it is the way of strength. The verdict of the ages is that faith means courage. All men of faith have courage. They trust their God. Never apologize for God. Instead let Him demonstrate, through you, what He can do. Ask Him to remove your fear and direct your attention to what He would have you be. At once, you will commence to outgrow fear.

Now about sex. You can probably stand an overhauling there. We needed it. But above all, let's be sensible on this question. It's so easy to get way off the track. Here we find human opinions running to extremes - absurd extremes, perhaps. One set of voices cry that sex is a lust of our lower nature, a base necessity of procreation. Then we have the voices who cry for sex and more sex; who bewail the institution of marriage; who think that most of the troubles of the race are traceable to sex causes. They think we do not have enough of it, or that it isn't the right kind. They see its significance everywhere. One school would allow man no flavor for his fare and the other would have us all on a straight pepper diet. We want to stay out of this controversy. We do not want to be the arbiter of anyone's sex conduct. We all have sex problems. We'd hardly be human if we didn't. What can we do about them?

Review your own conduct over the years past. Where have you been selfish, dishonest, or inconsiderate? Whom did you hurt? Did you unjustifiably arouse jealousy, suspicion or bitterness? Where you were at fault, what should you have done instead? Get this all down on paper and look at it.

In this way you can shape a sane and sound ideal for your future sex life. Subject each relation to this test - is it selfish or not? Ask God to mould your ideals and help you to live up to them. Remember always that your sex powers are God-given, and therefore good, neither to be used lightly or selfishly nor to be despised and loathed.

Whatever your ideal may be, you must be willing to grow toward it. You must be willing to make amends where you have done harm, provided that you will not bring about still more harm in so doing.

In other words, treat sex as you would any other problem. In meditation, ask God what you should do about each specific matter. The right answer will come, if you want it.

God alone can judge your sex situation. Counsel with persons is often desirable, but let God be the final judge. Remember that some people are as fanatical about sex as others are loose. Avoid hysterical thinking or advice.

Suppose you fall short of the chosen ideal and stumble. Does this mean you are going to get drunk? Some people will tell you so. If they do, it will be only a half-truth. It depends on you and your motive. If you are sorry for what you have done, and have the honest desire to let God take you to better things, you will be forgiven and will have learned your lesson. If you are not sorry, and your conduct continues to harm others, you are quite sure to drink. We are not theorizing. These are facts out of our experience.

To sum up about sex: earnestly pray for the right ideal, for guidance in each questionable situation, for sanity, and for the strength to do the right thing. If sex is very troublesome, throw yourself the harder into helping others. Think of their needs and work for them. This will take you out of yourself. It will quiet the imperious urge, when to yield would mean heartache.

If you have been thorough about your personal inventory, you have written down a lot by this time. You have listed and analyzed your resentments. You have begun to comprehend their futility and their fatality. You have commenced to see their terrible destructiveness. You have begun to learn tolerance, patience and good will toward all men, even your enemies, for you know them to be sick people. You have listed the people you have hurt by your conduct, and you are willing to straighten out the past if you can.

In this book you read again and again that God did for us what we could not do for ourselves. We hope you are convinced now that He can remove the self-will that has blocked you off from Him. You have made your decision. You have made an inventory of the grosser handicaps you have. You have made a good beginning, for you have swallowed and digested some big chunks of truth about yourself. Are you willing to go on?

|||||

+++Message 824. Re: Pink Cloud
From: Tom M. 2/8/2003 11:31:00 PM

Any of you oldtimers recognize this and give me a hint if it historically accurate or not

AA Old Preamble - 1940

We are gathered here because we are faced with the fact that we are powerless over alcohol and unable to do anything about it without the help of a Power greater than ourselves.

We feel that each person's religious views, if any, are his own affair. The simple purpose of the program of Alcoholics Anonymous is to show what may be done to enlist the aid of a Power greater than ourselves regardless of what our individual conception of that Power may be.

In order to form a habit of depending upon and referring all we do to that Power, we must at first apply ourselves with some diligence. By often repeating these acts, they become habitual and the help rendered becomes natural to us.

We have all come to know that as alcoholics we are suffering from a serious illness for which medicine has no cure.

Our condition may be the result of an allergy which makes us different from other people. It has never been by any treatment with which we are familiar, permanently cured. The only relief we have to offer is absolute abstinence, the second meaning of A.A.

There are no dues or fees. The only requirement for membership is a desire to stop drinking. Each member squares his debt by helping others to recover.

An Alcoholics Anonymous is an alcoholic who through application and adherence to the A.A. program has forsworn the use of any and all alcoholic beverage in any form.

The moment he takes so much as one drop of beer, wine, spirits or any other alcoholic beverage he automatically loses all status as a member of Alcoholics Anonymous.

A.A. is not interested in sobering up drunks who are not sincere in their desire to remain sober for all time. Not

being reformers, we offer our experience only to those who want it.

We have a way out on which we can absolutely agree and on which we can join in harmonious action. Rarely have we seen a person fail who has thoroughly followed our program. Those who do not recover are people who will not or simply cannot give themselves to this simple program. Now you may like this program or you may not, but the fact remains, it works. It is our only chance to recover.

There is a vast amount of fun in the A.A. fellowship. Some people might be shocked at our seeming worldliness and levity but just underneath there lies a deadly earnestness and a full realization that we must put first things first and with each of us the first thing is our alcoholic problem. To drink is to die. Faith must work twenty-four hours a day in and through us or we perish.

In order to set our tone for this meeting I ask that we bow our heads in a few moments of silent prayer and meditation. I wish to remind you that whatever is said at this meeting expresses our own individual opinion as of today and as of up to this moment.

We do not speak for A.A. as a whole and you are free to agree or disagree as you see fit, in fact, it is suggested that you pay no attention to anything which might not be reconciled with what is in the A.A. Big Book.

If you don't have a Big Book, it's time you bought you one. Read it, study it, live with it, loan it, scatter it, and then learn from it what it means to be an A.A.

Hugs
Rudy

PLEASE VISIT MY HOME PAGE

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Consider how hard it is to change yourself and

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Hugs
Rudy

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Consider how hard it is to change yourself and you'll understand what little chance you have in trying to change others.

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+++Message 828. Re: 1940 Preamble??
From: cdknapp 2/9/2003 10:30:00 PM

|||||

This is know as the Texas Preamble.

Texas Preamble:

A few months after the Grapevine published the Preamble in June, 1947, Ollie L., Dick F., and Searcy W. decided to beef it up for the drunks in Texas. "We worked on it, passed it around, and agreed on this version," says Searcy W. "It's now read by groups throughout the state." It works for Searcy. He's been sober 54 years.

Source- February, 2001 Grapevine

Thanks

Charles from California

----- Original Message -----

From: Rudy890

To: AA HistoryLovers@yahogroups.com

Sent: Sunday, February 09, 2003 5:39 PM

Subject: [AAHistoryLovers] 1940 Preamble??

Hi Group,

I had this sent to me recently and I don't have a clue if it is true or not, but it makes for an interesting read.

Any of you oldtimers recognize this and give me a hint if it historically accurate or not

AA Old Preamble - 1940

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Even "interested parties" had difficulty in tracing it. Then, in quick succession, members intervened in police court cases at Worthing and Hasting on behalf of people charged with being drunk and disorderly. Without revealing their names, they told the magistrates that, in their opinion, the accused could be cured.

The anonymous witness at Hastings Police Court was a man who had risen to a high position among his fellow-citizens, but had been on the brink of disaster through his addiction to alcohol. He succeeded in re-establishing himself as a useful member of society. Like all members of Alcoholics Anonymous, he frankly describes himself as an ex-alcoholic. He now reveals his identity as Mr. E.C.V. Symonds. "Less than a year ago," he says, "I was a three-bottle a day man, drinking pernod, vodka, calvados - anything to get strong drink."

Mr. Symonds conquered his craving, joined Alcoholics Anonymous, and does not now touch alcohol. Like all members, he is determined to help others overcome their handicap. An expert in "natural therapy" and "hypnotism," "Vernon" (members of Alcoholics Anonymous are only known by their Christian names) has gone further than the fellowship in his determination to combat alcoholism and to help individual drunkards.

While Alcoholics Anonymous concentrates on a spiritual cure, Vernon adds very practical measures which, strictly speaking, are outside the province of the organization. The basis for his curative efforts are the "twelve steps" which can be described as the constitution of Alcoholics Anonymous. First of these is "honest self-appraisal": We admitted that we were powerless over alcohol - that our lives had become unmanageable.

The next points consist of statements of belief in a greater power which can restore alcoholics to sanity: a "humble request to God" to remove shortcomings; a decision to make amends to all persons wronged.

The monthly journal: The A.A. Grapevine, published in the United States, puts it like this: "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is an honest desire to stop drinking. A.A. has no dues or fees. It is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety."

That is the catechism of the "alkies" - as alcoholics call themselves in America. They hold meetings once or twice a week, discuss their experiences, exchange ideas, strengthen each other's beliefs and offer moral support to fellow-members. It has been like this since the movement began in Ohio in 1935, when a stockbroker and a doctor, both alcoholics, resolve to cure each

other. Within a year, there were forty members. Today there are more than 100,000 in the United States. After the war, British groups began to function, chiefly in London, Manchester, Bolton and along the south coast.

At first it was chiefly hurried notes scribbled in a police cell by a drunken man, or calls from patients in mental homes which brought members of A.A. to the side of a new aspirant for membership. Now alcoholics Anonymous is open to a wider circle. Their telephone number is appearing in the new directory this month. Ring Bishopsgate 9657, and your call will be answered by Alcoholics Anonymous.

Medical authorities, in fact, are not quite agreed on what constitutes alcoholism. But my inquiries have produced a startling common denominator. All the self-confessed alcoholics I met hate alcohol in their sober moments. They know that it is the enemy, and that they are powerless once they begin to drink.

"For months I keep off it," said a successful doctor when I met him at the clinic. "Then by accident, or because of some upset, I have a couple of drinks. At once I get a craving for more and my capacity is great. When 'time' is called at a pub I move on in search of more liquor. Why, when ever the night clubs close I make my way to Covent Garden, where the pubs for the market people open early in the morning."

This man's latest debauch lasted a full fortnight until he was eventually picked up by Vernon, who took him to his clinic. Covered in mud, the doctor had literally dragged himself through a dozen gutters. His experience is typical. A well-known woman author and alcoholic told me that she disliked the taste of liquor but that she drank two bottles a day until her collapse. And an accountant who in his normal moments looks "as sober as a judge," confessed that after a domestic conflict he drank eau-de-Cologne and switched to lighter fuel before ending up with methylated spirits.

It is with such situations that Alcoholics Anonymous must cope. They insist that most doctors, clergymen, psychologists and probation officers who are called in to help an alcoholic, have the disadvantage of not really understanding his mind" "Only a habitual drunkard can understand his fellow-sufferer," is the view of A.A. The secretary of the British branches, who calls himself "Dick," is satisfied with the progress and success of the fellowship. "We now number around 500 members," he told me, "and meet regularly to discuss our problems. Yes, I was an alcoholic myself."

The small membership of Alcoholics Anonymous in Britain is a testimony to the sobriety of the people. Charges have been steadily declining for many decades.

A well-known publican said that drunkenness is today the least of his trade's worries. Only very occasionally does he have to deal with customers

who have overstepped the mark, and long experience in observation across the bar enables him to discover a potential trouble-maker long before the man himself realizes that he is getting "under the influence."

Practically every one of these customers is outside the demoralization, pernicious real of real alcoholism. For the true alcoholic, many experts claim, there is no cure - except rigid teetotalism. Doctors in this country are now experimenting with a new drug, antabuse, and are reporting a fair average of success. This drug turns people against the taste of alcohol, but it is too early yet to say whether it can achieve a permanent cure. Such results, according to Alcoholics Anonymous, can only be obtained by an act of faith, as their fellowship suggests.

My investigations show that the most difficult aspect of such a spiritual cure is the "first step." It is extremely difficult for an alcoholic who has reached a low moral and physical standard after prolonged indulgence to "snap out of it." Even if his bout lands him in jail his cravings persists because he faces another personal crisis from which the only escape seems to be renewed alcoholic insensibility. As soon as the victim of alcohol is released he again begins to "drown his sorrows" to sink his shame and dishonour.

That is where a combination of spiritual approach and physical treatment comes in. "I have been through it all myself," Vernon explained, when I visited his clinic, where he treats no more than four patients at a time. "Therefore I am never amazed, never surprised by alcoholics; I am not unconcerned with their worries but I do not pander to their tendencies of egocentricity. Neither, frankly, will I stand any nonsense from the recalcitrant."

His view is that all appearances of an "institution" should be avoided. His own home is a pleasant country house standing in its own grounds. Here patients, distinguished, dignified-looking people, go for walks, spend their time gardening, exercise their bodies, take steam baths and electrical treatment, eat mostly fruit and vegetables, and enjoy the companionship of fellow-sufferers. In no circumstances are drugs administered. A drop of alcohol to calm down a "bad case" is the limit.

Emphasis is still laid on re-education, and hypnosis plays its part. But it is essential to develop in the alcoholics, a strong feeling for his fellow-alcoholic, and in this respect Vernon recalls some spectacular successes. "On one occasion," he told me, "A patient was in bed anxiously awaiting the visit of a business partner. The latter, alas, arrived very drunk. There being no other bed free, the patient got up to vacate his own to the greater sufferer."

Such reaction seems to show that the principles of Alcoholics Anonymous are sound. Alcoholism, it is said, is a mental defect which rigid application of

Howard W. Haggard

Director, Laboratory of Applied Physiology, Yale University

RECURRENT trips to jail for the poverty-stricken inebriate, recriminations and preaching at the well-heeled drunkard will soon be replaced in New Haven and Hartford by a trip to the clinic.

In each city, a diagnostic and guidance clinic will be opened in the near future, to be known as the Yale Plan Clinic, under the sponsorship of the Laboratory of Applied Physiology of Yale University and the Connecticut State Prison Association, where alcoholics, rich and poor alike, will be offered scientific help.

No new "cure" for inebriety has been discovered; the clinics will approach the problem from the point of view that the alcoholic is a sick man and should be treated as such.

The alcoholic is either led to his excessive drinking by a sickness of his personality or his personality has become disordered in the course of many years of heavy drinking.

Unless the alcoholic realizes that he is sick, and unless his friends and relatives, and the general public, realize that excessive drinking is a disease and not just "weakness" or "pure meanness," there is little hope for the rehabilitation of the alcoholic.

Threats and punishment, scandal and divorce do not cure the alcoholic; they may even drive him deeper into his habit. What he needs is help - physical and mental help in solving the problems which have given him his disease.

Unfortunately, the popular belief that the alcoholic merely lacks strength of character is much the same as was the attitude toward the mentally ill a century ago, when the insane were put in prisons, or whipped.

From time to time the public hears that some "cure" has been found for excessive drinking. This is never true, for there is no specific remedy for helpless dependence upon alcohol, in the sense that there is a cure for diphtheria, or in the sense that there are definite means for controlling the consequences of diabetes.

There can be no cure for alcoholism. The treatment must be fitted to the cause.

There are however, various ways and means by which the problem drinker can be helped to overcome his habit, provided always that he wants to be helped.

The ways and means used are as many as there are kinds of problem drinkers; there is no "medicine" which will cure the craving for alcohol, nor is there some standard method which can be used in the treatment of any problem drinker.

Today there are probably 600,000 men and women in this country who need medical aid because of their excessive drinking.

While this seems like a large number, it is nevertheless true that only a small percent of those who drink become alcoholics, and there are some 45 million people in this country who use alcoholic beverages. Out of every 1,000 users about 13 eventually become problem drinkers -that is, no more than 1.3 percent.

Between one and a half and two million people drink heavily enough to be in danger of becoming problem drinkers. Wide dissemination of the scientific facts about the excessive use of alcohol and the reasons behind excessive drinking may help to prevent at least some of these people from continuing on their dangerous paths to alcoholic doom.

The 600,000 problem drinkers should not be thought of as a group of like people. They are no more alike in their temperaments and personalities than a group of people who contracted typhoid fever would be. And, unlike typhoid fever, in alcoholism it is not the "germ" which must be treated but the man himself.

Just as all kinds of personalities are represented among problem drinkers, so are all social, economic and educational levels. The fact that most of the "'common drunks" we see on the streets are from the lower economic levels does not mean that such people are more liable to become heavy drinkers; there are simply more people on this level.

The well-to-do produce an even greater proportion of inebriates, on a basis of population. We know, for instance, that about 20 percent of those admitted to hospitals and sanitariums for mental disorders are able to afford the relatively high costs of private institutions, which means that they come from the upper income brackets.

The most familiar alcoholic is the "bum" on the dreary treadmill: he gets drunk, is arrested, sentenced to a few days in jail, released, gets drunk, is arrested --and so it goes. After a time, the sentences may grow longer, perhaps a few months.

But no matter how long he is in jail, he resumes his career of drunkenness as soon as he is freed. The jail sentence is definitely not a remedy for inebriety.

The "bums" clog up the jails and are a burden on the courts, the police, and

the taxpayers. A solution to their problem is imperative.

Less well known to the general public are the inebriate playboy and the glamour girl, who do their too heavy drinking in the comparative privacy of nightclubs, from which they are regularly carried home in taxis or in their own limousines, or their maids and valets may know of their disease.

Even less exposed to the public eye is the business executive who drinks either in his exclusive club or at his private bar. His associates anxiously guard his secret and squelch whatever rumors get out.

There is no single reason why people seek intoxication; alcohol can fulfill so many conditions that it can be taken for many reasons.

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The great Edgar Allan Poe was one of these. Such people, despite their genius, suffer from an inner lack of self-confidence which bars them from productive work. Only when the barrier is removed by alcohol can they shed the fetters of self-critique and, feeling "On top of the world," produce the literature or art or music which was locked up inside themselves.

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Most people are not geniuses; they are led to excessive drinking by boredom, by frustration, by social problems, by economic difficulties and family troubles. But all the excessive drinkers, sooner or later, develop a common characteristic - that of damaged physical and mental health.

Deficiency diseases develop from improper nutrition: and all excessive drinkers fall victims to other ills because their bodies have lost their normal resistance. Their moral stamina is undermined.

They become unreliable, an increasing burden to their friends and relatives and to the community. They disrupt their families and expose their children to misery as well as to the example of intemperance.

When the alcoholic finally realizes that he cannot continue his injurious

course of life, he seeks for ways and means by which he can drink without doing harm, or by which he can drink less and still satisfy his longing.

There are no such ways and means. For the inebriate there is only one way out, and that is never to drink again.

As a rule, it takes him long to realize this. And it takes even longer before he will admit to himself that he can not achieve this without help from the outside.

When the inebriate enters the clinics (he must be sober, for these are not sobering up stations or hangover cures) he will be interviewed by a psychiatrist who will endeavor to discover those deeply hidden conflicts, disappointments, anxieties, disaffection's or boredom which led him to his craving for intoxication.

Then social workers will endeavor to reconstruct the life history of the patient from records and sources including the family.

Psychologists will determine the picture of his abilities and limitations. A physician will give him a thorough physical examination.

The psychiatrist will then combine the results of all these examinations, which would give him a picture of the type of man or woman he has before him, the influences which contributed toward the excessive drinking, and the psychological resources and liabilities of the patient.

According to the total picture thus presented, he will determine the kind of treatment which promises the best prospects and successful results.

The treatment, of course, will depend on the temperament, personality, family, and social situation of the patient. It will not be given by the clinics; the psychiatrist will recommend what treatment the patient should receive.

There may be some among those referred to the clinics who are found to have mental disorders in which heavy drinking is quite incidental. In such cases, treatment for the mental disorder in a state mental hospital is the only possible recommendation. They cannot be treated for drinking, since this is merely a symptom of the disease.

The psychiatrist may find in some individuals a certain readiness for religious experience. If such readiness is developed into its full possibilities the religious experience may offer a solution.

In a case of this sort, the patient may be referred to a minister.

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referred to that courageous group of men and women known as Alcoholics Anonymous.

Those who have contracted the disease of inebriety through compliance with the customs of a hard drinking social set, rather than through inner difficulties, may be referred to a physician skilled in what is known as the "aversion" or conditioned reflex treatment.

In this type of treatment, an aversion to alcoholic beverages is created in the patient by means of certain drugs, and when the aversion is well established, psychological pressure is applied to reinforce the newly acquired habit of abstinence.

There may be cases in which it appears to the psychiatrist that all the patient needs is to be given a chance to use certain unemployment abilities or ambitions.

In such cases the patient will be put in touch with agencies which can offer the opportunities. In some cases the clinics may help to establish contact with an appropriate employer.

Source: Science Digest, June 1944

Yale to Rehabilitate Alcoholics

Condensed from The American Weekly

Howard W. Haggard

Director, Laboratory of Applied Physiology, Yale University

RECURRENT trips to jail for the poverty-stricken inebriate, recriminations and preaching at the well-heeled drunkard will soon be replaced in New Haven and Hartford by a trip to the clinic.

In each city, a diagnostic and guidance clinic will be opened in the near future, to be known as the Yale Plan Clinic, under the sponsorship of the Laboratory of Applied Physiology of Yale University and the Connecticut State Prison Association, where alcoholics, rich and poor alike, will be offered scientific help.

No new "cure" for inebriety has been discovered; the clinics will approach the problem from the point of view that the alcoholic is a sick man and should be treated as such.

The alcoholic is either led to his excessive drinking by a sickness of his personality or his personality has become disordered in the course of many years of heavy drinking.

Unless the alcoholic realizes that he is sick, and unless his friends and relatives, and the general public, realize that excessive drinking is a disease and not just "weakness" or "pure meanness," there is little hope for the rehabilitation of the alcoholic.

Threats and punishment, scandal and divorce do not cure the alcoholic; they may even drive him deeper into his habit. What he needs is help - physical and mental help in solving the problems which have given him his disease.

Unfortunately, the popular belief that the alcoholic merely lacks strength of character is much the same as was the attitude toward the mentally ill a century ago, when the insane were put in prisons, or whipped.

From time to time the public hears that some "cure" has been found for excessive drinking. This is never true, for there is no specific remedy for helpless dependence upon alcohol, in the sense that there is a cure for diphtheria, or in the sense that there are definite means for controlling the consequences of diabetes.

There can be no cure for alcoholism. The treatment must be fitted to the cause.

There are however, various ways and means by which the problem drinker can be helped to overcome his habit, provided always that he wants to be helped.

The ways and means used are as many as there are kinds of problem drinkers; there is no "medicine" which will cure the craving for alcohol, nor is there some standard method which can be used in the treatment of any problem drinker.

Today there are probably 600,000 men and women in this country who need medical aid because of their excessive drinking.

While this seems like a large number, it is nevertheless true that only a small percent of those who drink become alcoholics, and there are some 45 million people in this country who use alcoholic beverages. Out of every 1,000 users about 13 eventually become problem drinkers -that is, no more than 1.3 percent.

Between one and a half and two million people drink heavily enough to be in danger of becoming problem drinkers. Wide dissemination of the scientific facts about the excessive use of alcohol and the reasons behind excessive drinking may help to prevent at least some of these people from continuing on their dangerous paths to alcoholic doom.

The 600,000 problem drinkers should not be thought of as a group of like people. They are no more alike in their temperaments and personalities than

a group of people who contracted typhoid fever would be. And, unlike typhoid fever, in alcoholism it is not the "germ" which must be treated but the man himself.

Just as all kinds of personalities are represented among problem drinkers, so are all social, economic and educational levels. The fact that most of the ""common drunks" we see on the streets are from the lower economic levels does not mean that such people are more liable to become heavy drinkers; there are simply more people on this level.

The well-to-do produce an even greater proportion of inebriates, on a basis of population. We know, for instance, that about 20 percent of those admitted to hospitals and sanitariums for mental disorders are able to afford the relatively high costs of private institutions, which means that they come from the upper income brackets.

The most familiar alcoholic is the "bum" on the dreary treadmill: he gets drunk, is arrested, sentenced to a few days in jail, released, gets drunk, is arrested --and so it goes. After a time, the sentences may grow longer, perhaps a few months.

But no matter how long he is in jail, he resumes his career of drunkenness as soon as he is freed. The jail sentence is definitely not a remedy for inebriety.

The "bums" clog up the jails and are a burden on the courts, the police, and the taxpayers. A solution to their problem is imperative.

Less well known to the general public are the inebriate playboy and the glamour girl, who do their too heavy drinking in the comparative privacy of nightclubs, from which they are regularly carried home in taxis or in their own limousines, or their maids and valets may know of their disease.

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alcoholic," you may remark-but smile when you say that! Intoxication is not proof of alcoholism. Plenty of grandmothers used to get potted on "female remedies," but they weren't compulsive drinkers. They wore their white ribbons in utter honesty.

On the other hand, a true alcoholic may never seem to be drunk at all. Bob, a young sales agency executive, was like that. He always had an edge on, but you had to know him very well to suspect it. A different kind of alcoholic was a 35-year-old architect whom we'll call Fred. For months at a time he would be on the wagon, doing good and brilliant work. Then he would disappear, to be eventually discovered helplessly drunk in the wreckage of his bottle-strewn apartment. Periodically, Fred lands a new job which always seems to pay a little less than the one he drank himself out of.

Clearly there are drinkers and drinkers; and the vast majority of person who take a nip do not arrive at the problem stage. But there are an estimated 800,000 compulsive drinkers in the country - a staggering public health problem, not helped by the fact that the realistic voices of scientists have an almost hopeless time making themselves heard. Indeed, basing this article solely upon the analytical findings of specialists who know alcoholism best, the risk is being run that violence almost certainly will be done to the popular fables, misconceptions, and irrelevant concepts of "morality" that have muddied a problem which is, essentially, one of human illness.

Not even that superb movie, *The Lost Weekend*, conveys an entirely accurate picture, in the opinions of researchers in alcoholism. The reasons why the Don Birnam of that enthralling production became an alcoholic are glossed over. Not all alcoholics are like him. More important, the spectator may draw the conclusion that alcoholics cannot be cured and that doctors and specialists are tough hearted hombres with little to offer the chronic drunk. The truth is that thousands of ex-alcoholics have been restored to positions of trust, responsibility and esteem in their communities. Strictly speaking, alcoholism cannot be "cured." Neither can tuberculosis. But doctors can arrest the disease's progress. And when the arrest endures for a lifetime, the practical results are the same as cure.

A popular attitude is that the alcoholic enjoys drinking and should be punished for overindulging his pleasure. No alcoholic ever drinks for fun. He drinks because he has to in order to feel normal. Neither the teetotaler nor the social drinker can understand the sometimes terrifying psychic pain that drives the alcoholic to bottled anesthesia. He is a sick man. If alcoholism is not a disease in itself, it is at least a symptom of a disease.

There are alcoholics who drink to ease pain. There are others, usually of low intelligence, without family or business responsibilities-bums-who have time on their hands, little to occupy them and no particular reason to stay

sober. But the typical problem drinker is one whose personality is so maladjusted, so un-grownup, that there is continual agonizing friction between himself and the world of reality. The compulsive drinker, like everybody else, is a man with problems. The difference is that he uses alcohol to "solve" his problems. He tries to build up a 100-proof insulating wall between himself and the world of responsibilities.

No one has ever identified the drink that is "one too many," that pushes a man over the hazy borderline of controlled drinking into the danger zone of alcoholism.

But there are warning signs aplenty. Dr. Robert V. Seliger, assistant visiting psychiatrist of Johns Hopkins Hospital and an authority on problem drinking, has listed thirty-five red flags. Many other workers are agreed upon symptoms that ought to paralyze the elbows of potential chronic alcoholics. Here are some of the most important:

When you need a drink to quiet the "shakes."

When you become a morning drinker.

When you need "a hair of the dog that bit you." One specialist warns that "only a confirmed or potential alcoholic can tolerate the morning after, without nausea."

When you become a solitary drinker.

When despite loss of reputation, loss of working efficiency, loss of standing with family and friends, you can't give up or reduce drinking.

When nothing but a drink can make up feel at ease with the world.

Some of these symptoms indicate that the habit is pretty well advanced. Can a man tell before reaching that stage whether he is the kind in whom drinking is likely to become uncontrollable? In a general way, racial studies indicate that Mediterranean peoples are less likely to use liquor to excess than persons of northern European background. Too, your occupation has some bearing on your susceptibility. Salesmen, especially the high-pressure type, are at the top of the list. Jobs which require you to hoist one with prospects pretty frequently, and which involve considerable tension and nervous drive, seem to fertilize the soil in which alcoholism flourishes. Advertising men, brokers, and similar professionals bottle themselves up in comparatively high numbers.

But compulsive drinking is, above everything, an individual problem. Let us examine some of the personality factors commonly found in connection with it.

The typical alcoholic, according to statistics compiled by Dr. Merrill Moore, begins drinking in the last two years of high school or the first two years of college. At first it is ordinary social drinking. After a couple of years he advances to the occasional spree stage, which lasts for about a decade. There is a gradual trend towards solitary drinking. Finally, after some twenty years of imbibing, he arrives at the point where he must have medical care—on the average, at age 40.

Yet the roots of his trouble are in his childhood. Typically, the alcoholic has parent trouble, though neither he nor his parents may realize it. His father may be stern and exacting, or so upright and successful that the son feels it is hopeless to try to compete with him. Sometimes there is undue pampering; more often, rigid standards of unquestioning obedience. In either case, normal relations between him and his father or other men are handicapped. He may not be able to hold his own with his group in school, in athletics, in social life.

Altogether, he grows up with a terrible feeling of insecurity. In an emotional sense, in fact, he doesn't grow up. He shrinks from the give-and-take tests of the world, is so dreadfully fearful of failure that he won't try to succeed, and seeks desperately for some means of escape. Alcohol - anesthetizing, consoling, socially approved and convenient - becomes his way out.

An alcoholic is not necessarily a man with a hollow leg. The relation of constitution to temperament has been illuminated by Dr. W.H. Sheldon of Harvard University. In brief, he finds that the stoutish, heavy-set man of pleasant digestion and phlegmatic temperament relaxes and enjoys other people under alcohol. The more athletic fellow, bold, muscular, and adventurous, reacts assertively and aggressively to alcohol. The man for whom alcohol is practically poisonous is likely to be spare, lean, inhibited, crowd-hating, solitary, and mentally overintense.

Alcohol is always a depressant, never a stimulant. And it works from the top down. That is, it depresses higher functions—inhibition, speech, fine motor co-ordination—in descending order. From this, one can derive a rough yard-stick of drunkenness. The earliest stage (often thought of as stimulation, but really a depression of inhibitions) is the pleasurable, relaxed unself-consciousness that is also the last stage for normal drinkers to whom alcohol is a controlled social accessory. But as the depression descends to lower levels, triggers are released that give the shrewd observer considerable insight into the alcoholic personality.

For instance, the solitary drunk ordinarily is punishing his worst enemy, the one he fears most—himself. The drunk who beats his wife is giving vent to contempt, hatred, and yen to punish womanhood, perhaps to get even for a domineering mother. The weepy drunk is the regressing infant. The drunk who wants to fight has a frustrated, unconscious rage against the whole world of

men outside himself. And the drunk who gets amorous has complex difficulties in the sexual sphere. Typically, the alcoholic's alleged love affairs rank high in quality. To hear him tell it, he is irresistible to women. Actually, he only rates about 10 proof, for underneath his manly protestations is a basic fear of women. Often what he craves is not a wife but a substitute mother. His marriage adjustments are notoriously poor.

The problem "to drink or not to drink" is so complex for any individual that no ready-made blanket therapy can be guaranteed. Families of compulsive drinkers are much more optimistic about "easy" cures than are specialists who know the problem. In considering possible treatments for alcoholism, it is advisable first to dispose of some popular "treatments" that have no value at all.

No secret potion dropped into Frank's coffee will cure him of drink. No alcoholic has ever been cured on the sly, without his knowledge. "Let's have his father or the doctor or his boss or the minister give him a good talking-to" is not very helpful unless such advisers are well-trained. The patient may brace up for a while; he may take the pledge, and mean from the bottom of his heart his promise never to touch another drop. He may think he knows why he drinks, but he never does-not until someone gives him insight. Sending him off to a farm or into confinement where he can't get alcohol will keep him sober as long as he stays there-but no longer, if confinement was his only treatment.

Fear is a goad, not a cure. The alcoholic whose world is tumbling about his ears knows fear all too well. It is brutally inhuman to expose him to pictures of cirrhotic livers and the like. It is doubly pointless because what impresses people in horror exhibits from the platform may have slight if any basis in scientific fact. Most doctors now believe that cirrhosis of the liver is nutritional rather than alcoholic in origin. Plenty of teetotalers have "alcoholic" livers.

Any general practitioner can help a patient recover from an attack of acute alcoholism with the use of sedative drugs, rest, forced nutrition and other well-understood methods. But this is an entirely different matter from curing him of compulsive drinking. The difference is important because many a doctor, after periodically assisting luses over the hump, becomes convinced that his patients are incurable, whereas the specialist takes a much more hopeful view. He knows that the patient's basic problem is not alcohol-that alcoholism doesn't come out of a bottle but out of the man. To focus treatment on removal or proscription of whisky is comparable to "curing" a brain tumor by prescribing aspirin. It is the compulsive drinker's psychological trouble that must be remedied.

It is fundamental to any successful treatment that the problem drinker must sincerely want to get well. Invariably he will say he wants to. And he may sincerely mean it, especially after recovering from a binge that may have

cost him his job or his wife or his reputation. But since he does not know why he drinks, and since alcohol, at whatever cost, serves for him an inner purpose, he usually needs to be helped to self-insight that will make his desire for cure psychologically genuine.

Another basic if brutal truth is that for him there are only two choices: he can remain an alcoholic, or he can become a teetotaler. There is no middle road. Never again can he be a controlled social drinker-if he ever was one. Many a problem drinker, after apparent cure, has figured he could handle mild liquors-beer or wine-only to find out that a drink of ale was the first step to an epic spree that lost him all the ground he gained. When the boys order another round of the same, he is going to have to order plain ginger ale and like it. For him there is no such thing as a little alcohol.

How, then, are problem drinkers cured? The first step is to settle the practical question: "Is he really an alcoholic? And if so, what kind is he?"

A simple method of determining whether or not the patient is an addict is suggested by Dr. H.W. Haggard. He advises doctors to limit the patient's drinking, for an extended but reasonable time, to two drinks a day. If the patient stays within those limits, he is hardly a true alcoholic. The genuine addict may be able to cut out liquor completely, but he cannot be moderate.

Next, if the man fails that test, is he an alcoholic because of exposure, association, careless habit or other outside factors, or because of deep psychic maladjustments? If the latter is the case (and in Dr. Haggard's opinion the majority of alcoholics are reasonably normal), understanding, tolerance, and sympathetic treatment by a physician should be effective. The more deeply disturbed drinker, however, requires more intensive treatment. So does the rarer type whose troubles are symptomatic of underlying mental disorder-a psychosis.

It is the specialized, individual skill of the psychiatrist, plus sanitarium care, that seems best for the toughest cases. The job is to uproot the complexes that have unconsciously been driving the man to drink, and since these long-repressed triggers are different in every case, it is quite an assignment to locate the specific ones that explode the alcohol cartridge. It may take months, perhaps a year, but the patient is finally brought to genuine insight as to why he has been using alcohol as a false answer to his troubles, he's a good bet for release to the outside world.

All this is not so easy as it sounds. Relapses are always possible. But a fair guess is that about 35 per cent of addicts are cured, by any of several types of treatment.

A deep, sincere desire to be cured undoubtedly plays a part. The heartening side of the picture is that thousands of ex-drunks, once reviled, scorned,

lambasted or recriminated, have become respected and productive citizens of their communities-their bibulous backgrounds often quite unsuspected.

Drugs play a role in some treatments, notably in "conditioned reflex" or aversion therapy. The patient is given an injection of a drug which, a definite number of minutes later, will tear him apart with violent vomiting. The doctor opens a bottle of his favorite bourbon, pours a drink, and with diabolical timing hands it to the patient. Down goes the snifter-up comes the viscera, or so it feels. Associating the drink with the hell breaking loose in his interior, the patient develops an aversion to said drink.

Oddly enough, it doesn't seem to matter whether the patient understands the trickery or not. The aversion sticks-his stomach knows best. Aversion treatment patients have gone to dinner parties too soon after a session with the doctor, observed the host approaching with a tray of highballs, and have heaped gastric insult upon hospitality. The method appears to be most effective where the addiction is one of simple habituation, without any deep personality factors.

Basically, the treatment of alcoholism seems essentially to be faith healing, whether through the help of a psychiatrist or by other means. Group therapy apparently is most effective in this respect, as indicated by the successes of such organizations as Alcoholics Anonymous and the Salvation Army. Their methods, based on religious conversion in the broadest sense of the world, produce as many cures, if not more, than other treatments.

Today there are some 17,000 members of Alcoholics Anonymous in some 500 groups throughout the country. Each member is a freely confessed ex-alcoholic who stands ready at any time of day or night to wrestle purple snakes with a fellow sufferer. Meetings are informal, soft drinks are served, life histories frankly recounted, and reliance is placed upon a higher power for help beyond the individual's ability.

Not the least value of such groups is that the alcoholic accepts their members as his kind of people. Everybody has been in the same boat. Nobody is going to bluenose him, wag fingers, or moralize.

The members are good fellows and fellowship is one of the deep needs of the problem drinker. That is one reason why he likes bars and taverns-the company ordinarily is friendly, uncritical, not given to harsh judgments from a level of superiority.

Few people are so sensitive, so likely to cringe in advance or to put up defenses against anticipated disapproval, as the alcoholic.

Most large cities and many small ones now have one or more Alcoholics Anonymous groups. Much of the organization work is done by correspondence. A central office of Alcoholics Anonymous (P.O. Box 459, Grand Central Annex,

Sample studies recently conducted by Rutgers University at New Brunswick, N.J., indicate that 50 per cent of the American public erroneously believe that an alcoholic can stop drinking if he wants to; that only one in five properly views the alcoholic as a sick person.

This lack of public understanding is the chief obstacle in the way of an effective attack on alcoholism, which Dr. Lawrence Kolb, medical director of the U.S. Public Health Service, has ranked as America's fourth greatest public health problem.

This is not to say that science has found a miraculous new cure for alcoholism and that only prejudice and indifference keep it from being applied. There is no one new finding, or group of findings, which promises an easy solution. But there do exist today, as never before, plans of attack which utilize all that science knows about alcoholism in medicine, psychiatry, sociology, and allied fields. Comprehensive programs of treatment, prevention, and rehabilitation have been worked out and tested in clinical practice, which can reduce the casualties of alcoholism by one half or more wherever they are thoroughly applied. But these plans will not work anywhere unless groups of individuals in states, cities, and communities become aware of the seriousness of alcoholism, and raise funds and plan programs to deal with it as a major public health problem.

How Many Alcoholics?

The facts about alcoholism concern everyone as intimately as the facts about heart disease, cancer, tuberculosis, infantile paralysis. The number of persons in this country medically classified as chronic alcoholics, who have developed physical or mental disorders as a consequence of prolonged heavy drinking, is 50 per cent higher than the number of known sufferers from tuberculosis. And it is a fact of central importance that no one, whether at present a teetotaler, a moderate, or a "social" drinker, can be positive of a lifelong personal immunity to alcoholism.

Of 100,000,00 Americans of drinking age (15 years and older), an estimated 58,250,000 use some form of alcoholic beverage, to some extent. The great majority of these, some 54,500,000 keep themselves mainly within the category of safe and moderate drinkers, and as such are no part of the public health program. But a minority of all drinking Americans, about 3,750,000, are classified as excessive drinkers, or inebriates, and within this group 750,000 or 800,000 are known, on the basis of hospital and court records, to be chronic alcoholics. Of all excessive drinkers, one in six is a woman.

Alcoholism is also a social problem of incalculable magnitude. Experienced Salvation Army Workers estimate that 90 percent of the down-and-outers who come to them for help have been brought there by excessive drinking. In New York City, one third of the men and one tenth of the women who take their

marital difficulties to Domestic Relations Court are alcoholics; so are 95 per cent of all those committed to the Workhouse and 15 percent of those given penitentiary sentences. Officials of an Industrial Conference on Alcoholism held in Chicago this March estimated that alcoholic employees cost industry \$1,000,000,000 in pro-duction and 24,000,000 man-hours of work per year. Boards of education find that parental alcoholism is a frequent factor in absences and behavior problems of school children, as it is in juvenile delinquency. Estimates of traffic accidents involving drinking by drivers and pedestrians vary from 10 to 50 per cent of the total, cannot be summarized in nation-wide terms because of local variations and inaccuracies in the reporting of accidents.

The problem of alcoholism looms large not only in terms of the number of people it affects, but also because it is such a complicated matter, having so many intangible and unsolved elements. To scientists concerned with the problem, the alcoholic is a sick person, no more deserving of moral blame or ridicule than sufferers from any illness. But alcoholism is not a separate, clearly defined disease entity. No single cause or group of causes can be assigned to it. It is confined to no one group of people within our population. No single course of therapy can be applied universally to all alcoholics. Science is still unable to point with certainty to those individual traits of physical and psychological make-up, which combine to make a small percentage of all drinkers peculiarly susceptible to alcoholism.

Until quite recently, those concerned with the various aspects of alcoholism—sociologists, physiologists, psychiatrists, educators, religious leaders—tended to approach the problem as specialist in their separate fields. Within the past few years, a new point of view has been emerging among these people. It is that alcoholism is a medical, psychological, social, legal, and moral problem, but that it is none of these alone.

A dozen years ago, there was no important national organization that was utilizing the tools of science in a concerted attack on alcoholism. Today, there are two central agencies, the Yale Plan on Alcoholism, and the Research Council on Problems of Alcohol, which are carrying out intensive studies, clinical work, and campaigns of public education in all phases of problem drinking. In addition, there is the now well known "voluntary fellowship" of alcoholics Anonymous, which in its 12 years of existence has gathered a membership of 60,000 rehabilitated alcoholics and contributed to the understanding of excessive drinking.

The Scientific Approach

Scientific work in this field is divided into two main approaches. One is concerned with finding factors in the biological and psychological make-up of individuals which may give them a predisposition toward alcoholism. The second approach is that of working out methods of treating alcoholism in

clinics which will utilize all the knowledge of scientific research. In the practical work of the two main groups in the field, these approaches are combined.

The Research Council, which is affiliated with the American Association for the Advancement of Science, is currently carrying on a campaign to raise \$200,000 a year to set up a series of combined research and treatment centers in alcoholism in leading medical schools throughout the country. One such center, at New York Hospital-Cornell Medical College, has completed the first year of a five-year plan financed by a \$150,000 grant from the council. Some of these funds have been contributed by the liquor industry. This project, under the direction of Dr. Oskar Diethelm, co-ordinates research in the varied fields of psychiatry, internal medicine, physiology, pharmacology, biochemistry, psychology, and anthropology.

In the first year, the staff worked with a selected test group of 25 patients whose normal productive way of life had been seriously disrupted by the use of alcohol. All were people who wanted to be helped and none was of the "derelict" type. Each spent an initial period of from a few weeks to several months in the hospital, undergoing thorough physical, psychiatric, and psychological studies, and following supervised programs of diet, rest, and occupational therapy. Most of the patients willingly kept to the prescribed course and graduated to a transitional stage, of from four to six weeks during which they spent nights and weekends in the hospital and resumed work outside.

After leaving the hospital, patients enter a follow-up period of three to five years, returning for check-ups at first weekly, and eventually monthly. Social workers help the patient find suitable work and recreation, and family and friends are instructed to respect the patient's "right not to drink."

Dr. Diethelm's primary aim is research. He has released no estimate of the success of his project in rehabilitating the first year's test group, and an estimate based on such a limited group and period of time would have little scientific standing. Clinicians in this field are reluctant to say that alcoholism has been arrested in any patient until he has gone without alcohol for a period of several years and gives evidence of having undergone a basic re-education that eliminates his need for alcohol. But Diethelm's staff has announced one promising finding: that certain unidentified substances in the blood are apparently associated with the craving for alcohol, as well as with the emotional states of tension, anxiety, and resentment.

Some other clues in the psychological field were reported at the most recent annual meeting of the Research Council, in Chicago last December. From the University of Texas, Dr. Roger J. Williams of the Biochemical Institute, announced that because of individual differences in body chemistry, a low

concentration of alcohol in the blood is enough to produce signs of intoxication in many people, while others may have several times as high a percentage without becoming drunk.

Williams believes that differences in metabolic machinery, the way in which the body turns food into energy, make it possible for some people to drink heavily for many years without ever showing clinical symptoms of alcoholism, and impossible for others to drink even a little without developing an inordinate and disastrous craving for alcohol. He does not contend that the biochemical approach alone can conquer alcoholism; he hopes that it will eventually determine certain definite physiological characteristics which render some people vulnerable to the effects of alcohol.

Such metabolic idiosyncrasies, Williams believes, may be inherited. This does not mean that alcoholism is a hereditary disease - an old-fashioned bugaboo that has been thoroughly scouted by genetic science. The consumption of alcohol, even in excessive quantities over long periods, causes no damage to germ cells, and thus does not effect the genetic make-up of the children of excessive drinkers. Statistics show that only about one third of all alcoholics come from families showing a high incidence of alcoholism and mental illness. This is emphasized because in an appreciable number of alcoholic patients, alcoholism is merely incidental to their primary ailment. These are "symptomatic" drinkers, who are given to the excessive use of alcohol by a psychosis, serious neurosis, endocrine disturbance, organic illness, or epilepsy. Their drinking is a symptom of their underlying illness.

Small Hereditary Factor

Most authorities consider that there may be some hereditary factor in alcoholism, but that it is a small one and difficult to separate from the greater and less understood picture of heredity in mental illness of all types. They believe that when the children of alcoholics take to drink, the influence of environment is generally a far stronger factor than biological inheritance. What may be inherited is an unstable constitution which, if subjected to adverse influences, is likely to develop alcoholism or mental illness more readily than other not so predisposed.

Williams believes, as do other leading researchers, that both hereditary and environmental factors are highly significant and that "a one-sided approach to the problem is doomed to failure." As a biochemist, his special search is for some biochemical means of identifying potential alcoholics, and from that point, of developing preventive and remedial measures.

The search for a psychological basis for alcoholism is also being carried out in clinical studies at the New York University College of Medicine, under Dr. James J. Smith. He reports that many alcoholics show an insufficiency in the secretions of the adrenal gland (a small ductless gland

sitting on the kidney) similar to that found in Addison's disease. Treatment with adrenal and sex-gland hormones has yielded clinical improvement in NYU ward patients.

From the University of Chicago, Professor Emeritus Anton J. Carlson, president and scientific director of the Research Council, reports that a nitrogen-chlorine gas, previously used to bleach flour for making white bread, has been found to make proteins act as a nerve poison. Animals have developed convulsions as a result of being fed large amounts of white bread containing the chemical. It may be a contributing factor, Carlson believes, in turning potentially unstable persons into alcoholics.

Ranging far beyond this particular theory, Carlson indicates that the will of the alcoholic patient appears to be important to his recovery and rehabilitation. "The hereditary, the biochemical, the nutritional, the neural, the educational and the social factors determining the strength and direction of the will of man are still obscure," he says, outlining the broad territory which present-day research in alcoholism is setting out to explore.

It is this broad, co-ordinated exploration, rather than individual new findings in separate fields, that constitutes the latest and most promising development in the study of alcoholism. The idea of this co-ordination arose at Yale University, and its practical applications are best seen today in the work of the Yale Plan, a many-faceted operation, which is formally known as the Section of Alcohol Studies of the Laboratory of Applied Physiology, Yale University.

Support from Liquor Industry

Some of the Yale Plan work is done under agreement with the Connecticut Commission on Alcoholism, a state agency of rehabilitation and public education established in 1945, the first of its kind in this country. The Commission currently derives funds of about \$200,000 per year from higher licensing fees which representatives of the liquor industry have accepted voluntarily to pay for the program. The Commission is engaged in a broad, long-range program of education, research, treatment in public clinics and hospitals, community services, and, ultimately, prevention. Since 1945, Utah, Wisconsin, Oregon, and the District of Columbia have followed Connecticut's lead in tackling alcoholism as a specific public health problem, and other states are instituting similar legislation.

The Yale Plan conducts the Yale Summer School of Alcohol Studies, now in its sixth year, which gives an intensive course in all phases of alcoholism to educators, social workers, and other professionally concerned with the subject. It is the outgrowth of experiments in the physiology of alcohol, which Dr. Howard W. Haggard and his associates in the Laboratory of Applied Physiology began around 1930. They made important findings about the

metabolism of alcohol and its absorption and oxidation in the body. But Dr. Haggard, who became director of the Laboratory in 1938, saw the important need for going beyond these researches and getting at the fundamental causes and the possible means of prevention of alcoholism. "We got plenty of leads that suggested a physiological basis for compulsive drinking," Haggard said recently. "But they were just leads. We couldn't find a way of applying them to the individual alcoholics. So we decided to study all aspects of alcoholism and the problems of alcohol. In addition to our physiologists we brought in a biometrician, an anthropologist, a psychologist, a sociologist, an economist, and workers in other fields." The Yale biometrician, Dr. E.M. Jellinek, is now director of the Summer School of Alcohol Studies, associate editor of the Quarterly Journal of Studies on Alcohol, and an active collaborator in all of the work of the Yale Plan.

"We went after the larger questions of why people drink," Dr. Haggard said, "why a few become alcoholics while the great majority does not, what alcohol does to people psychologically as well as physically. When we started the summer school, we were a little afraid of attracting special pleaders for one point of view or another. But we found that when people of various persuasions got together and saw each other's point of view, they got a broader understanding of the picture. They had discussion sessions outside of lectures, and discovered just what we had found out—that the best way of dealing with the problems of alcohol is to tackle them as a total problem, uniting all approaches."

For the interested laymen, the most dramatic work being done by the Yale Plan is in its "pilot clinic" at New Haven. This clinic and the one at Hartford were set up in the spring of 1944 with the aid of the Connecticut Prison Association; the management of the Hartford clinic has since been taken over by the Connecticut Commission on Alcoholism. Both clinics were established not only to cope with the loss of industrial manpower through alcoholism in Connecticut, but with the longer aim of working out methods for dealing with two essential problems encountered all over the country: 1) Where can the individual in the community go for aid, advice and treatment? 2) By what method can the community restore the social usefulness of its alcoholically incapacitated members? By what methods can it best prevent alcoholism?

The Qualified Recoveries

"We're not concerned here with whether you should drink or not," Dr. Haggard says. "We're concerned with those people whose drinking interferes with their lives, who become social problems through excessive drinking. We wanted to know whether it was feasible to set up a free clinic where, at a cost to the community of about \$100 per patient, we could get a reasonable recovery. We don't talk about curing alcoholics. We call our successful cases qualified recoveries. The qualification is that the patient will stay recovered only as long as he doesn't touch liquor again."

The Yale Plan Clinic is housed in an old-fashioned red brick building which bears no resemblance to a hospital. Patients are admitted without charge, regardless of their financial circumstances. Some are brought or sent in by members of their family, friends, doctors, or employers. Others, by arrangement with the Connecticut Commission on Alcoholism, are referred to the clinic by the courts. And a good many others, who turn out to be the most responsive to treatment, come in of their own accord, because they are greatly concerned by the extent to which drinking interferes with their leading normal lives.

The Three Categories

The medical director of the Yale Plan Clinic, Dr. Giorgio Lolli, heads a staff of ten. Besides himself, there are three other doctors (on part time), three social workers, a psychotherapist, a psychologist, and two secretaries. The clinic has no hospital facilities; all patients are ambulatory cases. The clinic admits all applicants for a least a preliminary interview, but because of its limited facilities and staff, because its function is that of an experimental model rather than a full-scale rehabilitation project, it cannot undertake to treat all applicants. For practical purposes, the New Haven Clinic divides applicants on the basis of diagnosis into three categories:

- 1) The symptomatic drinker, whose drinking is incidental to mental illness, severe endocrine disturbance, or epilepsy. Since these people do not respond to treatment for alcoholism as such, they are referred to psychiatrists, private physicians, mental-hygiene clinics, or hospitals, where their underlying illness can be treated. Perhaps 15 per cent of the total number of alcoholics are in this group.
- 2) The social misfit, "derelict" type of alcoholic, who is disqualified for family life, hasn't the emotional stability to hold a good job, is apt to be so physically deteriorated and psychologically disorganized that only long institutional care and social rehabilitation could redeem him. These make up 15-20 per cent of those seen. For this type, the Yale plan people would like to see custodial therapeutic institutions established that would utilize all elements of the co-ordinated approach. The danger in jails and "inebriate farms" as they have been constituted, is that they don't make proper diagnosis, that they merely keep derelict alcoholics in custody, finally releasing them without any basic improvement in condition.
- 3) The true alcoholic, with an impulsive drive to drink. People in this group show a variety of pattern in their drinking habits. Some go on periodical binges, every weekend, or irregularly. Some get drunk every night. Others are always moderately under the influence, have a constant concentration of alcohol in the blood but do not necessarily show obvious signs of drunkenness.

Handling of Applicants

Yale Plan doctors do not hold that all alcoholics necessarily fall into one of these arbitrary categories, which are principally useful in the handling of applicants. "Our distinction is made on the basis of whether we think we can or can't help," Dr. Lolli explains. "Our handling of a patient just coming to the clinic varies greatly according to his state. If he's just coming out of a binge, he may need help in overcoming the effects of his hangover. In all cases, we make an immediate attempt to give relief. Sedatives may be used when the patient is jittery and nervous. In the early days of treatment, we may administer crude liver plus Vitamin B1. When the physical condition improves, and Vitamin B1 can help bring this about, the need for alcohol diminishes, but nothing has been done to clear up the underlying condition. To tackle this, we use a variety of methods, depending on the individual.

"At an early point the patient is usually interviewed by a social worker with some psychiatric training. Without antagonizing the patient, we may make a start at getting his case history, his background, family circumstances, employment record, and some preliminary notes on his troubles with drinking. If we can't get this information at first, we postpone it to weeks or months later.

A Patient, Not a Sinner

"There are usually a lot of difficulties which require immediate attention—family troubles, loss of job, legal and financial problems. The social worker starts at once to try to solve the most pressing of these and relieve the tension they cause in the patient. We impress upon every applicant the fact that we consider him a patient, not a sinner. If the patient doesn't show an immediate psychosis or serious neurosis calling for deep therapy, even these preliminary steps, establishing the fact that he is a patient and that some relief is in sight, have some therapeutic effect. Our approach is a very factual one. We don't promise anything, and we don't want patients to promise us anything. We give them the evidence that we can relieve them of some pain, by psychological or medical means, and when they get even this much hope they are off to a good start."

The next step in the Yale Plan procedure is a thorough physical examination to find out if any illness is present, due or not to alcohol. Alcoholics show "organ-neurotic" symptoms—physical complaints which are apparently of psychological origin. Some of these can be relieved by medical treatment. Benzedrine and dexedrin can help to overcome depressed states. If medical laboratory tests are necessary, they are usually done elsewhere.

Although the Yale Plan Clinic has no official connection with Alcoholics Anonymous, it refers some of its applicants to the local group of that

association, and in turn takes in patients referred to it by AA. Local groups hold regular meetings at which members tell of their own experiences as compulsive drinkers, and testify to their recovery through adherence to the AA plan. This plan consists of twelve formal steps, which may be reduced to these essentials: a) the alcoholic must admit that he is powerless over alcohol and seek help from outside; b) he must attempt to analyze his personality, acknowledge his wrongs, make amends when possible to people he has harmed; c) he must place his dependence upon a higher power, which at first may be merely the AA organization, but ultimately should be God as he understands the concept; d) he must work at rehabilitating other alcoholics.

Effective Rehabilitation

Alcoholics Anonymous claims a recovery rate of from 50 to 75 per cent of those who give its methods a sincere trial, and the majority of scientific researchers agree that it is the most effective single course of rehabilitation. Dr. Howard Haggard attributes the success of AA in part to the need of the alcoholic for treatment that is understanding, tolerant, patient, and serious.

"Recriminations are useless, for the alcoholic has deep within him the strongest feelings of guilt and responds to them with hostility," Haggard says. "They are only further proof that no one understands him. A high moral tone, preaching, drives him away. The gift of really understanding the alcoholic, winning his confidence and co-operation, is often held in high degree by ex-alcoholics who act as lay therapists or group therapists as in Alcoholics Anonymous. They have been through the same experience themselves; they know the feeling of tension, of discontent, of omnipotence, of guilt, and of resentment. They know, and forgive, the inevitable 'slips'; after the sprees, they are able to maintain their fully understanding attitude and an unabated confidence."

Religious Elements

But some problem drinkers, particularly those who are unable to accept the religious elements of the AA plan, prove unresponsive to it. With a small percentage of these, the Yale Plan Clinic uses the aversion therapy or conditioned reflex method as an initial step. This consists of giving the patient a drink in combination with a medicine which produces nausea; after several such treatments an association is built up which makes alcoholic beverages distasteful. The method is useful as a means of keeping a patient away from liquor for a period of weeks or months, when it may be renewed, but it does not clear up the basic maladjustment.

It is this basic maladjustment, a highly individual matter in each case, which the Yale Group attempts to cope with as soon as possible through a variety of psychotherapeutic approaches. After the diagnostic study has been carried out, the staff tries to fit the therapist to the individual. If he

There are no dues nor fees. The only requirement for A.A. membership is an honest desire to stop drinking. Each member squares his debt by helping other to recovery.

An Alcoholic Anonymous is an alcoholic who, through an application of an adherence to the A.A. program, has completely foresworn the use of any and all alcoholic beverages or narcotics in any form. The moment he drinks so much as one drop of beer, wine, spirits or any other alcoholic beverage, he automatically loses working 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 thirty days sobriety, unless accompanied by an eligible member or directed to do so by the dispatcher. He cannot hold office or be a candidate for office until he has had three months sobriety and must submit his resignation as an officer if a slip occurs during his tenure in office. A.A. is not interested in sobering up drunks who are not sincere in their desire to remain completely sober for all time. Not being reformers we offer our experience only to those who want it.[1]

We have a way out on which we can absolutely agree, and upon which we can join in harmonious action. Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who will not completely give themselves to this simple program.

You may like this program or you may not. But the fact remains that it works and it is our only chance of recovery.

There is, however, a vast amount of fun about it all. Some people might be shocked at our seeming worldliness and levity. But just underneath there is a deadly earnestness and a full realization that we must put First Things First. With each of us the First Thing is our alcohol problem, to drink is to die. Faith has to work 24 hours a day in and through us - or we perish.

[1] From an early publication titled A Manual for Alcoholics Anonymous: "an alcoholic who, through application and adherence to rules laid down by the organization, has completely forsworn the use of any and all alcoholic beverages. The moment he wittingly drinks so much as a drop of beer, wine, spirits, or any other alcoholic drink he automatically loses all status as a member of Alcoholics Anonymous ..." (popular in Akron/Cleveland roots of AA).

----- Original Message -----

From: cdknapp

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, February 09, 2003 9:30 PM

Subject: Re: [AAHistoryLovers] 1940 Preamble??

This is know as the Texas Preamble.

Texas Preamble:

A few months after the Grapevine published the Preamble in June, 1947, Ollie L., Dick F., and Searcy W. decided to beef it up for the drunks in Texas. "We worked on it, passed it around, and agreed on this version," says Searcy W. "It's now read by groups throughout the state." It works for Searcy. He's been sober 54 years.

Source- February, 2001 Grapevine

Thanks

Charles from California

----- Original Message -----

From: Rudy890

To: AA HistoryLovers@yahoogroups.com

Sent: Sunday, February 09, 2003 5:39 PM

Subject: [AAHistoryLovers] 1940 Preamble??

Hi Group,

I had this sent to me recently and I don't have a clue if it is true or not, but it makes for an interesting read.

Any of you oldtimers recognize this and give me a hint if it historically accurate or not

AA Old Preamble - 1940

We are gathered here because we are faced with the fact that we are powerless over alcohol and unable to do anything about it without the help of a Power greater than ourselves.

We feel that each person's religious views, if any, are his own affair. The simple purpose of the program of Alcoholics Anonymous is to show what may be done to enlist the aid of a Power greater than ourselves regardless of what our individual conception of that Power may be.

In order to form a habit of depending upon and referring all we do to that Power, we must at first apply ourselves with some diligence. By often repeating these acts, they become habitual and the help rendered becomes natural to us.

We have all come to know that as alcoholics we are suffering from a serious illness for which medicine has no cure.

Our condition may be the result of an allergy which makes us different from other people. It has never been by any treatment with which we are familiar, permanently cured. The only relief we have to offer is absolute abstinence, the second meaning of A.A.

There are no dues or fees. The only requirement for membership is a desire to stop drinking. Each member squares his debt by helping others to recover.

An Alcoholics Anonymous is an alcoholic who through application and adherence to the A.A. program has forsworn the use of any and all alcoholic beverage in any form.

The moment he takes so much as one drop of beer, wine, spirits or any other alcoholic beverage he automatically loses all status as a member of Alcoholics Anonymous.

A.A. is not interested in sobering up drunks who are not sincere in their desire to remain sober for all time. Not being reformers, we offer our experience only to those who want it.

We have a way out on which we can absolutely agree and on which we can join in harmonious action. Rarely have we seen a person fail who has thoroughly followed our program. Those who do not recover are people who will not or simply cannot give themselves to this simple program. Now you may like this program or you may not, but the fact remains, it works. It is our only chance to recover.

There is a vast amount of fun in the A.A. fellowship. Some people might be shocked at our seeming worldliness and levity but just underneath there lies a deadly earnestness and a full realization that we must put first things first and

with each of us the first thing is our alcoholic problem. To drink is to die. Faith must work twenty-four hours a day in and through us or we perish.

In order to set our tone for this meeting I ask that we bow our heads in a few moments of silent prayer and meditation. I wish to remind you that whatever is said at this meeting expresses our own individual opinion as of today and as of up to this moment.

We do not speak for A.A. as a whole and you are free to agree or disagree as you see fit, in fact, it is suggested that you pay no attention to anything which might not be reconciled with what is in the A.A. Big Book.

If you don't have a Big Book, it's time you bought you one. Read it, study it, live with it, loan it, scatter it, and then learn from it what it means to be an A.A.

Hugs
Rudy

PLEASE VISIT MY HOME PAGE

<http://www.geocities.com/rudy849> or
<http://www.geocities.com/WestHollywood/Heights/4835/>
http://communities.msn.com/RudysAAFfamily/_whatsnew.msnw

=====
Rudy890@optonline.net
rudy81190@juno.com
Rudy890@Hotmail.com
=====

Consider how hard it is to change yourself and you'll understand what little chance you have in trying to change others.
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refused bed-space to alcoholics, to admit them as the do other sufferers from serious illnesses.

Latest example of newly-developed cooperation between medical institutions and A.A. was the establishment of a 16-bed ward in Brooklyn, New York's St. John's Episcopal Hospital, where habitual inebriates are admitted, if sponsored by A.A. members, upon payment of a \$75 fee. Patients undergo a five-day "drying out" process under the watchful eyes of especially trained nurses, physicians and psychiatrists. The treatment is not intended as a "cure." No cure for alcoholism exists other than total abstinence.

But hospitalization is often an indispensable first step on the road to lasting sobriety. When the befuddling fog is lifted from a hapless victim's body, blood and brain, he is able for the first time to think clearly and recognize the gravity of his plight.

A.A. volunteers are on hand 24 hours a day. Former alcoholics who have forsworn alcohol, they try to win the newcomer's confidence, swap details of fabulous benders, prove by own experience that no soul is so lost that he cannot gain his self-respect.

Physically fit on the sixth day, the patient is released. His A.A. friend calls for him at the hospital and sees him home safely home. Thereafter, he is visited at home frequently, introduced at a neighborhood A.A. group meeting. The samaritan is available for advice and assistance if the urge to drink returns.

SEE's photo represent actual case-history. Professional models preserve alcoholic's, family's anonymity.

Picture Captions

- 1) Alcoholic is escorted by A.A. sponsor to St. John's Hospital's de-alcoholization ward. Medical rehabilitation has resulted in permanent sobriety for 60 to 75 percent of those who undergo rigid treatment.
- 2) Blood count indicated whether patient is suffering from diseases other than dipsomania.
- 3) Injection of Vitamin B complex restores appetite, loss of which is suffered by almost all addicts.
- 4) Psychiatrist tests patient's ability to walk straight line. Improvement was noted on the second day.
- 5) "Shakes" begin to disappear during first two days. Test for hand tremor enables patient to observe progress despite denial of alcohol.

spreading.

As yet the dawn is in its early shell-pink, but its light has already touched 12 U.S. cities and nine states.

In Boston, the chronic drunkard is regarded as a sick man, whose disease is a involuntary and consuming as infantile paralysis or malaria.

In New Haven, Dallas, Des Moines, Daytona Beach and Rochester, N.Y., the alcoholic is treated with the same dignity as any invalid.

In Fort Worth, Austin, Pittsburgh, Youngstown, Washington, D.C., and Charleston, addicts are sympathetically screened through social and medical centers and helped back to normal.

As yet the light is a candle flicker in the century-old gloom of prejudice. But it is still growing brighter. The Yale Plan was its kindling point. Charles Jackson's memorable book, "The Lost Weekend," and the movie made from it, made a tremendous impact on national consciousness. The expansion of Alcoholics Anonymous has been a profound educational factor. The American press has given the subject more attention since 1940 than during the entire preceding century.

The Yale Clinic Plan was conceived ten years ago by a New Haven scientist, who approached alcoholism not as a temperance zealot, but as a skilled specialist seeking a preventive formula.

It works as many thousands of "ex-incurables" can attest.

Rehabilitated "drunkards" once deemed hopeless have become the Yale Plan's most enthusiastic workers in redeeming other members of the ancient fellowship of the uptilted bottle.

Ten years ago Dr. Howard W. Haggard was investigating the effects of noxious gases on the human system in his laboratory at Yale. He was familiar with the reaction of such poison vapors as diphosgene, which clogs the respiratory glands. He knew that Lewisite corrodes the mucous membranes and sears the flesh. Chlorpicrin swells the eyeballs and causes nausea.

So he came to pure grain alcohol, which in repeated dosages over a long period also reacts as a noxious gas, and after years of excessive drinking causes vitamin deficiency, mild paranoia, hallucinosis and depressive psychosis.

A Yale biometrician, Dr. E.M. Jellinek, was already engaged in alcohol research, and together they attacked the mystery. They wanted answers to such riddles as: "When does the use of alcohol become excessive?" "What does it do to the human system?" "Why are some drinkers more allergic than

others?"

For five years they assembled their data from across the nation, and by 1940 they found that of an estimated 50,000,000 drinkers, all but a small percentage of them used alcohol moderately and only for the purpose of social relaxation.

Three million people were "excessive" drinkers, who like to go out on fraternal binges periodically, and get out of control, but at other times took their drams temperately or not at all. But of this number approximately 2,000,000 were potential threats, in danger of crossing the thin, wavering line of self abandon.

Lastly there were about 900,000 liquor addicts, or habitual alcoholics who drink for various reasons and in different ways, but to whom alcohol is a principal reason for living. They were folk who could not adjust themselves to a world of reality and used drink to escape into a shadowy twilight. They had crossed the borderline of normality and had become diseased.

Thus the Yale Clinic found that a ratio of nearly one in every 40 adult Americans were either confirmed addicts or potentials, at appalling cost to the nation's economy. Male alcoholics vastly outnumbered women. Of the total arrested drunkards, 97 percent were men between the ages of 30 and 60 - the age peak of production. Racially, the Irish, English and Scandinavian were more susceptible than Jews and Latins.

The clinic found that, contrary to accepted opinion, alcohol does not act as a stimulant, but actually is a depressant to the higher brain centers, as reason yields to emotion.

At what stage does a man become drunk?

A third New Haven doctor had the answer to that. Dr. Leon A. Greenberg invented a machine which resembles a large portable radio, with a nozzle in one side, into which the patient breathes and reveals the alcoholic content in his bloodstream. A dial like an automobile speedometer registers the percentage - a .05 saturation being reasonably sober, .15 being genuinely intoxicated. The amount of alcohol that the average size man can absorb depends on how much food he has in his stomach, how long he took to drink the amount, and what his natural allergy is.

The Yale Plan is no sawdust trail to salvation. It dovetails realistically with the local police, the district courts, social agencies, medical centers and Alcoholics Anonymous. Thus a sample case in New Haven today is any chronic drunkard brought before a court.

From long experience the judge knows that it does no good to throw the inebriate into jail. Fines and terms to the county farm fail to reform.

Tongue lashings and threats are futile.

"You've been here many times," she says. "you tell me you want to quit, but don't know how. I'll give you the chance. Your sentence is suspended, if you agree to keep your regular appointments at the Alcoholic Clinic, and do as they say."

The alcoholic at first is fearful lest he be made an experimental guinea pig for some strange purpose. But rather than go to jail, he consents, and is taken to 434 Temple Street, where he finds a brick building and a neat, well lighted interior. He is greeted by a cheerful girl receptionist, who ushers him into an inner office where an alert, calm mannered man in a white coat begins to chat quietly.

The alcoholic is put at ease and encouraged to talk. Like most of his kind he has known years of loneliness, bitter self-reproach, despair and self-condemnation. He has developed a persecution complex and drinks in proportion as his troubles mount. His wife has left him. He cannot hold a job. He is out of control.

But now for the first time he finds himself treated sympathetically as a sick man instead of sharp rebuke and rough handling. He responds and begins to talk.

The Clinic learns that he is in need of high vitamin therapy due to prolonged dependency on alcohol instead of food. Pure alcohol contains 210 calories per ounce by weight, but provides no vitamins and even impedes absorption of vitamins from food. A further checkup shows intestinal inflammations. He needs a balanced diet, rest and security. So he is hospitalized, the cost being paid out of the 9 per cent which Connecticut takes from its liquor taxes and earmarks for treating alcoholism.

The Yale Clinic finds that the man also has several deep-seated fears. A psychiatrist helps him to get rid of these. He requires counsel, supervision and encouragement from trusted friends. The Clinic calls the local chapter of Alcoholics Anonymous and finds him sympathetic, helpful fellowship from folk who thoroughly understand his problem. As he is now, so they were. He gets a job, however significant, and begins to feel a new pride in his capabilities.

It works! Not always, but he has a 60-40 chance of recovery!

Some backslide and try again. Some fail utterly. But the majority win back to total health, are reconciled with their families and become successful citizens again. It works!

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"Mr. H.Y. Married, 2 children, owner small business, quiet, slightly morbid type. Expressed great fear of inherited nervousness from neurotic mother. Wife too inclined to neurosis. Became periodic "binge" drinker with binges running closer together till they merged.

"Was given short period hospitalization, and after treatment from psychiatrists, fears dissolved. Faithful visitor. Has been totally abstinent since first appearance at CEA. Has adjusted home life and accepted allergy to alcohol."

Here is another index card:

"Miss R.M. Factory worker, arrested 7 times for drunkenness. Referred to CEA by courts. Placed in contact with Alcoholics Anonymous and met regularly with members. First three months had trouble with adjusting self to A.A. program, but persistence of members finally convinced her of practical value of such help. Now has been totally abstinent for two months."

Next to unenlightened public opinion, say the Yale Planners, the most serious barrier to intelligent treatment of alcoholism is the prejudice in many hospitals, which don't welcome alcoholics and regard them as pernicious nuisances.

Alcoholic hospitals are needed, the Yale Planners say, and should be provided from taxpayers' funds in the assumption that the taxpayers are the most immediate beneficiaries.

Yet oddly, rehabilitated alcoholics, such as are found in Alcoholics Anonymous, rarely advocate national return to prohibition. They frankly

acknowledge that they are among the unfortunate minority who cannot handle drink in moderation.

The solution is public enlighten-ment, intelligent control, and sympathetic regard for the alcoholic as a sick man, instead of a minor criminal and social renegade. The same light has been kindled and its beam is spreading.

Source: The American Weekly, October 27, 1946

Heightened Hope for Alcoholics

America's Chronic Drunkards, Once Shunned as Social

Outcasts, Are Being Redeemed by New, Humane Treatment

That Restores Them to Health and Respectability

By Austen Lake

A new sun is dawning for America's estimated 900,000 alcoholics—a sun of public intelligence which radiates from the Yale Clinic Plan. The American Weekly printed the first comprehensive, authoritative report on the Yale Plan in February 1945, and since that time use of the new method has been spreading.

As yet the dawn is in its early shell-pink, but its light has already touched 12 U.S. cities and nine states.

In Boston, the chronic drunkard is regarded as a sick man, whose disease is a involuntary and consuming as infantile paralysis or malaria.

In New Haven, Dallas, Des Moines, Daytona Beach and Rochester, N.Y., the alcoholic is treated with the same dignity as any invalid.

In Fort Worth, Austin, Pittsburgh, Youngstown, Washington, D.C., and Charleston, addicts are sympathetically screened through social and medical centers and helped back to normal.

As yet the light is a candle flicker in the century-old gloom of prejudice. But it is still growing brighter. The Yale Plan was its kindling point. Charles Jackson's memorable book, "The Lost Weekend," and the movie made from it, made a tremendous impact on national consciousness. The expansion of Alcoholics Anonymous has been a profound educational factor. The American press has given the subject more attention since 1940 than during the entire preceding century.

The Yale Clinic Plan was conceived ten years ago by a New Haven scientist, who approached alcoholism not as a temperance zealot, but as a skilled

specialist seeking a preventive formula.

It works as many thousands of "ex-incurables" can attest.

Rehabilitated "drunkards" once deemed hopeless have become the Yale Plan's most enthusiastic workers in redeeming other members of the ancient fellowship of the uptilted bottle.

Ten years ago Dr. Howard W. Haggard was investigating the effects of noxious gases on the human system in his laboratory at Yale. He was familiar with the reaction of such poison vapors as diphosgene, which clogs the respiratory glands. He knew that Lewisite corrodes the mucous membranes and sears the flesh. Chlorpicrin swells the eyeballs and causes nausea.

So he came to pure grain alcohol, which in repeated dosages over a long period also reacts as a noxious gas, and after years of excessive drinking causes vitamin deficiency, mild paranoia, hallucinosis and depressive psychosis.

A Yale biometrician, Dr. E.M. Jellinek, was already engaged in alcohol research, and together they attacked the mystery. They wanted answers to such riddles as: "When does the use of alcohol become excessive?" "What does it do to the human system?" "Why are some drinkers more allergic than others?"

For five years they assembled their data from across the nation, and by 1940 they found that of an estimated 50,000,000 drinkers, all but a small percentage of them used alcohol moderately and only for the purpose of social relaxation.

Three million people were "excessive" drinkers, who like to go out on fraternal binges periodically, and get out of control, but at other times took their drams temperately or not at all. But of this number approximately 2,000,000 were potential threats, in danger of crossing the thin, wavering line of self abandon.

Lastly there were about 900,000 liquor addicts, or habitual alcoholics who drink for various reasons and in different ways, but to whom alcohol is a principal reason for living. They were folk who could not adjust themselves to a world of reality and used drink to escape into a shadowy twilight. They had crossed the borderline of normality and had become diseased.

Thus the Yale Clinic found that a ratio of nearly one in every 40 adult Americans were either confirmed addicts or potentials, at appalling cost to the nation's economy. Male alcoholics vastly outnumbered women. Of the total arrested drunkards, 97 percent were men between the ages of 30 and 60 - the age peak of production. Racially, the Irish, English and Scandinavian were more susceptible than Jews and Latins.

The clinic found that, contrary to accepted opinion, alcohol does not act as a stimulant, but actually is a depressant to the higher brain centers, as reason yields to emotion.

At what stage does a man become drunk?

A third New Haven doctor had the answer to that. Dr. Leon A. Greenberg invented a machine which resembles a large portable radio, with a nozzle in one side, into which the patient breathes and reveals the alcoholic content in his bloodstream. A dial like an automobile speedometer registers the percentage - a .05 saturation being reasonably sober, .15 being genuinely intoxicated. The amount of alcohol that the average size man can absorb depends on how much food he has in his stomach, how long he took to drink the amount, and what his natural allergy is.

The Yale Plan is no sawdust trail to salvation. It dovetails realistically with the local police, the district courts, social agencies, medical centers and Alcoholics Anonymous. Thus a sample case in New Haven today is any chronic drunkard brought before a court.

From long experience the judge knows that it does no good to throw the inebriate into jail. Fines and terms to the county farm fail to reform. Tongue lashings and threats are futile.

"You've been here many times," she says. "you tell me you want to quit, but don't know how. I'll give you the chance. Your sentence is suspended, if you agree to keep your regular appointments at the Alcoholic Clinic, and do as they say."

The alcoholic at first is fearful lest he be made an experimental guinea pig for some strange purpose. But rather than go to jail, he consents, and is taken to 434 Temple Street, where he finds a brick building and a neat, well lighted interior. He is greeted by a cheerful girl receptionist, who ushers him into an inner office where an alert, calm mannered man in a white coat begins to chat quietly.

The alcoholic is put at ease and encouraged to talk. Like most of his kind he has known years of loneliness, bitter self-reproach, despair and self-condemnation. He has developed a persecution complex and drinks in proportion as his troubles mount. His wife has left him. He cannot hold a job. He is out of control.

But now for the first time he finds himself treated sympathetically as a sick man instead of sharp rebuke and rough handling. He responds and begins to talk.

The Clinic learns that he is in need of high vitamin therapy due to

prolonged dependency on alcohol instead of food. Pure alcohol contains 210 calories per ounce by weight, but provides no vitamins and even impedes absorption of vitamins from food. A further checkup shows intestinal inflammations. He needs a balanced diet, rest and security. So he is hospitalized, the cost being paid out of the 9 per cent which Connecticut takes from its liquor taxes and earmarks for treating alcoholism.

The Yale Clinic finds that the man also has several deep-seated fears. A psychiatrist helps him to get rid of these. He requires counsel, supervision and encouragement from trusted friends. The Clinic calls the local chapter of Alcoholics Anonymous and finds him sympathetic, helpful fellowship from folk who thoroughly understand his problem. As he is now, so they were. He gets a job, however significant, and begins to feel a new pride in his capabilities.

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"Was given short period hospitalization, and after treatment from

their horrible habit - as in the case of the mining engineer, the hot musician, the minister and the movie actor.

Tom, a young musician just out of a job on a big-name dance band, was pouring out the story of his heroin addiction to a small gathering in a New York City Y.M.C.A. He told how he started three years ago, "fooling around for thrills, never dreaming to get a habit." His band went on the road. One night in Philadelphia he ran out of his drug and became so shaky he couldn't play. It was the first time the band management knew of his habit. He was promptly sent home.

"Music business is getting tough with junkies," Tom said.

His audience was sympathetic. It was composed of former drug addicts who had found freedom from addiction. They met twice weekly to make this freedom secure, and worked to help other addicts achieve it. The New York group, founded in 1950 and called Narcotics Anonymous, is one of several which have been piling up evidence that the methods of Alcoholics Anonymous can help release people from other drugs than alcohol - drugs such as opium, heroin, morphine and the barbiturates.

The groups enter a field where patients are many and cures few. The population addicted to opiates has been placed by competent but incompatible authorities at 60,000 and at 180,000. The Federal Bureau of Narcotics estimates that the traffic in illegal opium derivatives grosses \$275,000,000 a year. About 1000 people a month are arrested for violation of Federal, state or local laws regulating the opiates. Addiction to the barbiturates, it is believed, involves more people. There are some 1500 known compounds of barbituric acid, some of them having pharmaceutical names and others street names such as yellow jacket, red devil and goofball.

Addicts work up to doses sufficient to kill a non-addicted person or an addict with a lesser tolerance. In New York recently, three young addicts met and took equal portions of heroin. Two felt no unusual reactions; the third went into convulsions and in a few hours was dead. Many barbiturate users daily consume quantities, which would be lethal to a normal person. Others have demonstrated an ability to use barbiturates for years, under medical supervision, without raising their consumption to dangerous levels.

The drug addict, like the alcoholic, has long been an enigma to those who want to help him. Real contact is most likely to be made, on a principle demonstrated with phenomenal success by Alcoholics Anonymous, by another addict. Does the prospect, writhing with shame, confess to pilfering from his wife's purse to buy drugs? His sponsor once took his children's lunch money. Did he steal the black bag of a loyal family doctor? As a ruse to flimflam druggists, his new friend once impersonated a doctor for several months. The N.A. member first shares his shame with the newcomer. Then he shares his hope and finally, sometimes, his recovery.

To date, the A.A. type of group therapy has been an effective ingredient of "cures" - the word as used here means no drugs for a year or more and an intent of permanent abstinence. - in at least 200 cases. Some of these, including Dan, the founder of the New York group, had been pronounced medically hopeless. The "Narco" Group in the United States Public Health Service Hospital at Lexington, Kentucky, has a transient membership of about eighty men and women patients. The group mails a monthly newsletter, The Key, free to those who want it, currently a list of 500 names. Many of these are interested but nonaddicted friends. Most are "mail-order members" of the group-addicts who have left the hospital and been without drugs for periods ranging from a few weeks to several years. The H.F.D. (Habit Forming Drug) Group is a loosely affiliated fellowship of California ex-addicts who keep "clean" - the addicts term for a state of abstinence- by attending Alcoholics Anonymous meetings with volunteer A.A. sponsors. The Federal prison at Lorton, Virginia, has a prisoner group which attracts thirty men to its weekly meetings. Narcotics Anonymous in New York is the sole "free world"-outside of institution-group which conducts its own weekly open-to-the-public meetings in the A.A. tradition.

Today's groups of former addicts mark the convergence of two historic narratives, one having to do with alcohol, the other with opium. References to the drug of the poppies go back to 4000 B.C. According to Homer, Helen of Troy used it in a beverage guaranteed to abolish care. Opium was employed to quiet noisy children as early as 1552 B.C. De Quincy and Coleridge are among the famous men to whom it brought disaster. In its dual role it appears today, through its derivatives, as the friend of man in surgery and his enemy in addiction.

The alcoholic strand of the story may be taken up in the Zurich office of the Swiss psychologist Carl Jung, one day late in 1933. At that time the eminent doctor was obliged to impart an unpleasant bit of news to one of his patients, an American businessman who had come for help with a desperate drinking problem. After months of effort and repeated relapses, the doctor admitted that his treatment had been a failure.

"Is there, then," the patient asked, "no hope?" Only if a profound religious experience were undergone, he was told. How, he wanted to know, could such an experience be had? It could not be obtained on order, the doctor said, but if one associated with religious-minded people for a while _____

Narcotics Anonymous - A.A.'s Young Brother

The American interested himself in Frank Buchman's Oxford Group, found sobriety, and told an inebriate friend of his experience. The friend sobered up and took the message to a former drinking partner, a New York stockbroker named Bill. Though he was an agnostic who had never had much use for religion, Bill sobered up. Late in 1935, while on a business trip to Akron,

Ohio, he was struck by the thought that he wouldn't be able to keep his sobriety unless he passed on the message. He sought out a heavy drinking local surgeon named Bob and told him the story to date. They sat down and formulated a program for staying sober—a program featuring twelve Suggested Steps and called Alcoholics Anonymous. Bill devoted full time to carrying the A.A. message, and the news spread. The now-famous article by Jack Alexander in *The Saturday Evening Post* of March 1, 1941, made it nationally known, and by 1944 there were A.A. groups in the major cities.

In June of that year an inebriate mining engineer whom we'll call Houston "hit bottom" with his drinking in Montgomery, Alabama, and the local A.A.'s dried him up. Houston gobbled the A.A. program and began helping other alcoholics. One of the drunks he worked with—a sales executive who can be called Harry—was involved not only with alcohol but also morphine. A.A. took care of the alcoholic factor, but left Harry's drug habit unchanged. Interested and baffled, Houston watched his new friend struggle in his strange self-constructed trap.

The opiate theme of the narrative now reappears. Harry's pattern had been to get roaring drunk, take morphine to avoid a hang-over, get drunk again and take morphine again. Thus he became "hooked"—addicted. He drove through a red light one day and was stopped by a policeman. The officer found morphine and turned him over to Federal jurisdiction, with the result that Harry spent twenty-seven months at Lexington, where both voluntary and involuntary patients are accommodated, as a prisoner. After his discharge he met Houston and, through A.A., found relief from the booze issue. The drug problem continued to plague him.

During this period, Houston, through one of those coincidences which A.A.'s like to attribute to a Higher Power, was transferred by his employers to Frankfort, Kentucky, just a few miles from Lexington. "Harry's troubles kept jumping through my brain," Houston says. "I was convinced that the twelve Suggested Steps would work as well for drugs as for alcohol if conscientiously applied. One day I called on Dr. V.H. Vogel, the medical officer then in charge at Lexington. I told him of our work with Harry and offered to assist in starting a group in the hospital. Doctor Vogel accepted the offer and on Feb. 16, 1947, the first meeting was held. Weekly meetings have been going on ever since."

The Phenomenon of "Physical Dependence"

Some months later, in a strangely woven web of coincidence, Harry reappeared at "Narco" as a voluntary patient and began attending meetings. He was discharged, relapsed, and in short time was back again. "This time," he says, "it clicked." He has now been free from both alcohol and drugs for more than five years. Twice he has returned to tell his story at meetings, in the A.A. tradition of passing on the good word.

In the fall of 1948 there arrived at Lexington an addict named Dan who had been there before. It was, in fact, his seventh trip; the doctors assumed that he'd continue his periodic visits until he died. This same Dan later founded the small but significant Narcotics Anonymous group in New York. Dan's personal history is the story of an apparently incurable addict apparently cured.

An emotionally unsettled childhood is the rule among addicts, and Dan's childhood follows the pattern. His mother died when he was three years old, his father when he was four. He was adopted by a spinster physician and spent his boyhood with his foster mother, a resident doctor in a Kansas City hospital, and with her relatives in Missouri and Illinois. When he was sixteen he developed an ear ailment and was given opiates to relieve the pain. During and after an operation to correct the condition he received frequent morphine injections. Enjoying the mood of easy, floating forgetfulness they induced, he malingered.

Living in a large hospital gave Dan opportunities to pilfer drugs, and for six months he managed keep himself regularly supplied. An addict at the hospital taught him how to inject himself, so for a time he was able to recapture the mood at will. He was embarrassing his foster mother professionally, however, and though not yet acknowledging the fact to himself, was becoming known locally as an addict. Sources of drugs began to close up, and one day there was no morphine to be had. He went into an uncontrollable panic which grew worse each hour.

There followed muscular cramps, diarrhea, a freely running nose, tears gushing from his eyes, and two sleepless, terror-filled days and nights. It was Dan's first experience with the mysterious withdrawal sickness which is experienced sooner or later by every addict.

In one of the strangest phenomena known to medicine, the body adjusts to the invasion of certain drugs, altering its chemistry in a few weeks to a basis-called "physical dependence"-on which it can no longer function properly without the drug. How physical dependence differs from habit may be illustrated by imagining a habitual gum chewer deprived of gum. His unease would be due to the denial of habit. If he were denied gum and also water, on which he is physically dependent, he'd feel an increasingly painful craving called thirst. The drug addict's craving is called the "abstinence syndrome," or withdrawal sickness. In extreme cases it includes everything Dan experienced, plus hallucinations and convulsions. Withdrawal of opiates rarely causes the death of a healthy person; sudden cessation of barbiturates has been known to. The violent phase, which is usually over in two to three days, may under expert care be largely avoided. Physical dependence gradually diminishes and ordinary habit, of the gum-chewing type, asserts itself.

This is the interval of greatest vulner-ability, N.A. members say, to the

addict's inevitable good resolutions. He has formed the habit of using his drugs when he feels low. If he breaks off medical supervision before he is physically and medically back to par, the temptation to relapse may be overwhelming. It is in this period, Dan says, that the addict most needs the kind of understanding he finds in N.A. If he yields to the call of habit, physical dependence is quickly reestablished and his body calls for ever greater doses as the price of peace.

Dan went through the cycle dozens of times. Besides the half dozen withdrawals at Lexington, there were several at city and state institutions, and numerous attempts at self-withdrawal. He tried sudden and complete abstinence, the "cold-turkey" method. He tried relieving the withdrawal pangs with alcohol, and found it only cancelled out his ability to think, so he automatically returned to drugs. When he attempted withdrawal with barbiturates he "just about went goofy."

All this, however, was to come later; in his early twenties he had no intention of giving up the use of drugs. Having been spotted as an addict in the Kansas City area, he sought fresh fields. He found a job as a salesman and traveled several Midwest states. The demands of his habit and his scrapes with the law made it hard to hold a job long. Drifting from one employment to another, he found himself, in the early 1930's in Brooklyn.

His attempts at withdrawal resulted in several extended periods of abstinence, the longest of which was three years. When off drugs Dan was an able sales executive and a good provider. He married a Staten Island girl. They had a son. Dan continued to have short relapses, however. Each new one put a further strain on the family tie. For a time, to save money for drugs, he used slugs in the subway turnstiles going to and from work. He was spotted by a subway detective and spent two days in jail. A month later he was caught passing a forged morphine prescription. As a result, he was among the first prisoner patients at the new United States Public Health Service Hospital for addicts at Lexington, when it was opened on May 28, 1935.

After a year there, he made a supreme effort to be rid of drugs for good. To keep away from the temptations offered by New York drug pushers he found a job with a large Midwest dairy. He worked hard, saved his money and sent for his family. By this time, however, it was too late; his wife refused to come, and a divorce action was begun. "Her rebuff gave me what I thought was a good excuse to go back on drugs," Dan reports. After that, his deterioration accelerated. On his seventh trip to Lexington, in 1948, he was in a profound depression.

After a month of sullen silence, he began attending the group meetings, which were a new feature at the hospital since his last trip. "I still wouldn't talk," he reports, "But I did some listening. I was impressed by what Houston had to say. Harry came back one time and told us his story. For the first time, I began to pray. I was only praying that I would die, but at

least it was a prayer," He did not die, nor did he recover. Within six months of his discharge he was found in possession of drugs and sent back to Lexington for a year-his eighth and, as it turned out, final trip.

"This time things were different," he says. "Everything Houston and Harry had been saying suddenly made sense. There was a lawyer from a Southern city there at the time, and a Midwestern surgeon. They were in the same mood I was-disgusted with themselves and really ready to change. The three of us used to have long talks with Houston every Saturday morning, besides the regular meetings." All three recently celebrated the fifth anniversary of their emancipation from the drug habit.

Dan, conscious of what seemed to him a miraculous change of attitude, returned to New York full of enthusiasm and hope. The twelfth of the Suggested Steps was to pass on the message to others who needed help. He proposed to form the first outside-of-institution group and call it Narcotics Anonymous-N.A. He contacted other Lexington alumni and suggested they start weekly meetings.

There were certain difficulties. Addicts are not outstandingly gregarious, and when all the excuses were in only three-a house painter named Charlie, a barber named Henry and a waiter we'll call George-were on hand for the first meeting. There was uncertainty about where this would be; nobody it seemed wanted the addicts around. Besides, missionary, or "twelfth step," work of the new group would be hampered by the law. When the A.A. member is on an errand of mercy he can, if occasion warrants, administer appropriate "medicine" to stave off shakes or delirium long enough to talk a little sense into the prospect. If the N.A. member did so, he'd risk a long term in jail. Drug peddlers were not enthusiastic about the new venture. Rumors were circulating discrediting the group.

Out of the gloom, however, came unexpected rays of friendliness and help. The Salvation Army made room for meetings at its 46th Street cafeteria. Later the McBurney Y.M.C.A., on 23rd Street, offered a meeting room. Two doctors backed their oral support by sending patients to meetings. Two other doctors agreed to serve on an advisory board.

There were slips and backslidings. Meetings were sometimes marred by obstinacy and temper. But three of the original four remained faithful and the group slowly grew. Difficult matters of policy were worked out by trial and error. Some members once thought that a satisfactory withdrawal could be made at home. Some hard nights were endured and it was concluded that the doctors were right-for a proper drug withdrawal institutional care is necessary. Addicts are not admitted to meetings while using drugs. Newcomers are advised to make their withdrawal first, then come to N.A. to learn to live successfully without drugs.

Group statisticians estimate that 5000 inquiries have been answered,

constituting a heavy drain on the group's treasury. Some 600 addicts have attended one or more meetings, 90 have attained effective living without drugs. One of these is a motion picture celebrity, now doing well on his own. One relapse after the first exposure to N.A. principles seems to have been about par, though a number have not found this necessary. "A key fact of which few addicts are aware," Dan says, "is that once he's been addicted, a person can never again take even one dose of any habit-forming drug, including alcohol and the barbiturates, without running into trouble."

The weekly "open"-to the public-meetings are attended by ten to thirty persons-addicts, their friends and families and concerned outsiders. The room is small and, on Friday evenings when more than twenty-five turn up, crowded.

There is an interval of chitchat and visiting, and then, about nine o'clock, the secretary, a Brooklyn housewife, mother and department -store cashier, opens the meeting. In this ceremony all repeat the well-known prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." The secretary then introduces a leader-a member who presents the speakers and renders interlocutor's comments from his own experience with a drugless life. The speakers-traditionally two in an evening-describe their adventures with drugs and with N.A. In two months of meetings I heard a score of these case histories. I also charted the progress of a newcomer, the young musician named Tom, whose first N.A. meeting coincided with my own first reportorial visit.

Within the undeviating certainties of addiction, individual histories reveal a wide assortment of personal variations. Harold, an optometrist, is a "medical" addict; he got his habit from the prescription pad of a doctor who was treating him for osteomyelitis. An outspoken advocate of psychotherapy for all, Harold absorbs a certain amount of ribbing as the groups "psychiatric salesman." Florence, the housewife-cashier-secretary, recently celebrated her first anniversary of freedom from morphine, which she first received twenty-five years ago in a prescription for the relief of menstrual cramps. Carl, an electrician, became interested in the effects of opium smoke thirty years ago, and reached a point where he could not function without his daily pipe. He eventually switched to heroin and his troubles multiplied.

Manny, an executive in a high-pressure advertising agency, and Marian, a registered nurse with heavy administrative responsibilities began using morphine to relieve fatigue. Don, Marian's husband, regards alcohol as his main addictive drug, but had a bad brush with self-prescribed barbiturates before he came to A.A. and then, with Marian, to N.A. Pat, another young advertising man, nearly died of poisoning from the barbiturates to which he had become heavily addicted. Harold and Carl have now been four years without drugs; Manny, three; Marian, Don and Pat, one.

Perhaps a third of the membership are graduates of the teen-age heroin fad which swept our larger cities a few years ago, and which still enjoys as much of a vogue as dope peddlers can promote among the present teen-age population. Rita, an attractive daughter of Spanish-American Harlem, was one of the group's first members. Along with a number of her classmates, she began by smoking marihuana cigarettes—a typical introduction to drugs—then took heroin "for thrills." She used the drug four years, became desperately ill, went to Lexington and has now been free of the habit four years. Fred, a war hero, became a heroin addict because he wanted friends. In the teen-age gang to which he aspired, being hooked was a badge of distinction. He sought out the pusher who frequented the vicinity of his high school and got hooked. There followed seven miserable and dangerous years, two of them in combat and one in a veteran's hospital. In December of 1953 he came to N.A. and, he says, "really found friends."

Lawrence's story is the happiest of all. He came to N.A. early in his first addiction, just out of high school, just married, thoroughly alarmed at discovering he was addicted, and desperately seeking a way out. N.A. friends recommended that he get "blue-grassed," an arrangement by which a patient may commit himself under a local statute to remain at Lexington 135 days for what the doctors consider a really adequate treatment. He attended meetings in the hospital and more meetings when he got home. Now happy and grateful, he thanks N.A. His boss recently presented him with a promotion; his wife recently presented him with a son.

Besides the Friday open meeting there is a Tuesday closed meeting at the Y for addicts only. As a special dispensation I was permitted to attend a closed meeting, the purpose of which is to discuss the daily application of the twelve steps.

The step under discussion the night I was there was No.4:"Make a searching and fearless moral inventory of ourselves." The point was raised as to whether this step might degenerate into self-recrimination and do more harm than good. Old-timers asserted that this was not the proper application. A life of drug addiction, they said, often built up an abnormal load of guilt and fear, which could become so oppressive as to threaten a relapse unless dealt with. When the addict used step 4 honestly to face up to his past, guilt and fear diminished and he could make constructive plans for his future.

The Narco meetings at Lexington have borne other fruit. There was Charlie, the young GI from Washington, D.C., who once looted first-aid kits in the gun tubs of a Navy transport en route to the Philippines and took his first morphine out of sheer curiosity. After his Army discharge his curiosity led him to heroin and several bad years; then to Lexington, where the Narco Group struck a spark. He heard about Dan's work, went to New York to see him, and on his return to Washington looked around to see what he could do.

He discovered that there was a concentration of addicts in the Federal penitentiary at Lorton, Virginia. Working with Alcoholics Anonymous, which already had meetings in the prison, he obtained permission to start a group like the one at Lexington. Now a year old, these meetings, called the Notrol Group- Lorton backward-attract the regular attendance of about thirty addicts. Washington has no free-world group, but Charlie helps a lot of addicts on an individual basis, steering them to A.A. meetings for doctrine.

Friendliness of ex-drug addicts with former devotees of alcohol sometimes occurs, though Bill, the same who figured so prominently in A.A.'s founding, says a fraternal attitude cannot be depended upon. The average A.A., he says, would merely look blank if asked about drug addiction, and rightly reply that this specialty is outside his understanding. There are, however, a few A.A.'s who have been addicted both to alcohol and drugs, and these sometimes function as "bridge members."

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A frequent and relevant question asked by the casually interested is, "But I thought habit-forming drugs were illegal-where do they get the stuff?" The answer involves an interesting bit of history explaining how opiates come to be illegal. In the early 1800's doctors used them freely to treat the innumerable ills then lumped under the heading, "nervousness." Hypodermic injection of morphine was introduced in 1856. By 1880, opium and morphine preparations were common drugstore items. An 1882 survey estimated that 1 per cent of the population was addicted, and the public became alarmed. A wave of legislation swept the country, beginning in 1885 with an Ohio statute and culminating in the Federal Harrison Narcotic Law of 1914. Immediately after the passage of this prohibitory law, prices of opium, morphine and heroin soared. A fantastically profitable black market developed. Today, \$3000 worth of heroin purchased abroad brings \$300,000 when finally cut, packaged and sold in America.

Among the judges, social workers and doctors with whom I talked there is a growing feeling that the Harrison Act needs to be re-examined. Dr. Hubert S.

out of their horrible habit - as in the case of the mining engineer, the hot musician, the minister and the movie actor.

Tom, a young musician just out of a job on a big-name dance band, was pouring out the story of his heroin addiction to a small gathering in a New York City Y.M.C.A. He told how he started three years ago, "fooling around for thrills, never dreaming to get a habit." His band went on the road. One night in Philadelphia he ran out of his drug and became so shaky he couldn't play. It was the first time the band management knew of his habit. He was promptly sent home.

"Music business is getting tough with junkies," Tom said.

His audience was sympathetic. It was composed of former drug addicts who had found freedom from addiction. They met twice weekly to make this freedom secure, and worked to help other addicts achieve it. The New York group, founded in 1950 and called Narcotics Anonymous, is one of several which have been piling up evidence that the methods of Alcoholics Anonymous can help release people from other drugs than alcohol - drugs such as opium, heroin, morphine and the barbiturates.

The groups enter a field where patients are many and cures few. The population addicted to opiates has been placed by competent but incompatible authorities at 60,000 and at 180,000. The Federal Bureau of Narcotics estimates that the traffic in illegal opium derivatives grosses \$275,000,000 a year. About 1000 people a month are arrested for violation of Federal, state or local laws regulating the opiates. Addiction to the barbiturates, it is believed, involves more people. There are some 1500 known compounds of barbituric acid, some of them having pharmaceutical names and others street names such as yellow jacket, red devil and goofball.

Addicts work up to doses sufficient to kill a non-addicted person or an addict with a lesser tolerance. In New York recently, three young addicts met and took equal portions of heroin. Two felt no unusual reactions; the third went into convulsions and in a few hours was dead. Many barbiturate users daily consume quantities, which would be lethal to a normal person. Others have demonstrated an ability to use barbiturates for years, under medical supervision, without raising their consumption to dangerous levels.

The drug addict, like the alcoholic, has long been an enigma to those who want to help him. Real contact is most likely to be made, on a principle demonstrated with phenomenal success by Alcoholics Anonymous, by another addict. Does the prospect, writhing with shame, confess to pilfering from his wife's purse to buy drugs? His sponsor once took his children's lunch money. Did he steal the black bag of a loyal family doctor? As a ruse to flimflam druggists, his new friend once impersonated a doctor for several

months. The N.A. member first shares his shame with the newcomer. Then he shares his hope and finally, sometimes, his recovery.

To date, the A.A. type of group therapy has been an effective ingredient of "cures" - the word as used here means no drugs for a year or more and an intent of permanent abstinence. - in at least 200 cases. Some of these, including Dan, the founder of the New York group, had been pronounced medically hopeless. The "Narco" Group in the United States Public Health Service Hospital at Lexington, Kentucky, has a transient membership of about eighty men and women patients. The group mails a monthly newsletter, The Key, free to those who want it, currently a list of 500 names. Many of these are interested but nonaddicted friends. Most are "mail-order members" of the group-addicts who have left the hospital and been without drugs for periods ranging from a few weeks to several years. The H.F.D. (Habit Forming Drug) Group is a loosely affiliated fellowship of California ex-addicts who keep "clean" - the addicts term for a state of abstinence- by attending Alcoholics Anonymous meetings with volunteer A.A. sponsors. The Federal prison at Lorton, Virginia, has a prisoner group which attracts thirty men to its weekly meetings. Narcotics Anonymous in New York is the sole "free world"-outside of institution-group which conducts its own weekly open-to-the-public meetings in the A.A. tradition.

Today's groups of former addicts mark the convergence of two historic narratives, one having to do with alcohol, the other with opium. References to the drug of the poppies go back to 4000 B.C. According to Homer, Helen of Troy used it in a beverage guaranteed to abolish care. Opium was employed to quiet noisy children as early as 1552 B.C. De Quincy and Coleridge are among the famous men to whom it brought disaster. In its dual role it appears today, through its derivatives, as the friend of man in surgery and his enemy in addiction.

The alcoholic strand of the story may be taken up in the Zurich office of the Swiss psychologist Carl Jung, one day late in 1933. At that time the eminent doctor was obliged to impart an unpleasant bit of news to one of his patients, an American businessman who had come for help with a desperate drinking problem. After months of effort and repeated relapses, the doctor admitted that his treatment had been a failure.

"Is there, then," the patient asked, "no hope?" Only if a profound religious experience were undergone, he was told. How, he wanted to know, could such an experience be had? It could not be obtained on order, the doctor said, but if one associated with religious-minded people for a while _____

Narcotics Anonymous - A.A.'s Young Brother

The American interested himself in Frank Buchman's Oxford Group, found sobriety, and told an inebriate friend of his experience. The friend

sobered up and took the message to a former drinking partner, a New York stockbroker named Bill. Though he was an agnostic who had never had much use for religion, Bill sobered up. Late in 1935, while on a business trip to Akron, Ohio, he was struck by the thought that he wouldn't be able to keep his sobriety unless he passed on the message. He sought out a heavy drinking local surgeon named Bob and told him the story to date. They sat down and formulated a program for staying sober—a program featuring twelve Suggested Steps and called Alcoholics Anonymous. Bill devoted full time to carrying the A.A. message, and the news spread. The now-famous article by Jack Alexander in *The Saturday Evening Post* of March 1, 1941, made it nationally known, and by 1944 there were A.A. groups in the major cities.

In June of that year an inebriate mining engineer whom we'll call Houston "hit bottom" with his drinking in Montgomery, Alabama, and the local A.A.'s dried him up. Houston gobbled the A.A. program and began helping other alcoholics. One of the drunks he worked with—a sales executive who can be called Harry—was involved not only with alcohol but also morphine. A.A. took care of the alcoholic factor, but left Harry's drug habit unchanged. Interested and baffled, Houston watched his new friend struggle in his strange self-constructed trap.

The opiate theme of the narrative now reappears. Harry's pattern had been to get roaring drunk, take morphine to avoid a hang-over, get drunk again and take morphine again. Thus he became "hooked"—addicted. He drove through a red light one day and was stopped by a policeman. The officer found morphine and turned him over to Federal jurisdiction, with the result that Harry spent twenty-seven months at Lexington, where both voluntary and involuntary patients are accommodated, as a prisoner. After his discharge he met Houston and, through A.A., found relief from the booze issue. The drug problem continued to plague him.

During this period, Houston, through one of those coincidences which A.A.'s like to attribute to a Higher Power, was transferred by his employers to Frankfort, Kentucky, just a few miles from Lexington. "Harry's troubles kept jumping through my brain," Houston says. "I was convinced that the twelve Suggested Steps would work as well for drugs as for alcohol if conscientiously applied. One day I called on Dr. V.H. Vogel, the medical officer then in charge at Lexington. I told him of our work with Harry and offered to assist in starting a group in the hospital. Doctor Vogel accepted the offer and on Feb. 16, 1947, the first meeting was held. Weekly meetings have been going on ever since."

The Phenomenon of "Physical Dependence"

Some months later, in a strangely woven web of coincidence, Harry reappeared at "Narco" as a voluntary patient and began attending meetings. He was discharged, relapsed, and in short time was back again. "This time," he says, "it clicked." He has now been free from both alcohol and

drugs for more than five years. Twice he has returned to tell his story at meetings, in the A.A. tradition of passing on the good word.

In the fall of 1948 there arrived at Lexington an addict named Dan who had been there before. It was, in fact, his seventh trip; the doctors assumed that he'd continue his periodic visits until he died. This same Dan later founded the small but significant Narcotics Anonymous group in New York. Dan's personal history is the story of an apparently incurable addict apparently cured.

An emotionally unsettled childhood is the rule among addicts, and Dan's childhood follows the pattern. His mother died when he was three years old, his father when he was four. He was adopted by a spinster physician and spent his boyhood with his foster mother, a resident doctor in a Kansas City hospital, and with her relatives in Missouri and Illinois. When he was sixteen he developed an ear ailment and was given opiates to relieve the pain. During and after an operation to correct the condition he received frequent morphine injections. Enjoying the mood of easy, floating forgetfulness they induced, he malingered.

Living in a large hospital gave Dan opportunities to pilfer drugs, and for six months he managed keep himself regularly supplied. An addict at the hospital taught him how to inject himself, so for a time he was able to recapture the mood at will. He was embarrassing his foster mother professionally, however, and though not yet acknowledging the fact to himself, was becoming known locally as an addict. Sources of drugs began to close up, and one day there was no morphine to be had. He went into an uncontrollable panic which grew worse each hour.

There followed muscular cramps, diarrhea, a freely running nose, tears gushing from his eyes, and two sleepless, terror-filled days and nights. It was Dan's first experience with the mysterious withdrawal sickness which is experienced sooner or later by every addict.

In one of the strangest phenomena known to medicine, the body adjusts to the invasion of certain drugs, altering its chemistry in a few weeks to a basis-called "physical dependence"-on which it can no longer function properly without the drug. How physical dependence differs from habit may be illustrated by imagining a habitual gum chewer deprived of gum. His unease would be due to the denial of habit. If he were denied gum and also water, on which he is physically dependent, he'd feel an increasingly painful craving called thirst. The drug addict's craving is called the "abstinence syndrome," or withdrawal sickness. In extreme cases it includes everything Dan experienced, plus hallucinations and convulsions. Withdrawal of opiates rarely causes the death of a healthy person; sudden cessation of barbiturates has been known to. The violent phase, which is usually over in two to three days, may under expert care be largely avoided. Physical dependence gradually diminishes and ordinary habit, of

the gum-chewing type, asserts itself.

This is the interval of greatest vulnerability, N.A. members say, to the addict's inevitable good resolutions. He has formed the habit of using his drugs when he feels low. If he breaks off medical supervision before he is physically and medically back to par, the temptation to relapse may be overwhelming. It is in this period, Dan says, that the addict most needs the kind of understanding he finds in N.A. If he yields to the call of habit, physical dependence is quickly reestablished and his body calls for ever greater doses as the price of peace.

Dan went through the cycle dozens of times. Besides the half dozen withdrawals at Lexington, there were several at city and state institutions, and numerous attempts at self-withdrawal. He tried sudden and complete abstinence, the "cold-turkey" method. He tried relieving the withdrawal pangs with alcohol, and found it only cancelled out his ability to think, so he automatically returned to drugs. When he attempted withdrawal with barbiturates he "just about went goofy."

All this, however, was to come later; in his early twenties he had no intention of giving up the use of drugs. Having been spotted as an addict in the Kansas City area, he sought fresh fields. He found a job as a salesman and traveled several Midwest states. The demands of his habit and his scrapes with the law made it hard to hold a job long. Drifting from one employment to another, he found himself, in the early 1930's in Brooklyn.

His attempts at withdrawal resulted in several extended periods of abstinence, the longest of which was three years. When off drugs Dan was an able sales executive and a good provider. He married a Staten Island girl. They had a son. Dan continued to have short relapses, however. Each new one put a further strain on the family tie. For a time, to save money for drugs, he used slugs in the subway turnstiles going to and from work. He was spotted by a subway detective and spent two days in jail. A month later he was caught passing a forged morphine prescription. As a result, he was among the first prisoner patients at the new United States Public Health Service Hospital for addicts at Lexington, when it was opened on May 28, 1935.

After a year there, he made a supreme effort to be rid of drugs for good. To keep away from the temptations offered by New York drug pushers he found a job with a large Midwest dairy. He worked hard, saved his money and sent for his family. By this time, however, it was too late; his wife refused to come, and a divorce action was begun. "Her rebuff gave me what I thought was a good excuse to go back on drugs," Dan reports. After that, his deterioration accelerated. On his seventh trip to Lexington, in 1948, he was in a profound depression.

After a month of sullen silence, he began attending the group meetings, which were a new feature at the hospital since his last trip. "I still wouldn't talk," he reports, "But I did some listening. I was impressed by what Houston had to say. Harry came back one time and told us his story. For the first time, I began to pray. I was only praying that I would die, but at least it was a prayer," He did not die, nor did he recover. Within six months of his discharge he was found in possession of drugs and sent back to Lexington for a year-his eighth and, as it turned out, final trip.

"This time things were different," he says. "Everything Houston and Harry had been saying suddenly made sense. There was a lawyer from a Southern city there at the time, and a Midwestern surgeon. They were in the same mood I was-disgusted with themselves and really ready to change. The three of us used to have long talks with Houston every Saturday morning, besides the regular meetings." All three recently celebrated the fifth anniversary of their emancipation from the drug habit.

Dan, conscious of what seemed to him a miraculous change of attitude, returned to New York full of enthusiasm and hope. The twelfth of the Suggested Steps was to pass on the message to others who needed help. He proposed to form the first outside-of-institution group and call it Narcotics Anonymous-N.A. He contacted other Lexington alumni and suggested they start weekly meetings.

There were certain difficulties. Addicts are not outstandingly gregarious, and when all the excuses were in only three—a house painter named Charlie, a barber named Henry and a waiter we'll call George—were on hand for the first meeting. There was uncertainty about where this would be; nobody it seemed wanted the addicts around. Besides, missionary, or "twelfth step," work of the new group would be hampered by the law. When the A.A. member is on an errand of mercy he can, if occasion warrants, administer appropriate "medicine" to stave off shakes or delirium long enough to talk a little sense into the prospect. If the N.A. member did so, he'd risk a long term in jail. Drug peddlers were not enthusiastic about the new venture. Rumors were circulating discrediting the group.

Out of the gloom, however, came unexpected rays of friendliness and help. The Salvation Army made room for meetings at its 46th Street cafeteria. Later the McBurney Y.M.C.A., on 23rd Street, offered a meeting room. Two doctors backed their oral support by sending patients to meetings. Two other doctors agreed to serve on an advisory board.

There were slips and backslidings. Meetings were sometimes marred by obstinacy and temper. But three of the original four remained faithful and the group slowly grew. Difficult matters of policy were worked out by trial and error. Some members once thought that a satisfactory withdrawal could be made at home. Some hard nights were endured and it was concluded that the doctors were right—for a proper drug withdrawal institutional

care is necessary. Addicts are not admitted to meetings while using drugs. Newcomers are advised to make their withdrawal first, then come to N.A. to learn to live successfully without drugs.

Group statisticians estimate that 5000 inquiries have been answered, constituting a heavy drain on the group's treasury. Some 600 addicts have attended one or more meetings, 90 have attained effective living without drugs. One of these is a motion picture celebrity, now doing well on his own. One relapse after the first exposure to N.A. principles seems to have been about par, though a number have not found this necessary. "A key fact of which few addicts are aware," Dan says, "is that once he's been addicted, a person can never again take even one dose of any habit-forming drug, including alcohol and the barbiturates, without running into trouble."

The weekly "open"-to the public-meetings are attended by ten to thirty persons-addicts, their friends and families and concerned outsiders. The room is small and, on Friday evenings when more than twenty-five turn up, crowded.

There is an interval of chitchat and visiting, and then, about nine o'clock, the secretary, a Brooklyn housewife, mother and department -store cashier, opens the meeting. In this ceremony all repeat the well-known prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference." The secretary then introduces a leader—a member who presents the speakers and renders interlocutor's comments from his own experience with a drugless life. The speakers—traditionally two in an evening—describe their adventures with drugs and with N.A. In two months of meetings I heard a score of these case histories. I also charted the progress of a newcomer, the young musician named Tom, whose first N.A. meeting coincided with my own first reportorial visit.

Within the undeviating certainties of addiction, individual histories reveal a wide assortment of personal variations. Harold, an optometrist, is a "medical" addict; he got his habit from the prescription pad of a doctor who was treating him for osteomyelitis. An outspoken advocate of psychotherapy for all, Harold absorbs a certain amount of ribbing as the groups "psychiatric salesman." Florence, the housewife-cashier-secretary, recently celebrated her first anniversary of freedom from morphine, which she first received twenty-five years ago in a prescription for the relief of menstrual cramps. Carl, an electrician, became interested in the effects of opium smoke thirty years ago, and reached a point where he could not function without his daily pipe. He eventually switched to heroin and his troubles multiplied.

Manny, an executive in a high-pressure advertising agency, and Marian, a registered nurse with heavy administrative responsibilities began using

morphine to relieve fatigue. Don, Marian's husband, regards alcohol as his main addictive drug, but had a bad brush with self-prescribed barbiturates before he came to A.A. and then, with Marian, to N.A. Pat, another young advertising man, nearly died of poisoning from the barbiturates to which he had become heavily addicted. Harold and Carl have now been four years without drugs; Manny, three; Marian, Don and Pat, one.

Perhaps a third of the membership are graduates of the teen-age heroin fad which swept our larger cities a few years ago, and which still enjoys as much of a vogue as dope peddlers can promote among the present teen-age population. Rita, an attractive daughter of Spanish-American Harlem, was one of the group's first members. Along with a number of her classmates, she began by smoking marihuana cigarettes—a typical introduction to drugs—then took heroin "for thrills." She used the drug four years, became desperately ill, went to Lexington and has now been free of the habit four years. Fred, a war hero, became a heroin addict because he wanted friends. In the teen-age gang to which he aspired, being hooked was a badge of distinction. He sought out the pusher who frequented the vicinity of his high school and got hooked. There followed seven miserable and dangerous years, two of them in combat and one in a veteran's hospital. In December of 1953 he came to N.A. and, he says, "really found friends."

Lawrence's story is the happiest of all. He came to N.A. early in his first addiction, just out of high school, just married, thoroughly alarmed at discovering he was addicted, and desperately seeking a way out. N.A. friends recommended that he get "blue-grassed," an arrangement by which a patient may commit himself under a local statute to remain at Lexington 135 days for what the doctors consider a really adequate treatment. He attended meetings in the hospital and more meetings when he got home. Now happy and grateful, he thanks N.A. His boss recently presented him with a promotion; his wife recently presented him with a son.

Besides the Friday open meeting there is a Tuesday closed meeting at the Y for addicts only. As a special dispensation I was permitted to attend a closed meeting, the purpose of which is to discuss the daily application of the twelve steps.

The step under discussion the night I was there was No.4:"Make a searching and fearless moral inventory of ourselves." The point was raised as to whether this step might degenerate into self-recrimination and do more harm than good. Old-timers asserted that this was not the proper application. A life of drug addiction, they said, often built up an abnormal load of guilt and fear, which could become so oppressive as to threaten a relapse unless dealt with. When the addict used step 4 honestly to face up to his past, guilt and fear diminished and he could make constructive plans for his future.

The Narco meetings at Lexington have borne other fruit. There was Charlie,

the young GI from Washington, D.C., who once looted first-aid kits in the gun tubs of a Navy transport en route to the Philippines and took his first morphine out of sheer curiosity. After his Army discharge his curiosity led him to heroin and several bad years; then to Lexington, where the Narco Group struck a spark. He heard about Dan's work, went to New York to see him, and on his return to Washington looked around to see what he could do. He discovered that there was a concentration of addicts in the Federal penitentiary at Lorton, Virginia. Working with Alcoholics Anonymous, which already had meetings in the prison, he obtained permission to start a group like the one at Lexington. Now a year old, these meetings, called the Notrol Group- Lorton backward-attract the regular attendance of about thirty addicts. Washington has no free-world group, but Charlie helps a lot of addicts on an individual basis, steering them to A.A. meetings for doctrine.

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parents of a family now become responsible, declare you to be of age and on your own.

Now lets start on our story.

First of all, there was the kitchen table which stood in a brownstone house which still bears the number 182, Clinton Street, Brooklyn. There, Lois saw me go into the depths. There, over the kitchen table, Ebby brought me these simple principles now enshrined in our Twelve Steps.

In those days, there were but six steps: We admitted we couldn't run our lives; we got honest with ourselves; we made a self-survey; we made restitution to the people we had harmed; we tried to carry this story one to the next; and we asked God to help us to do those things. That

was the essence of the message over the kitchen table. In those days, we were associated with the Oxford Group. One of its founders was Sam Shoemaker, and this Group has just left Calvary House to come over to these larger quarters, I understand.

Our debt to the Oxford Group is simply immense. We might have found these principles elsewhere, but they did give them to us, and I want to again record our undying gratitude. We also learned from them, so far as alcoholics are concerned, what not to do -- something equally important.

Father Ed Dowling, a great Jesuit friend of ours, once said to me, "Bill, it isn't what you people put into AA that makes it so good -- it's what you left out."

We got both sets of notions from our Oxford Group friends, and it was through them that Ebby had sobered up and became my sponsor, the carrier of this message to me.

We began to go to Oxford Group meetings right over in Calvary House, where you've just been gathering, and it was there, fresh out of Towns Hospital, that I made my first pitch, telling about my strange experience, which did not impress the alcoholic who was listening. But something

else did impress him. When I began to talk about the nature of this sickness, this malady, he pricked up his ears. He was a professor of chemistry, an agnostic, and he came up and talked afterward. Soon, he was invited over to Clinton Street - our very first customer.

We worked very hard with Freddy for three years, but alas, he

remained drunk for eleven years afterward.

Other people came to us out of those Oxford Group audiences. We began to go down to Calvary Mission, an adjunct of the church in those days, and there we found a bountiful supply of real tough nuts to crack. We began to invite them to Clinton Street, and at this point the Groupers felt that we

were overdoing the drunk business. It seemed they had the idea of saving the world; besides, they'd had a bad time with us. Sam and his associates he now laughingly tells me, were very much put out that they had gathered a big batch of drunks in Calvary House, hoping for a miracle. They'd put them

upstairs in those nice apartments and had completely surrounded them with sweetness and light. But the drunks soon imported a flock of bottles, and one of them pitched a shoe out the apartment window right through one of those stained glass affairs of the church. So the drunks weren't exactly popular when the Wilson's showed up.

At any rate we began to be with alcoholics all the time, but nothing happened for six months. Like the Groupers, we nursed them. In fact, over in Clinton Street, we developed in the next two or three years something like a boiler factory, a sort of clinic, a hospital, and a free boardinghouse, from which practically no one issued sober, but we had a pile of experience.

We began to learn the game, and after our withdrawing from the Oxford Group-- oh, a year and a half from the time I sobered, in '34 -- we began to hold meetings of the few who had sobered up. I suppose that was really the first AA meeting. The book hadn't yet been written. We didn't even call it Alcoholics Anonymous;

people asked us who we were, and we said, "Well, we're a nameless bunch of alcoholics." I suppose the use of that word "nameless" sort of led us to the idea of anonymity, which was later clapped on the book at the time it was titled.

There were great doings in Clinton Street. I remember those meetings down in the parlor so well. Our eager discussion, our hopes, our fears -- and our fears were very great. When anyone in those days had been sober a few months and slipped, it was a terrific calamity. I'll never forget the day, a year and a half after he

came to stay with us, that Ebby fell over, and we all said, "Perhaps this is going to happen to all of us." Then, we began to ask ourselves why it was, and some of us pushed on.

At Clinton Street, I did most of the talking, but Lois did most of the work, and the cooking, and the loving of those early folks. Oh my! The episodes that there were! I was away once on a business trip. (I'd briefly got back to business.) One of the drunks was sleeping on the lounge in the parlor. Lois woke up in the

middle of the night, hearing a great commotion. He'd got a bottle; he'd also got into the kitchen and had drunk a bottle of maple syrup. And he had fallen naked into the coal hod. When Lois opened the door, he asked for a towel to cover up his nakedness. She once led this same gentleman through the streets late

at night looking for a doctor, and not finding a doctor, then looking for a drink, because, as he said, he could not fly on one wing! On one occasion, a pair of them were drunk. We had five, and on another occasion, they were all drunk at the same time!

There was the time that two of them began to belabor each other with two-by-fours down in the basement. And then, poor Ebby, after repeated trials and failures, was finally locked out one night. But low and behold, he appeared anyway. He had come through the coal chute and up the stairs, very much begrimed.

So you see, Clinton Street was a kind of blacksmith shop, in which we were hammering away at these principles. For Lois and me, all roads lead back to Clinton Street.

In 1937, while we were still there, we got an idea that to spread AA we would have to have some sort of literature, guide rails for it to run on so it couldn't get garbled. We were still toying with the idea that we had to have paid workers who would be sent to other communities. We thought we'd have to go into the

hospital business. Out in Akron, where we had started the first group, they had a meeting and nominated me to come to New York and do all these things. We solicited Mr. [John D.] Rockefeller [Jr.] and some of his friends, who gave us their friendship but, luckily, not much of their money. They gave Smithy [Dr. Bob] and me a little boost during the year of 1938, and that was all; they forced us to stand on our own.

In 1938, Clinton Street saw the beginning of the preparation of the book *Alcoholics Anonymous*. The early chapters were written -- oh, I should think -- about May 1938. Then, we tried to raise money to get the thing published, and we actually sold stock to the local drunks in this book, not yet written. An all-time high for promotions!

Clinton Street also saw, on its second floor, in the bedroom, the writing of the Twelve Steps. We had got to Chapter Five in the book, and it looked like we would have to say at some point what the book was all about. So I remember lying there on the bed one night, and I was in one of my typical depressive snits, and I had an

imaginary ulcer attack. The drunks who were supposed to be contributing, so that we could eat while the book was being written, were slow on the contributions, and I was in a damn bad frame of mind.

I lay there with a pad and pencil, and I began to think over these six steps that I've just recited to you, and said I to myself, "Well, if we put down these six steps, the chunks are too big. They'll have to digest too much all at once. Besides, they can wiggle out from in between, and if we're going to do a book, we ought to break those up into smaller pieces."

So I began to write, and in about a half an hour, I think, I had busted them up into smaller pieces. I was rather pleasantly surprised that, when numbered, they added up to twelve -- that's significant. Very nice. At that point, a couple of drunks sailed in. I showed them the proposed Twelve Steps, and I caught fits. Why did we need them when six were doing fine? And what did I mean by dragging God from the bottom of the list up to the top?

Meanwhile the meetings in the front parlor had largely turned into hassles over the chapters of the book. The roughs were submitted and read at every meeting, so that when the Twelve Steps were proposed, there was a still greater hassle.

Because I'd had this very sudden experience and was on the pious side, I'd lauded these Steps very heavily with the word "God." Other people began to say, "This won't do at all. The reader at a distance is just going to get scared off. And what about agnostic folks like us?" There was another terrific hassle, which resulted in

this terrific ten-strike we had: calling God (as you understand Him) "the Higher Power," making a hoop big enough so that the whole world of alcoholics can walk through it.

So, actually, those people who suppose that the elders of AA were going around in white robes surrounded by a blue light, full of virtue, are quite mistaken. I merely became the umpire of the immense amount of hassling that went into the preparation of the AA book, and that took place at Clinton Street.

Well, of course, the book was the summit of all our hopes at the

time; along with the hassling, there was an immense enthusiasm. We tried to envision distant readers picking it up and perhaps writing in, perhaps getting sober. Could they do it on the book?

All of those things we speculated on very happily. Finally, in the spring of 1939, the book was ready. We'd made a prepublication copy of it; it had got by the Catholic Committee on Publications; we'd shown it to all sorts of people; we had made corrections. We had 5,000 copies printed, thinking that would be just a mere trifle -- that the book would soon be selling millions of copies.

Oh, we were very enthusiastic, us promoters. The Reader's Digest had promised to print a piece about the book, and we just saw those books going out in carloads.

Nothing of the sort happened. The Digest turned us down flat; the drunks had thrown their money into all this; there were hardly a hundred members in AA. And here the thing had utterly collapsed.

At this juncture, the meeting -- the first meeting of the Manhattan Group, which really took place in Brooklyn -- stopped, and it stopped for a very good reason.

That was that the landlord set Lois and me out into the street, and we didn't even have money to move our stuff into storage. Even that and the moving van -- that was done on the cuff.

Well, it was then the spring of 1939. Temporarily, the Manhattan Group moved to Jersey. It hadn't got to Manhattan yet. A great friend, Horace C., let Lois and me have a camp belonging to himself and his mother, out at Green Pond. My partner in the book enterprise, old Hank P., now gone, lived at Upper Montclair.

We used to come down to 75 William Street, where we had the little office in which a good deal of the book was actually done. Sundays that summer, we'd come down to Hank's house, where we had meetings which old-timers -- just a handful now in Jersey -- can remember.

The Alcoholic Foundation, still completely empty of money, did have one small account called the "Lois B. Wilson Improvement Fund." This improvement fund was fortified every month by a passing of the hat, so that we had the summer camp, we had fifty bucks a month, and someone else lent us a car to try to revive the book Alcoholics Anonymous and the flagging movement.

In the fall of that year, when it got cold up there at the summer camp, we moved down to Bob V.'s. Many of you remember him

and Mag. We were close by the Rockland asylum. Bob and I and others went in there, and we started the first institutional group, and several wonderful characters were pried out of there.

I hope old Tom M. is here tonight -- Tom came over to the V's, where he had holed up with Lois and me, then put in a room called Siberia, because it was so cold. We bought a coal stove for four dollars and kept ourselves warm there during the winter.

So did a wonderful alcoholic by the name of Jimmy. He never made good. Jimmy was one of the devious types, and one of our first remarkable experiences with Jimmy was this. When we moved from Green Pond, we brought Marty with us, who had been visiting, and she suddenly developed terrible pains in her stomach.

This gentleman, Jimmy, called himself a doctor. In fact, he had persuaded the authorities at Rockland that he was a wonderful physician. They gave him full access to the place. He had keys to all the surgical instruments and incidentally, I think he had keys to all the pill closets over there.

Marty was suffering awful agonies, and he said, "Well, there's nothing to it, my dear. You've got gallstones." So he goes over to Rockland. He gets himself some kind of fishing gadget that they put down gullets to fish around in there, and he fishes around and yanks up a flock of gallstones, and she hasn't had a bit of trouble since. And, dear people, it was only years later that we learned the guy wasn't a doctor at all.

Meanwhile, the Manhattan Group moved to Manhattan for the first time. The folks over here started a meeting in Bert T.'s tailor shop. Good old Bert is the guy who hocked his then-failing business to save the book *Alcoholics Anonymous* in 1939.

In the fall, he still had the shop, and we began to hold meetings there. Little by little, things began to grow. We went from there to a room in Steinway Hall, and we felt we were in very classic and good company that gave us an aura of respectability.

Finally, some of the boys -- notably Bert and Horace -- said, "A.A. should have a home. We really ought to have a club." And so the old 24th Street Club, which had belonged to the artists and illustrators and before that was a barn going back to Revolutionary times, was taken over. I think Bert and Horace signed the first lease.

They soon incorporated it, though, lest somebody slip on a banana peel outside. Lois and I, who had moved from the V's to live with another A.A., then decided we wanted a home for ourselves, and we

found a single room down in a basement on Barrow Street in Greenwich Village.

I remember Lois and me going through Grand Central wondering where we'd light next, just before the Greenwich Village move. We were very tired that day, and we walked off the main floor there and sat on one of those gorgeous marble stairways leading up to the balcony, and we both began to cry and say, "Where will we ever light? Will we ever have a home?"

Well, we had one for a while in Barrow Street. And when the club was opened up, we moved into one of those rooms there. Tom M. came over from the V's, and right then and there a Tradition of Alcoholics Anonymous was generated. It seemed that volunteers had been sweeping the club; it seemed that many of the alcoholics had keys

to the club; and they came and went and sometimes stayed; and sometimes they got very drunk and acted very badly -- doing we know not what. There had to be somebody there to really look after the place. So we thought we'd approach old Tom, who had a pension as a fireman. We said, "Tom, how would you like to come and live at the club?"

Tom says, "What's on your mind?"

"Well," we said, "we really need somebody here all the time, you know, to make the coffee and see that the place is heated and throw some coal on that furnace over there and lead the drunks outside if they're too bad."

"Ain't ya gonna pay me?" Tom says.

"Oh, no," we said. "This is Alcoholics Anonymous. We can't have any professionals."

Tom says, "I do my Twelfth Step work, I don't charge 'em nothing. But what you guys want is a janitor, and if you're going to get me, you're going to pay, see?"

Well, we were very much disturbed about our own situation. We weren't exactly paid -- they were just passing the hat for us, you understand. I think that we went for seven years of the history of this Society with an average income of seventeen hundred bucks a year, which, for a former stockbroker, is not too big.

So this question of who is a professional and who isn't bore very heavily at the time on Tom and me. And Tom began to get it

settled. He began to show that if a special service was asked from anybody full-time, we'd have to pay or not get it.

So, finally, we haggled Tom down on the theory that he already had a pension, and he came to live there, and meetings began in that old club.

That old club saw many a terrific development, and from that club sprang all the groups in this area. The club saw the passage of the Rockefeller dinner, when we thought we'd all be rich as a movement, and Mr. Rockefeller saved us by not giving us money.

That club saw the Saturday Evening Post article published. In fact, the Post at that time said, "No pictures, no article." If you will look up the March 1, 1941, issue of the Saturday Post, you will see a picture of the interior of the club, and a flock of us sitting before the fire. They didn't use our names, but they insisted on pictures.

Anonymity wasn't then quite what it is today. And with the advent of that piece, there was a prodigious rush of inquiries -- about 6,000 of them.

By this time, we'd moved the little office from Newark, New Jersey, over to Vesey Street. You will find in the old edition of the book [Alcoholics Anonymous] "Box 58, Church Street Annex." And that was the box into which the first inquiries came. We picked out that location because Lois and I were drifters, and we picked it because it was

the center of the geographical area here. We didn't know whether we'd light in Long Island, New Jersey, or Westchester, so the first A.A. post office box was down there with a little office alongside of it.

The volunteers couldn't cope with this tremendous flock of inquiries -- heartbreakers, but 6,000 of them! We simply had to hire some help. At that point, we asked you people if you'd send the foundation a buck apiece a year, so we wouldn't have to throw that stuff in the wastebasket. And that was the beginning of the service office and the book company.

That club saw all those things transpire. But there was a beginning in that club at that time that none of us noticed very much. It was just a germ of an idea. It often looked, in after years, as though it might die out. Yet within the last three years, it has become what I think is one of the greatest developments that we shall

ever know, and here I'm going to break into my little tale to

introduce my partner in all this, who stayed with me when things were bad and when things have been good, and she'll tell you what began upstairs in that club, and what has eventuated from it. Lois."

(Lois then spoke about the formation and the early days of Al-Anon Family Groups.)

So, you see, it was in the confines of the Manhattan Group of those very, very early days that this germ of an idea came to life. Lois might have added that since the St. Louis conference, one new family group has started every single day of the week since, someplace in the world.

I think the deeper meaning of all this is that AA is something more than a quest for sobriety, because we cannot have sobriety unless we solve the problem of life, which is essentially the problem of living and working together. And the family groups are straightening out the enormous twist that has been put on our domestic relations by our drinking. I think it's one of the greatest things that's happened in years.

Well, let's cut back to old 24th Street. One more thing happened there:

Another Tradition was generated. It had to do with money. You know how slow I was on coming up with that dollar bill tonight? I suppose I was thinking back -- some sort of unconscious reflex.

We had a deuce of a time getting that club supported, just passing the hat, no fees, no dues, just the way it should be. But the no fee and dues business was construed into no money at all -- let George do it.

I'd been, on this particular day, down to the foundation office, and we'd just put out this dollar-a-year measuring stick for the alcoholics to send us some money if they felt like it. Not too many were feeling like it, and I remember that I was walking up and down the office damning these drunks.

That evening, still feeling sore about the stinginess of the drunks, I sat on the stairs at the old 24th Street Club, talking to some would-be convert. Tom B. was leading the meeting that night, and at the intermission he put on a real plug for money, the first one that I'd ever heard. At that time, money and spirituality couldn't mix, even in

the hat. I mean, you mustn't talk about money! Very reluctantly, we'd gone into the subject with Tom M. and the landlord. We were

behind in the rent.

Well, Tom put on that heavy pitch, and I went on talking to my prospect, and as the hat came along, I fished in my pocket and pulled out half a buck.

That very day, I think, Ebby had come in the office a little the worse for wear, and with a very big heart, I had handed him five dollars. Our total income at that time was thirty bucks a week, which had come out of the Rockefeller dinner affair; so I'd given him five bucks of the thirty and felt very generous, you see.

But now comes the hat to pay for the light and heat and so forth -- rent -- and I pull out this half dollar and I look absent-mindedly at it, and I put my hand in the other pocket and pull out a dime and put it in the hat.

So I have never once railed at alcoholics for not getting up the money. There, you see, was the beginning of two A.A. Traditions -- things that had to do with professionalism and money.

Following 1941, this thing just mushroomed. Groups began to break off out into the suburbs. But a lot of us still wanted a club, and the 24th Street Club just couldn't do the trick. We got an offer from Norman Vincent Peale to take over a church at 41st Street. The church was in a neighborhood that had deteriorated badly --

over around Ninth Avenue and 41st. In fact, it was said to be a rather sinful neighborhood, if you gather what I mean. The last young preacher that Peale had sent there seemed very much against drinking and smoking and other even more popular forms of sin; therefore, he had no parishioners.

Here was this tremendous church, and all that we could see was a bigger and bigger club in New York City. So we moved in. The body of the church would hold 1,000 people, and we had a hall upstairs that would hold another 800, and we visioned this as soon full. Then there were bowling alleys downstairs, and we figured the drunks would soon be getting a lot of exercise. After they warmed up down there, they could go upstairs in the gymnasium.

Then, we had cooking apparatus for a restaurant. This was to be our home, and we moved in. Well, sure enough, the place filled up just like mad! Then, questions of administration, questions of morals, questions of meetings, questions of which was the Manhattan Group and which was the club and which was the

Intergroup (the secretary of the club was also the Intergroup

"You don't know. I've gone through a thousand hells tonight."

The suicide of this woman was the most spectacular of several similar incidents in the San Francisco Bay area in which persons confined for the night to various drunk tanks, as they are called, ended their lives in fits of alcoholic depression.

News of the woman's death stirred San Francisco, and at long last caused to burst into flame a plan for a revolutionary treatment of alcoholics - a plan that had been smoldering for several months.

And as this is written, San Francisco, the city with the unhappy distinction of having the highest percentage of arrests for drunkenness of any large municipality in the nation, is well on the road toward the establishment of a unique clinic to help those whose proximity to the bottle has deprived them of the power to help themselves. The label; of "alcoholic" will be intentionally omitted from the clinic. It will be known simply as the Adult Guidance Center.

The plan involves more than the mere elimination of the drunk tank. There will be provided everything from psychiatry and vitamins, to lessons in what an alcoholic should eat to calm his stomach nerves, and how he can get past the swinging doors, provided, of course, he wants help and has not extended his drinking career to the point to no return. If he is not readily salvageable, he will be sent either to a state hospital, where he can do a minimum of harm and may still recover; or to a custodial farm, where he will be safe from crime and accident.

As part of this modernized procedure, the alcoholic will be able to receive treatment at cost and with the protection of anonymity. The plan is no bluenosed formula for reducing drinking, but a healthy arrangement for helping the person who wants to stop and can't. A city as robust as San Francisco would accept nothing less. Its residents always like to boast that San Francisco is the "city that knows how," and under this program it is being geared to do more to solve the problem of alcoholism than any of its sister municipalities.

The man behind this crusade is the city's district attorney, Edmund G. Brown, a 43-year-old prosecutor and family man who always appears to be on his way to or from a gymnasium locker room and has a habit of jumping out of bed at 6 A.M. and exclaiming, "Boy! I feel great!" The description suggests an overexuberant bore who rattles the ribs of less hardy souls by slapping them on the back and damaging their eardrums with sonorous greetings. Such is not the case. Brown's vitality springs from a hardy constitution.

"Pat" Brown, as he is popularly known, can take a drink or leave it alone. Actually, two circumstances, neither connected with the idea of reform for

reform's sake, started him on the road at the end of which San Francisco's Adult Guidance Center will rise. The first involves a two-block route which Brown must follow daily from his office to the Hall of Justice.

The district attorney's offices are in a building in a less expensive block of San Francisco's financial center, Montgomery Street. One block over and one block up, on Kearny Street, is the Hall. In between, the neighborhood degenerates rapidly into a series of taverns and tenements outside of which drunks sprawl despite the nearness of the drunk tank and the law.

The other circumstance was a more personal one. Liquor got the better of a capable lawyer on whom Brown depended for legal assistance. Another of Brown's friends, also a professional man, teetered on the edge of ruin because he couldn't stop drinking. Two others, one a newspaperman, were in the same predicament.

Brown, of necessity, had to walk around the drunks who lay in his path as he went from his office to the Hall. With his friends, he tried tactful advice. When that failed, he decided something had to be done, both for the street drunk and for the alcoholic who is coming apart in a less public but equally fatal manner.

He began by persuading a friend, Emmet Daly, a former F.B.I. agent and recently released Naval Intelligence officer, to become a special assistant to the district attorney, with the job of finding out how drunk San Franciscans get, how they are treated, and what should be done about it. Daly, in his oldest suit, headed for Skid Row, a stretch of several bottle-clustered blocks south of San Francisco's broad Market Street.

Even the most cloistered clubman on plushy Nob Hill is vaguely familiar with what happens to the men on the wrong side of the Market Street trolley tracks when they panhandle 30 cents for a pint of wine and proceed to gulp it down, But a district attorney needs more than a notion to win a case. Daly went out after the equivalent of the corpus delicti.

He had no trouble finding drunks in Skid Row. They were sprawled in doorways and some lay in the gutters. He stood near one who had collapsed in a doorway and waited until the paddy wagon arrived to haul the man to the precinct station. He followed to see what would happen. He learned that the custom is to lock up drunks at the station house until another wagon arrives from downtown to take them to the drunk tank.

If the drunk can pull himself together in the interval between his arrival and that of the wagon from headquarters, he goes free. Otherwise he faces a night in the tank. At times there have been alternate results, as happened one night when two drunks, collected at separate places, were lodged in a single station-house cell. The jailer observed they were too stupefied to engage in the jail-house chatter. He expected no trouble. But later, one of

the two made a noose out of his shirt and hung himself while the other stared glassily at the proceeding.

But the drunk whom Daly followed to the station had no suicidal intentions. Neither could he pull himself together. The wagon from the Hall arrived and the drunk tank automatically became his destination.

The tank is not a single enclosure, as its name suggests. It consists of a block of 14 cells, each six by seven feet. Frequently seven or eight men are put into a single cell, for the average drunk catch a night is more than 100. There are no cots for the reason that a drunk might roll off and fracture his skull on the hard floor. The men flop on mats, some of them sitting up against the walls of the cell, their legs overlapping their neighbor's in a spectacle of Dickensian bleakness.

The morning after Daly had watched his particular drunk from the Row placed in a cell in the tank, he went to court to see what would happen next.

"The drunk tank was bad enough, but what I saw in court the next morning was even worse," he remembered. "I took one look at what was going on and called the district attorney, telling him to come over and see for himself."

Tank occupants are herded into a corner of the courtroom and their cases disposed of ahead of the day's regular calendar. The clerk of the court rattles off half a dozen names, and their owners shuffle inside the railing and stand before the bench. There is a low-voiced mumbo-jumbo during which pleas of guilty are entered and the panel is dismissed with a brief admonition not to return. The second panel is called, and so on until the last drunk has been disposed of.

"Drunks are not fingerprinted," said Daly, "so there is no way to keep track of how often they come back. After talking to several hundred of them, I'm satisfied nine-tenths of those sent to the drunk tank are repeaters. The average drunk can be in and out of court two or three times a week and still nothing is done for or against him."

But it was the handling of the drunks in panels instead of singly that so disturbed Daly that he sent for Brown. Because of subsequent publicity, this feature of the system has been eliminated, but the revolving-door nature of the process-arrested today, dismissed tomorrow, back next day-persists.

After their morning in court, Daly and Brown decided to follow one of those who had been freed, to see what he did. They selected a man about 60 who bore unmistakable evidence of having been in a scuffle before he reached the tank the night before. After walking several blocks, the man sagged and fell into the gutter. Brown called an ambulance

"Of course, the point of all this is that nothing is being done about the

alcoholic, and we are still spending \$500,000 a year in police man-hours alone, with no return," said Brown. "The number of alcoholics in the streets has increased to the point where they can" be ignored, even though there might be those who would attempt it.

"Here is all this money being wasted on a worthless system when for half the amount, say \$250,000, we can operate a first-class clinic for a year. And the \$500,000 a year in police man-hours now being spent for handling alcoholics obviously doesn't include the cost of crime or family poverty stemming from our present arrangement for getting the drunks off the streets."

On a national basis, the latest figures on arrests for drunkenness cover the year 1947. San Francisco led with 6,230 arrests per 100,000 population. Thirteen of the larger cities were included in the count. There is scant local pride in the fact that Los Angeles is second, with 5,103 arrests per 100,000. The others, in order of descendancy, are Washington, D.C., New Orleans, Boston, Minneapolis, Cleveland, Milwaukee, Philadelphia, Detroit, Buffalo, Baltimore, and New York.

With the full picture before them, Brown and Daly began a furious search for the right pieces to put together to make a plan to correct the situation. They interviewed doctors and psychiatrists from the neighborhood to the state level. Members of the clergy were called on and asked for suggestions. The leaders of Alcoholics Anonymous were sought out for their views. Business men who take an occasional drink and drunks who hit the bottle all the time, police who are plagued with alcoholics and want to be rid of them, teachers who find an increasing number of their older students red-eyed at morning roll call, everyone who had any reasonable notion about what to do about the alcoholic was given a chance to speak his piece.

Daly, entering the lobby of his club on day, was accosted by a member. "So, you're becoming a prohibitionist," he said. "A fine thing!" Daly, who expected that sort of reaction when he took over the job with Brown, replied, "Let's go get a drink and talk it over." Daly convinced the man the surest way to prevent the return of prohibition is to solve the problem of the chronic alcoholic, and another San Franciscan was jogged out of his lethargy and prejudice. He told his friends and a chain reaction began. Brown and Daly kept it going with speaking engagements before clubs of housewives and industrial leaders and educators and city planners.

While all of this was in progress, Daly was sending letters to every city in the country which had made any attempt to treat the alcoholic as a medical problem. The replies to the letters and data gathered at the interviews were distilled into a procedure for an alcoholic clinic.

Under the San Francisco plan the alcoholic who is arrested will not be classified as a misdemeanor offender. The California legislature is making

such a change in the law. The drunk will be held for quarantine. He will be in the same relative position as a person roaming the streets with a communicable disease, a hazard to himself and to others. The purpose of this change in classification is to give legal recognition to the theory that a drunk is a sick person, not a lawbreaker.

"No person will be given employment at the clinic, from the psychiatrists to the elevator operators, who does not first give proof that he believes a drunk is a sick person and not a moral leper," said Brown. "This proposition is the cornerstone of the whole plan.

When a drunk is arrested, he will be taken directly to the clinic. Once there, he will be fingerprinted so that a record of his case may be kept. The clinic will have no cells or bars, but wards. The fact that the drunk is in custody will not be emphasized. After he has been logged in, he will be given whatever immediate medical attention is necessary. If he is lucid, the doctors will talk to him. If not, that part of the procedure will come later.

Within twenty-four hours a preliminary appraisal of his case will have been made. If he is a one-night drunk, he will be shooed out, but advised to return for consultations and help if liquor is becoming a problem. If he has been on a two-week binge and hasn't eaten much, he will be given five days in bed and fed a diet high in vitamins.

The one-nighter who is released in the morning, or the man who is hospitalized for five days, will have his fate determined by a judge who will sit at the center-not on a bench, but at a conference table. The patient and the doctors will be the witnesses. The judge will be guided by what they have to say.

The clinic will concentrate on those who accept help and are salvageable. During the five-day period of hospitalization there will be simple lessons in dietetics: The course will be elementary. A drunk, the experts emphasize, is a man trying to learn to walk again after having been bedridden for a long time. In the case of the alcoholic, it is his thinking processes which have to be retaught.

In between lessons and baths and wholesome meals, the psychiatrists will attempt to sell the patient on the idea it is not only possible but very pleasant to live without drinking, if a man is an alcoholic. They will tell him very emphatically that an alcoholic cannot drink so much as a jigger; that it isn't the last drink that is important but the first one.

"I may be an optimist, but I'm satisfied a lot of cases that now look hopeless will make some progress when the problem is put to them as a medical one," say Pat Brown. "Alcoholics Anonymous has proven that. Of course, Alcoholics Anonymous doesn't pretend to help everyone. For those

Roy Sutherland and Ted Thieda, plain-clothes cops on the skid-row detail of the First Precinct Detroit police, are known to vagrants throughout the Midwest as "The Ragpickers." Their job is to keep depravity in their precinct from becoming too assertively public. A tour of duty with them adds color to a national embarrassment city council calls "The Skid-Row Problem."

Sutherland is a short roly-poly man in his fifties, with a shock of curly white hair, a full, ruddy face and amiable blue eyes behind steel-rimmed spectacles. He wears a brown business suit on the job and is always chewing an unlit cigar. Thieda, a tall, muscular man in his forties, is the athlete of the pair. They work from a worn, unmarked city car. Sutherland, as senior, does most of the talking.

"There's one." We were hardly five minutes out of headquarters, cruising Michigan Avenue. We pulled over to the curb and parked. A man was prone in an alley. Sutherland and I went over to him. Thieda went to have a look up the street.

The unconscious man was around fifty, with sandy brown hair, a blotchy red skin and a beard of many days. His face was streaked with clotted blood from a gash on his forehead. An unlabeled pint bottle containing a pinkish fluid lay at his side. He wore work shoes without socks, soiled khaki trousers and a soot-blackened shirt. A blended stench of bodily excretions rose from him.

"Well," Sutherland said, "darn if it isn't Danny. I'll tell you later about Danny. Come on, fella." He pointed to the man's hands. "See the pink stains between the fingers? Canned heat."

Thieda returned. "Three more around the corner. Call the wagon?"

Sutherland nodded, and told me what he knew about Danny. Since June 17, 1828, Danny had been arrested for drunkenness and vagrancy 128 times. He'd spent 4020 days in the Detroit House of Correction. In arrests, court appearances, jail keep, medical and hospital care he had cost the community \$18,500. "You see what I mean?" Sutherland said. "How discouraging?"

In a few minutes the wagon came. Two uniformed policemen from the wagon roused the four men, loaded them and drove off - for Danny, it was the 129th time. We resumed our tour.

"Funny thing," Sutherland said. "I've been on this job twelve years, without anybody paying much attention. And now just lately there's been an awful lot of interest."

That "awful lot of interest" goes for many other cities. By sheer pressure of horror, civic embarrassment and community expense, skid row has pushed itself to the forefront among our major municipal problems. In the past

three years, mayor's skid-row committees have been formed in New York, Chicago, Detroit and half a dozen smaller cities. Under the label "homeless man," the human derelict is now receiving scholarly attention, to find out what made him homeless, and what can be done.

By the best estimates I can come up with, at least 400,000 men are leading a skid-row life. They cost taxpayers at least \$40,000,000 a year. If all were working, their tax contributions would be at least \$165,000,000, a year, so the economic stakes are large. The humanitarian stakes are larger. There are things a citizen cannot allow to pass without protest and still retain his self-respect. These things occur daily along skid-row. My tour with the Detroit plain-clothes men revealed the kind of slum-within-slums that shakes the claim to civilization of even the most civilized American cities.

It also revealed that men can come back from skid-row. Eddie Rohan, a pleasant-faced fifty-four-year-old Irish-American who lives in Detroit, is a case in point. Statistically speaking, Eddie has returned from the dead. For a quarter century he lived either on the Avenue or in the Detroit House of Correction, a guest of the city because of drunkenness. The normal end of the likes of Eddie used to be either the Wayne County Hospital-for the insane-or the Wayne County Morgue. He is one of the 250 exhibits cited to prove the Motor City's contention that skid row can be abolished.

This view is not universally held, and a session at a big-city magistrate's bench helps explain why. I recently followed a batch of a dozen derelicts from their pass-out points, through the city jail, to the courtroom and sentence. Lined up in an unsteady row at the bar of justice, they highlighted the whole tragedy of skid row. Even the judge was moved. He shook his head. "Why do they do it?"

The Promise of Detroit's Program

The judge had cards on each man, listing previous terms served on the same charge, drunkenness. Twenty-five to fifty terms were not unusual; none had fewer than eight. He ruled, "Thirty days for all." Many, he knew, would be passed out in some filthy alley within a few days after serving their terms. That's why so many experienced public officials say, "Skid row is hopeless."

Others are not so sure, and on economic grounds alone, their cases deserve a hearing. It costs about \$1000 a year to keep a man in jail. Detroit's Mayor's Rehabilitation Committee costs \$25,000 a year. By spending a third of their time in jail, the 250 men so far salvaged would have cost Detroit \$83,000. Their taxes return to the public coffers \$100,000 a year, putting the community \$158,000 ahead on the twelve-month. Minneapolis, New York and Alameda County, California, are among the metropolitan areas where tax-supported rehabilitation programs are being tried. Detroit, in this reporter's view, is especially sparkling with new slants on a scandal many generations old.

The most noxious of several skid-row areas in the Michigan metropolis is a nineteen block section bounded by Cass, Howard, Fifth and Jones streets. For five roaring blocks this municipal cancer lies athwart Michigan Avenue, the main stem from the Michigan Central Railroad Terminal to the glittering downtown hotel district. Skid row spills over for several blocks on each side of this main stem. The adjacent areas are vacant lots, junk yards, tenements, warehouses, abandoned factories and dwellings and the close-packed, unpainted little houses of the very poor. This single neighborhood, the beat of Sutherland and Thieda, produces 10,000 arrests a year for drunkenness and associated offenses.

A day on skid row begins at seven A.A., when the bars open. From six o'clock on, men are stirring in the flophouses and alleys, crawling from under newspapers or lean-tos in vacant lots and dumps, emerging from abandoned basements and from beneath parked trailer trucks, to be on the Avenue at the stroke. Once there, what happens depends upon a man's economic status.

The man at the top of the social ladder sleeps in a flophouse and drinks in a bar. Just below him in prestige is the man who sleeps in a mission and drinks out of a bottle purchased at a package-liquor store. Next in order are the men who sleep in dark places and drink nonbeverage alcohol. Bay rum, several brands of hair tonic and shaving lotion, vanilla and lemon extracts, isopropyl rubbing alcohol - nineteen cents a half pint - lacquer thinner and canned heat are widely consumed. Canned heat is a solution of pink wax in alcohol. The alcohol may be partially reclaimed by placing the waxy paste in a cloth and squeezing - hence the telltale pink stains between the fingers of those who favor the "Pink Lady," the drink which results from mixing this with an equal part of water.

Promptly at seven o'clock each morning the elite begin going into the bars. The rest remain outside, hoping for a flush crony who'll invite a man in for a drink, or the owner of a bottle, possibly in his debt from yesterday, who'll give him a pull. Failing this, a man will turn to his neighbor and say, "I have seven cents." The proper reply is "I have eleven," or whatever the amount may be. The chain continues until a sum is reached which equals the price of one of the fluids previously mentioned. With the drink aboard, a man is ready for his day's panhandling.

"If all panhandling could be stopped," says William C. Sterling, director of the Mayor's Rehabilitation Committee in Detroit, "the worst aspects of skid row would disappear. Its foulest horrors are maintained by the thoughtlessly given nickles, dimes and quarters of well-intentioned citizens."

Mid-afternoon usually finds the pan-handler back on the Avenue with cash in his pocket. By this time the revelry in the bars is in full swing. The elite are all at the tables, stupefied or asleep. Now and then, one will rouse himself, wait till his glass is filled, drain it and go to sleep again.

Others are drinking at the bar, playing the juke box, talking.

The conversation has to do mostly with the character and deeds of this or that jerk of recent or remote memory - resentments on skid row are deep and abiding. Occasionally the theme changes. Once I overheard a panel discussion on the topic, "If a man was born in 1876, how old is he now?" Estimates ranged from fifty-nine to eighty-six, with each disputant defending his own arithmetic. If the juke box is playing, somebody will get up from time to time and make random flapping motions, smiling a nearly toothless smile - falls take a widespread toll of front teeth. The performer is dancing, cutting the rug. He doesn't last long; he has little energy. Even the fights of skid row are mostly slapstick affairs of short duration; neither contestant has the strength for a really damaging blow.

So the day wears on, drink and talk, wake and doze, until a man reaches his objective - oblivion. This has to be timed so he makes his flop before passing out - to pass out on the street is to risk being run in. Skid row starts going to bed at dusk. All through the early evening you see men making their uncertain way back to the flophouses, the abandoned shacks, the vacant lots. The shabby figures fade into the weeds and disappear. In a 100-by-100-foot lot near the Avenue there may be thirty men asleep, none of them visible to the passer-by. In one place, long sections of forty-eight-inch-diameter concrete sewer pipe were left at the curb for a construction project. At ten o'clock one night I found one or two sleeping men in each section of pipe. By midnight it's another day.

Money on skid row is for liquor; other things can be had without payment or be gone without. How a man obtains his drinking money depends upon how advanced he is in the mores of the Avenue. If he's relatively a beginner, he hits the streets around Labor Day, after a summer with a railroad construction gang or with the fruit pickers, his pay in his pocket. He invests part of it in new finery, part in advance rent at a flophouse, and part with a bartender, against future needs. For weeks or months he fraternizes on the street and in the bars. The day arrives when his cash is gone and his deposits used up. His new suit, hat and shoes are exchanged for "relievers" - shirt, dungarees and sneakers. He begins patronizing the package liquor stores, where a brand of wine can be had for forty-nine cents a fifth. As money grows tighter, he'll resort to more economical beverages, through the lotions down to rubbing alcohol and canned heat.

Food and shelter can be obtained for a while without cost. There are several missions where a man can get a meal without answering questions, being preached at, singing hymns or working. At other places he can have board, work and indefinite keep if he'll "take a nose dive" - profess a religious conviction. This, by skid row standards, is contemptible, and only a small percentage ever do it.

Sooner or later, our man must decide whether to work or beg for his drinking

money. If he works, as many do before the skid-row neurosis lays too firm a hold, he hedges his employment about with qualifications. Employment must be on a day or half-day basis and must yield a dollar an hour, which must be paid promptly and without deductions. Work teams of five men are often organized, with each man working one day a week and contributing his earnings to the common liquor kitty. Income is boosted by occasional sales of blood to private-hospital blood banks at eight dollars a pint. By this time our man is probably sleeping in the open, taking his meals at missions, supplemented by traditional skid-row cuisine.

At one point in our tour Sutherland asked me, "Did you ever hear of mulligan stew? They had one over there last night; let's take a look." In a vacant lot was a fire-blackened five gallon tin. To make mulligan, Sutherland explained, you start by bringing a tin of water to a boil. Then you add wilted vegetables thrown out by stores, old fish heads from the back of restaurants and chicken entrails from the dressed fowl market.

Aggressive crime by derelict men is negligible, Sutherland says. Too tired for crime, they're more preyed upon than preying. Once he pointed out a wiry, athletic young man in his twenties, dressed in a natty polo shirt, suede shoes and knife-edged slacks. "We're pretty sure that fellow's a jack roller, only we haven't got the goods on him - yet." A jack roller is a man who specializes in beating and robbing drunks.

Though women are seen in the bars in the proportion of about one to thirty, sex on skid row is pretty much a dead issue. "They just don't have the energy," Sutherland says.

Death on skid row is often sudden, and always ugly. "Had a bad one last winter," Sutherland said. "Five of them holed up one cold night in a junked trailer in an auto graveyard. Had a stew, let the fire go out for the night. Canned heat went up, I guess. Anyway, the trailer blazed like a torch; all five burned to death."

Casualties of skid row are taken to Detroit Receiving Hospital. There are "wine sores" - foul smelling skin eruptions brought on by prolonged deficiencies of diet. There are broken bones and hideous head and eye wounds - from falls and beatings by jack rollers. There are alcoholic convulsions and delirium tremens. These are taken to the psychopathic section and placed in the violent ward in restraint. There is total physical exhaustion, and there is death. Now and then, a derelict strays off and is lost. One old man was found in an abandoned basement, indescribably filthy, crawling with lice, and near death. He was bathed and put to bed; shortly thereafter he died.

The Wayne County Morgue is the end of the line. Corpses arriving there from the Avenue are nearly always John Doe or Mary Roe, unidentified. The afternoon I visited the morgue there was John Doe No.1, male, white, age 46,

5 feet, 8 inches, 180 pounds. Fell down the stairs of a Michigan Avenue flophouse and broke his skull. John Doe No.2, age 51, died of a broken neck "due to fall in alley." Mary Roe, female, white, 45, fell off the stool of an East Jefferson Street bar at 9:30 P.M. and died of a fractured skull.

Such is the rhythm of life and death on skid row, Detroit, and a hundred other cities. There are, in the crazy symphony of the Avenue, other rhythms. Not all are willfully destructive alcoholics, and not all are adverse to work. Old-age pensioners and handicapped persons sometime drift there because it's the only place where they can live on what they have. But the chronic alcoholic is the hard core of the problem. Such men load our city jails and hospitals, turn city streets into daytime nightmares. They misuse charity, exploit mercy, degrade and finally destroy themselves.

What's the matter with such men? Employment conditions do not explain their despair - steady jobs were going begging when I was in Detroit. And one can't brush away the problem by saying they're "just alcoholics." Mr. Yvelin Gardner, director of the National Committee on Alcoholism, says: "The problem of the typical alcoholic is quite distinct from that of the skid row derelict. The usual alcoholic has a home, job and family, and a desire to maintain his community status. The homeless alcoholic has little ambition and less hope; his rehabilitation presents an entirely different equation."

On skid row, the homeless man's distress produces profit. I have neither observed nor heard of any act of a derelict that compares in degradation with the act, committed daily by sober and "respectable" merchants, of deliberately selling sick, addled and helpless men chemicals that are poisoning them to slow death.

"Can our cities come up with a really effective answer to skid row?"

This is question Mayor Albert E. Cobo placed before a committee of Detroit citizens in 1949, when a series of articles in the Detroit Free Press exposed skid-row conditions. The committee reported in the affirmative and recommended specific steps. State laws governing the sale of liquor were to be enforced. A state rehabilitation camp was to be established for chronic alcoholics who failed to respond to therapy. A section of skid row was to be condemned, and rebuilt as an attractive municipal parking lot. A counseling and employment service, staffed by men possessing a sympathetic grasp of alcoholic problems, was to be set up in the heart of skid row.

So far, only the last of these proposals has materialized. The counseling service has for two years occupied an unlabeled store front at 339 W. Jefferson - and here I found the first gleam of real hope in many weeks among the men of skid row.

Nobody enters the committee's head-quarters unless he wants to. There's nothing to eat, no place to sleep, and nobody gets anything free except

advice. Yet in the two years since it opened, 1670 men have sought it out. It has shown, on a pilot scale, that men can be returned in quantity from the half death of skid row.

After talking with some of the men who drop in at 339, the judge's question - "Why do they do it?" - doesn't seem to pose such a mystery. Indeed, it is claimed by Bill Sterling, director at 339, that you can't make any progress until you answer it - until you find out what's eating away at the heart of each individual man. Take the case of Eddie Rohan. It took weeks to find out what was really bothering Eddie. But once it was talked through and settled, Eddie straightened out, apparently for good. Eddie is nearly two years sober now, and doesn't mind yarning about his skid-row days. It explains a lot about Eddie and about skid row.

Eddie was born in a small Ohio city in 1898, the youngest of three sons of a stern father who worked in a brickyard. Life at home was not happy. "The old man always seemed to go out of his way to make it clear he didn't have no damn use for me." His brother took the father's cue. The oldest brother "beat up on" the next youngest, they both beat up on Eddie, and the father beat up on them all. The only solace was Eddie's mother, who favored him when she could. Her presence in the home made life endurable.

When Eddie was fourteen his mother died of pneumonia, and for a while Eddie didn't care whether he lived or not. The old man "got more cantankerous than ever; you just couldn't live with him." After two more years, none of the boys even tried. Jim, the oldest, finished high school and was staked to a law-school education by an uncle. Today he's a district judge in the old hometown. A year later, Art, the middle one, went to work in a steel plant in Youngstown. That left Eddie, by then a sophomore in high school, alone with his father. In 1914, when Eddie was sixteen, he joined the Army, with his father's permission.

For the first time in his short life Eddie was "something like happy." He joined a cavalry unit, got on well with the men, loved the animals and within a year was promoted to corporal. By late 1916 it was beginning to look as if America might become a belligerent in World War I. Eddie was filled with dreams of glory in the service of his country.

One night in the winter of 1916-17, Eddie went on a party. His unit was then stationed in a New England state. It was a fairly wild party, held in a hotel of dim repute locally on a night when the local police raided it. Because women were present, the court was able to give Eddie the maximum sentence - two years in the penitentiary. Eddie was then eighteen.

He couldn't believe it at first. "How could they give a guy two years for doin' what everybody else does?" Surely the Army would do something, the Army understood these things. But the Army washed its hands of the matter. His uncle, the big lawyer back home? The uncle wrote that Eddie had got

himself into this; Eddie could get himself out. Eddie went to the state penitentiary for two years of hard labor.

Hard labor, in the down-East penitentiary of those days, meant polishing marble table tops ten hours a day, six days a week. You worked with a paste made of acid and pumice, rubbing it on the marble with a piece of carpet. The acid got under your fingernails and burned. If you complained, you got a week in solitary. Two years.

Meanwhile, America had begun and ended a war. Eddie's unit was back from France, covered with glory, medals and promotions. Hardly anybody even remembered Eddy. "The first thing I did when I got out was give that warden a piece of my mind. Then I got out of the state. Then I got drunk." In the course of the spree, Eddie made his way back to his home town.

He asked his father for a bed and a place to clean up, and was thrown out of the house. His uncle gave him a bed until he slept it off, then bought him a suit, gave him ten dollars and ordered him to leave town. "We've got a good name in this town so far; we don't want it jeopardized."

They didn't have a good name with Eddie. To put as much distance between himself and Ohio as he could, he rode freight trains to California.

The mental twist common to the men of skid row was now set in Eddie's mind. He had lost faith in the good will of men. Except for this tragic quirk, he might have taken steady work and established himself. But a steady job brought to mind unrelieved drudgery on hard stone; responsibility meant an unmerciful Yankee jurist, a father who "had no damn use" for him, and a stuffed-shirt uncle. At twenty-one Eddie felt permanently frustrated, and knew the nervous tension such a state of mind induces. Drinking relieved this tension. He gravitated to skid row, where potables were cheap, and where the companionship of the despairing could always be found.

The first twelve years weren't too bad, Eddie recalls. He picked fruit in the California valleys, worked in the Washington lumber camps, was a gandy-dancer - the section hand who used to tamp stone between the ties with his feet - on a dozen railroads, returning to skid row after each spell of work. Eddie's last eight years on skid row were more rugged. He always hankered to get back to Ohio, and every couple of years would head that way. He'd get as far as Detroit, then lose heart. Finally, Detroit became headquarters. He stopped working and lived by panhandling. "My drinkin' seemed to go out of control." The rubbing alcohol and canned heat he once spurned became the basis of his diet. He'd made jails before, but never as now - in and out, in and out, until it totaled sixty-seven terms in the Detroit House of Correction alone.

Eddie's case has elements common to almost all the skid-row case histories which have been taken. There's the early loss of a beloved parent. A study

in New Haven revealed that 49 per cent of homeless men lost one or both parents by death alone before they were twenty, to say nothing of loss of parent by divorce, separation and desertion. There's the shattering reversal of fortune in early-adult or late-adolescent experience. And there's the set disbelief in the kindness and decency of man.

During his sixty-seventh term in the House of Correction Eddie heard about the city's new experiment at 339 W. Jefferson. He decided, "God knows why," to drop in there when he got out.

Eddie didn't know it, but the men in charge at 339 were still pretty much at sea. Their first step had been to interview 250 homeless men on the Avenue. Eighty per cent showed good prospects for rehabilitation. Three quarters were between forty and fifty-nine, with an increasing percentage of younger men, veterans of World War II. Three quarters had eight grades or more of education, a better-than-average IQ - there was one Ph.D.-and had been regularly employed within the past five years.

None was happy with his lot, and nearly half had specific suggestions for their own reclamation. They wanted clinical help, stricter regulation of flophouses and bars, and, of all things, chance to work their way out of their difficulties. This willingness to work was a new note in skid-row literature. My own belief is that it was induced by the usually sympathetic attitude of the Detroit interviewers. In any event, the voice of skid row was at last heard in its own behalf. It turned out to be a voice full of agonized awareness of its own misery, with a note of hope for better days.

Local members of Alcoholics Anonymous were consulted, and literature of the Yale School of Alcohol Studies was examined. Only about 5 per cent of AA's have ever been on skid row. Still, stories like Eddie's had been heard before in AA, so there was assurance that recovery was possible. But AA success, even an AA beginning required hope and initiative, which were so lacking along skid row. Could there be some sort of boost over the hump from the Avenue to the AA group? The committee decided it would be worth the city's effort to help these men find sober friends, jobs, medical treatment and advice. The city council voted funds, and 339 West Jefferson was opened.

Aware of the contempt of the drinking man for the teetotaler, the committee recruited men, as counselors, who'd had personal knowledge of alcoholism. Two of the staff's four men had themselves experience, and recovered from, serious drinking problems. The staff consisted of an administrative officer, an employment counselor, a personal counselor and a clinical psychologist. There were, besides the small offices, a place to sit down and wait, a few magazines and a bathroom where a man could borrow soap and a razor. Clients began to appear, tentatively at first, then in a steady stream. All sorts of men arrived, in all stages of disrepair, and a special program had to be devised for each individual.

There was Fred C., who went out one evening two years ago to get a jar of olives and a quart of milk, and didn't come back. Fred is a thirty-year-old veteran with a wife, two children and a car. Until the night of the olives, he worked on an assembly line in one of the automobile plants. Fred's expenditures for liquor and his sprees set him at odds with his wife. After going for the olives, he took up residence on skid row. Six months later he was in bad shape, and he knew it. He heard about 339, and one hot day, staggered in to see about it. The committee can draw on the services of other agencies as needed. Fred was shaky, incoherent, dirty and many weeks unshaved. Before anything more was attempted, he was sent to the Receiving Hospital for five days of rest and vitamins.

Eddie Rohan, whose prognosis, on the basis of his record, was most unfavorable, turned out to be one of the committee's pleasant surprises. He's one of the ten-in-one who get the idea immediately and progress toward firm recovery without a relapse.

The first step, with Eddy, was to let him get some resentments off his chest. The counselor, who had himself wielded a mean bottle in his day, agreed that Eddie's father was no ideal parent and the prison sentence had been cruelly unjust. Still, he said, it was no reason for destroying oneself. Other men had survived worse deals and were now sober, working and happy. Perhaps Eddy would like to meet some of them. He went to AA and found congenial friends. For a couple of weeks he took temporary jobs, dishwashing. Then he got a permanent job in a hotel, which he still holds.

The pattern of Fred's recovery is less smooth - and more typical. In the beginning, Fred called twice a week at 339 for conferences, began attending AA meetings and got a job in a factory. His wife came down to talk about reconciliation. In six months debts were paid off and Fred was back with his family. He took a night job as a waiter, in addition to his factory job. The counselors at 339 suggested that he ease up; one job was enough. But Fred drove on. One night dead tired, he took another drink - then another, and another. He lost both jobs and his family, and stayed drunk on skid row two months. He returned to 339, asking if he might try again. "I wasn't really listening to AA the first time. This time I know I'll make good." He's been back on the job four months now, the debts are paid off again, and his wife is pondering.

Of the committee's 1670 clients, about 250 are, like Eddie, very probably in the clear. Another 500 are, like Fred, still troubled by relapses. The committee has bright hopes for their recovery. "The thing we watch for," Bill Sterling told me, "is the significant change in attitude. When hostility and resentment begin to make way for a little humility and trust, a man's chances sharply improve." Of the remainder, 520 never came back, and 400 the committee does not think it can help at this time.

The influx of new men off the Avenue has affected nearby AA groups. The

prophecy surely-and it rang true, because that is the sort of girl I was, fifteen years ago-likeable, attractive, and an extraordinary nice little thing.

My parents were what is known as "comfortably off." They sent me to boarding school, bought me beautiful clothes, and gave me a car and the biggest allowance of any girl in college.

Five years later I was an alcoholic, drinking like a crazy woman. You may wonder how a woman can call herself an alcoholic, particularly a woman as genteel and delicately reared as myself. The reason is that I have joined AA and become a realist. I know what I am, and am not afraid to admit it. Alcoholics are people who are unable to drink normally. With us one drink is too many-a hundred too few. We can never succeed in becoming controlled drinkers-and we know it. Our only answer is to stop, and that, as every alcoholic knows, is a torturously difficult thing to do.

In some ways this is going to be a hard story to write. In other ways it will not be as difficult as you might imagine, because to tell you the truth, I like to talk about myself. All alcoholics, drunk or sober, are communicative. We are the most social-minded people in the world, and born good-doers. Alcoholics Anonymous brought me back to sanity and decency, and now I want to tell what AA does, how it works, and why. In order to do this, I must confess to a congenital weakness and a life of many shameful things. But in order to help others, I am glad to write this intensely personal true confession.

Because AA pledges its members to anonymity, I cannot tell my name. I am thirty-four years old, married to a successful professional man, and live on Long Island. My father is the salt of the earth and a pillar of respectability, and my mother one of the best women God ever made.

When I was a girl we had wine at our house only on Sunday mornings when the cook served a bit of sherry on top of the grapefruit. Mother was a teetotaler except for the grapefruit, and Father never drank anything stronger than beer. I attended a convent outside of Chicago, and was graduated at nineteen from a leading women's college. The family moved from the Midwest to New England when I entered college. They wanted to cushion life for me, to make everything as soft and pleasant as possible.

During senior year I fell in love with a boy from Tech and became engaged. Getting married seemed like fun, and the family raised no objections. Tom is four years older than I am, and for all he has been through, a good person, I guess. At least he tried to help me. And if, in the process, he was pretty badly hurt himself, that is my fault. I will tell you more about Tom later.

We were married in August in Trinity Church, and had a reception afterward at the Copley Plaza Hotel, where the guests toasted us in grape juice. We

went to Bermuda on our honeymoon, and although there were a dozen brides on the boat, my clothes were the prettiest, my bathing suits the smartest, and my evening dresses the most stunning. Our wedding trip was a gift from the family. Dad had cabled that every attention be paid us, and our suite was fragrant with roses and lilies. The orchestra played our favorite tunes. The wine steward brought champagne to our table.

"I suppose," said Tom, "we should drink it. But you know Ann, I think the stuff is terribly over-rated."

"So do I," I said. "It tickles my nose." And we told the steward not to bring any more.

Tom had a chemist's job with an engineering firm in the Midwest. He had wanted to take an apartment in the city, but my family was moving back to the suburb in which I had grown up, and I persuaded Tom to commute. He had enough money (a tiny legacy) to furnish the little flat of his dreams. But I wanted a house. I argued that Tom should spend what he could, and let my family do the rest-and, as usual, I had my way.

We lived fourteen blocks from the family, and every day Mother and I had luncheon together. Her bridge group took me up, and I joined the Woman's Club. They thought I was "cute," and called me the Child Bride. Looking back I know how thoroughly they spoiled me- Mother and Dad and their friends-and how tragic it was. For nearly two years I lived in this over-protective, loving atmosphere.

Then Tom was transferred. Our next home was in a fashionable suburb of New York. Mother helped us get settled, and at first I thought New York was going to be fun. But when Mother went back to Illinois and I had the whole day to myself, I soon changed my mind. In the mornings I dove Tom to the station. Then there was nothing to do until he came home.

Nobody came to call, and I did not know how to make friends. Sometimes at the Shopping Center women nodded and smiled, but the ability to respond seemed frozen within me, and I turned stiffly away.

"If people don't want to be friendly, so what? I demanded. "I can get along all right."

"But maybe they do. All you do is mope," complained Tom. "Why don't you get interested in something?"

"Because I don't want to. For goodness sake leave me alone!"

It was my fault and we began to grow apart. When I continued to rebuff him, Tom literally left me alone.

Loneliness is the root of most misery, and salvation lies in work and service. Years later I was to pray, "For work to do and strength to do the work, I thank Thee, Lord." But in those days I was too filled with self-pity to get a good look at myself. My husband did not understand me, I thought, my parents neglected me. Life was horrible, and it was everybody's fault but mine.

Reviewing my life, I realize now how completely I have always conformed to the alcoholic pattern. Medical studies tell us that most alcoholics are emotionally immature, and that many are spoiled, touchy by nature, and tormented by loneliness.

Tom had been drinking for about eighteen months before I got started, but Tom is no alcoholic. He can "take it or leave it." Competition at the plant was terrific, and he had to make good or be fired. He was frightened, he felt bad about being transplanted, and he was lonely, too.

He joined a golf club and did most of his drinking at the nineteenth hole. Once in a while he brought someone home. If I had one or two drinks with them-swell, as Tom would say. If I didn't-okay.

Then one night two of the men had their wives with them, and for the first time in months Tom seemed glad to have me around. After a few drinks we made some sandwiches, and before long the boys were harmonizing. Our guests stayed until midnight, and we all agreed that it was a wonderful evening.

"Honey," said Tom as we were going to bed, "you took to those high balls like a duck to water."

"It was the first good time I've had out here," I defended myself. "You've been drinking for ages, Tom, and now I'm going to catch up."

I didn't though-not that summer. Tom's laboratory moved to Long Island, and I never saw those women again.

We rented a house halfway between a church and a golf club. This time, I thought, we'll join the church and I'll also take up golf. On several consecutive Sundays we attended service. A number of people said how-do-you-do, and a few tried to make conversation, but Tom was uncommonly uncommunicative, and I was too shy to respond. Although I love having people around me, I cannot reach out for them. Soon I was to discover that liquor bolstered my opinion of myself and made it easier for me to respond to friendly overtures.

It was the woman across the street who taught me how to drink. May Eldredge was a complete extrovert, energetic and capable-and with true kind-heartedness she took us under her wing. On Fridays, she told us, the crowd usually had a party. They were meeting at her house for cocktails,

then going to Smith's for dinner. If we'd like to go, maybe I would give her a hand with hors'd oeuvre?

Would I! I went over in mid-afternoon, and May and I made dozens of canaps of cheese and chicken paste. We also slipped bits of lobster into squares of puff pastry, and rolled ripe olives in strips of bacon. While I buttered rounds of toast, May mixed martinis.

"We might as well get off to a good start," she said.

By the time the guests came, May and I were pretty high. It was a happy crowd, and by the time I had downed my sixth or seventh cocktail I thought they were the nicest people I had ever known. The party lasted until almost dawn, and the next night we were at it again.

May telephoned Saturday afternoon.

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Alcohol was that prop, and although I could go on the wagon for a while, I didn't see how-day in and day out-I could live without liquor. Only an alcoholic can understand the prison of loneliness and fear into which we lonely people retreat over a fancied slight or hurt.

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There was a family conference, and the next day Mother and I flew home to Dad. For several days I was desperately ill.

"Ann," said Mother one morning, "Aren't you sorry you and Tom didn't have a baby?"

I was too sick to speculate. "Oh, I don't know. It's too late now. I'll never live with Tom again."

A few days later a big box came from Marshall Field's. In it was a complete layette-little shirts and booties and tinny dresses with wee tucks, sweaters and bonnets, and baby blankets. Why I cried I don't know-weakness perhaps.

"Dad and I have arranged to take a baby from the Foundling Home," announced Mother. "We're just borrowing her, really. We thought you'd help us take care of her-a little girl, Ann."

I didn't want a baby any more than I wanted wings.

"That's fine," I said. "I'd love to, Mother."

Mother patted my hand hopefully. "Then you be a good girl," she said, "and hurry up and get well."

My nerves were completely shot. I had the shakes so bad that I could not life a glass to my lips. I took fruit juice through a tube, and even fruit juice nauseated me.

Before I was up, the baby arrived. Mother brought her to my bed, and when that baby held out her little arms, I felt for the first time that I had something to live for.

I tried to give up drinking for Christine's sake, and for Mother's sake I

tried to go to church on Sundays. But it wasn't any use. I had neither the moral nor the physical strength to do what I wanted to do. Every morning I would crawl into the bathroom and pour myself half a glass of whiskey from a bottle I kept hidden in the hamper, after which I would brush my teeth, gargle, chew a piece of gum, and smoke a cigarette.

An alcoholic can almost always get liquor. I bullied Tom into bringing me a quart, and bribed the cook for another. The doctor had ordered some for medicinal purposes. I hid it and pretended the bottle had broken. I was seldom, during my career as an alcoholic, without liquor. To get it, I wept, lied, and threw mad tantrums-but I got it.

Finally I became better. An alcoholic usually does after illness. For a while I even went on the wagon. That was when Mother, in an effort to save my marriage, suggested that I take Christine and go back to Tom.

For six weeks after I went home I didn't take a drink (this is usual after illness), and everything was fine. Tom fell in love with Christine as soon as he saw her. If she had been our own little girl, it would have been impossible for either of us to love her more. Everybody loved the child including the Eldredges-and May took to coming to the house again. While Christine was having her afternoon nap, we would have a few drinks. And before long I was up to my old tricks.

For years Tom had tried to make me stop drinking, and succeed only in rubbing me the wrong way. He did not know that alcoholism is a disease; that an alcoholic is a very sick person who cannot be reasoned with. Nagging, of course, is worse than useless. Indeed the first tenet of AA is that no one can make an alcoholic stop drinking.

When I was first told that I was an alcoholic I was horrified. It was a woman from the adoption agency who told me. Mother realized that if anyone could straighten me out it was Christine. She suggested we adopt the child but adoption is a long drawn-out process.

When the woman assigned to investigate us came to the house, I went through the customary routine of gargle, gum and cigarette-and imagined that I had acquitted myself satisfactorily. Tom and I were college graduates. Our joint income was more than \$15,000 a year. We had an attractive home, and were obviously devoted to the baby we wished to adopt. That, it seemed to me was enough to make us good parents. But the adoption agency thought otherwise.

"Mrs. C-----" the report read, "although an intelligent and somewhat charming person is unfit to be awarded legal custody of a child."

Outraged, we appealed to the courts. A stern judge heard our story.

"The social worker," I told him earnestly, "came to my house in the

afternoon after I'd had a few cocktails. Another time she came in the evening. I admit, Your Honor, that I had been drinking—a highball or two. Sometimes she came in the morning. She saw me bath and feed the baby. She knows that the child is well-cared for—that my husband and I adore her. But that woman has accused me of being an alcoholic. Why, Your Honor, I hate the taste of liquor! I drink because I am lonely and miserable, because it is the only way I can keep going. When we adopt Christine, things will be different. When she is my own"

The judge rustled the papers of a voluminous report. "Adoption denied," he said.

Tom says I fainted. All I remember is a feeling of desolation-of utter, terrible loneliness—a feeling of being caged. When I came to, I was in a hospital and all around me was loneliness.

Tom had taken me home and called a doctor. Then he went to a drugstore for medicine. While he was gone, I partially recovered my senses, and found a bottle of liquor. Before he came back I had finished it and passed out. They took me to the hospital in an ambulance. For days I was horribly sick, and underneath and on top of the nausea were waves of loneliness that washed over me like the sea.

One day a woman came and sat by my bed. If I really wanted to stop drinking I could, she said. There was an answer to my problem. There was a remedy that really worked. She was a graduate nurse, she said. Awhile ago she had married and had children. Then she started to drink. For fifteen years she drank. She lost her husband, her children and her home. They put her in an institution, and there, at last, she found the remedy. I could find it too, she said. And if I wished, she would help me. Day after day she came and sat by my bed.

Later I was to learn that my doctor had sent for her. At many hospitals where alcoholics are taken to "dry out" a physician or clergyman contacts a member of AA to talk to remorseful patients.

At first I only listened half-heartedly. By and by, I talked a little to her. God had forsaken me, I wept. He had taken away my baby.

"But you are completely out of touch with God," she said. "You have done things of your own weakness opposed to God's holy will."

She said that I must submit my weak will to God, and let Him handle my difficulties. God's law was the Law of Love, she explained, and all my resentful feelings were unconscious disobedience to that law. As I grew stronger, she brought a lawyer who had been a heavy drinker, and he, too, sat by my bed and talked. And the things he said made sense.

"Drinking never solves a problem-it only makes matters worse." I thought of Christine, and tears rolled down my cheeks. "Alcoholics are allergic to drink as other people are allergic to certain foods, to dust, or flowers. There isn't any cure for an alcoholic, except just stopping."

When I was stronger I went, for a little while, to live with the nurse. She had several friends who were alcoholics, and they came often to call. After I went home, feeling much stronger, she asked if I would go to the hospital to visit other alcoholics as she had visited me. The first time I went, I was filled with the old shyness that furnished the "reason" for my first drinking. But the sight of every new alcoholic was an object lesson, and I soon enjoyed going. My visits served a dual purpose-by helping others I was helping myself.

"You must want to quit," my new friends told me, "because God never forces anyone to do His will. His help is available, but must be sought in earnestness and humility."

I soon found that by placing my life in God's hands every day, and asking Him to help me to be a sober woman for twenty-four hours, I was able to do His will. God is all-loving and all-forgiving, and I know that he will not let me down. I know that I cannot cure myself, and that doctors cannot cure me, that my strength must come from God, and that without Him, I am helpless and alone.

There are no secrets about AA, and we are not an overly religious group. We are happy because we have found friends who understand us. No one but an alcoholic can really understand an alcoholic. Clergymen are often censorious, loving women weep and nag, men curse their brothers out-but we who have been through the mill understand one another.

A member of AA wrote a little verse called "About Love" that was read at one of our recent meetings. AA's laughed when they heard it-but it's the truth:

The wonderful love of a beautiful maid,

The love of a staunch true man,

And the love of a baby afraid

Have existed since life began.

But the greatest love-the love of loves-

Even greater than that of a mother,

Is he tender, passionate, infinite love

Of one drunken bum for another.

On August 14th I will be 35 years old, and on that day Tom has promised to go with me to the Judge who said we could not have Christine. I want to tell him how my honest attempt to practice a law of love has cleansed me.

I will say, "Your Honor, I am no longer weak and lonely, but fit now to be a mother to the baby I love." And the Judge, I hope, we give me Christine for my own.

If you know someone who honestly wants to conquer the liquor habit, tell him-or her-about Alcoholics Anonymous, P.O. Box 459, Grand Central Annex, New York, N.Y.

Source: True Confessions, July 1945

MAYBE YOU KNOW US ONLY AS ALCOHOLICS. YOU SCORN US
YOU SHUN US. BUT PERHAPS AFTER YOU HAVE READ MY
STORY, YOU WILL PITY US INSTEAD, AND UNDERSTAND
A LITTLE BETTER-
WE ARE LONELY PEOPLE

as told to Eleanor Early

When I was graduated from college the class prophet predicted that I would marry a prominent citizen, become president of the Women's Club, and be known as the richest, prettiest and most popular woman in town. A wholesome prophecy surely-and it rang true, because that is the sort of girl I was, fifteen years ago-likeable, attractive, and an extraordinary nice little thing.

My parents were what is known as "comfortably off." They sent me to boarding school, bought me beautiful clothes, and gave me a car and the biggest allowance of any girl in college.

Five years later I was an alcoholic, drinking like a crazy woman. You may wonder how a woman can call herself an alcoholic, particularly a woman as genteel and delicately reared as myself. The reason is that I have joined AA and become a realist. I know what I am, and am not afraid to admit it. Alcoholics are people who are unable to drink normally. With us one drink is too many-a hundred too few. We can never succeed in becoming controlled drinkers-and we know it. Our only answer is to stop, and that, as every alcoholic knows, is a torturously difficult thing to do.

In some ways this is going to be a hard story to write. IN other ways it will not be as difficult as you might imagine, because to tell you the truth, I like to talk about myself. All alcoholics, drunk or sober, are communicative. We are the most social-minded people in the world, and born good-doers. Alcoholics Anonymous brought me back to sanity and decency, and now I want to tell what AA does, how it works, and why. In order to do this, I must confess to a congenital weakness and a life of many shameful things. But in order to help others, I am glad to write this intensely personal true confession.

Because AA pledges its members to anonymity, I cannot tell my name. I am thirty-four years old, married to a successful professional man, and live on Long Island. My father is the salt of the earth and a pillar of respectability, and my mother one of the best women God ever made.

When I was a girl we had wine at our house only on Sunday mornings when the cook served a bit of sherry on top of the grapefruit. Mother was a teetotaler except for the grapefruit, and Father never drank anything stronger than beer. I attended a convent outside of Chicago, and was graduated at nineteen from a leading women's college. The family moved from the Midwest to New England when I entered college. They wanted to cushion life for me, to make everything as soft and pleasant as possible.

During senior year I fell in love with a boy from Tech and became engaged. Getting married seemed like fun, and the family raised no objections. Tom is four years older than I am , and for all he has been through, a good person, I guess. At least he tried to help me. And if, in the process, he was pretty badly hurt himself, that is my fault. I will tell you more about Tom later.

We were married in August in Trinity Church, and had a reception afterward at the Copley Plaza Hotel, where the guests toasted us in grape juice. We went to Bermuda on our honeymoon, and although there were a dozen brides on the boat, my clothes were the prettiest, my bathing suits the smartest, and my evening dresses the most stunning. Our wedding trip was a gift from the family. Dad had cabled that every attention be paid us, and our suite was fragrant with roses and lilies. The orchestra played our favorite tunes. The wine steward brought champagne to our table.

"I suppose," said Tom, "we should drink it. But you know Ann, I think the stuff is terribly over-rated."

"So do I," I said. "It tickles my nose." And we told the steward not to bring any more.

Tom had a chemist's job with an engineering firm in the Midwest. He had wanted to take an apartment in the city, but my family was moving back to the suburb in which I had grown up, and I persuaded Tom to commute. He had enough money (a tiny legacy) to furnish the little flat of his dreams. But I

wanted a house. I argued that Tom should spend what he could, and let my family do the rest-and, as usual, I had my way.

We lived fourteen blocks from the family, and every day Mother and I had luncheon together. Her bridge group took me up, and I joined the Woman's Club. They thought I was "cute," and called me the Child Bride. Looking back I know how thoroughly they spoiled me- Mother and Dad and their friends-and how tragic it was. For nearly two years I lived in this over-protective, loving atmosphere.

Then Tom was transferred. Our next home was in a fashionable suburb of New York. Mother helped us get settled, and at first I thought New York was going to be fun. But when Mother went back to Illinois and I had the whole day to myself, I soon changed my mind. In the mornings I dove Tom to the station. Then there was nothing to do until he came home.

Nobody came to call, and I did not know how to make friends. Sometimes at the Shopping Center women nodded and smiled, but the ability to respond seemed frozen within me, and I turned stiffly away.

"If people don't want to be friendly, so what? I demanded. "I can get along all right."

"But maybe they do. All you do is mope," complained Tom. "Why don't you get interested in something?"

"Because I don't want to. For goodness sake leave me alone!"

It was my fault and we began to grow apart. When I continued to rebuff him, Tom literally left me alone.

Loneliness is the root of most misery, and salvation lies in work and service. Years later I was to pray, "For work to do and strength to do the work, I thank Thee, Lord." But in those days I was too filled with self-pity to get a good look at myself. My husband did not understand me, I thought, my parents neglected me. Life was horrible, and it was everybody's fault but mine.

Reviewing my life, I realize now how completely I have always conformed to the alcoholic pattern. Medical studies tell us that most alcoholics are emotionally immature, and that many are spoiled, touchy by nature, and tormented by loneliness.

Tom had been drinking for about eighteen months before I got started, but Tom is no alcoholic. He can "take it or leave it." Competition at the plant was terrific, and he had to make good or be fired. He was frightened, he felt bad about being transplanted, and he was lonely, too.

He joined a golf club and did most of his drinking at the nineteenth hole. Once in a while he brought someone home. If I had one or two drinks with them-swell, as Tom would say. If I didn't-okay.

Then one night two of the men had their wives with them, and for the first time in months Tom seemed glad to have me around. After a few drinks we made some sandwiches, and before long the boys were harmonizing. Our guests stayed until midnight, and we all agreed that it was a wonderful evening.

"Honey," said Tom as we were going to bed, "you took to those high balls like a duck to water."

"It was the first good time I've had out here," I defended myself. "You've been drinking for ages, Tom, and now I'm going to catch up."

I didn't though-not that summer. Tom's laboratory moved to Long Island, and I never saw those women again.

We rented a house halfway between a church and a golf club. This time, I thought, we'll join the church and I'll also take up golf. On several consecutive Sundays we attended service. A number of people said how-do-you-do, and a few tried to make conversation, but Tom was uncommonly uncommunicative, and I was too shy to respond. Although I love having people around me, I cannot reach out for them. Soon I was to discover that liquor bolstered my opinion of myself and made it easier for me to respond to friendly overtures.

It was the woman across the street who taught me how to drink. May Eldredge was a complete extrovert, energetic and capable-and with true kind-heartedness she took us under her wing. On Fridays, she told us, the crowd usually had a party. They were meeting at her house for cocktails, then going to Smith's for dinner. If we'd like to go, maybe I would give her a hand with hors'd oeuvre?

Would I! I went over in mid-afternoon, and May and I made dozens of canaps of cheese and chicken paste. We also slipped bits of lobster into squares of puff pastry, and rolled ripe olives in strips of bacon. While I buttered rounds of toast, May mixed martinis.

"We might as well get off to a good start," she said.

By the time the guests came, May and I were pretty high. It was a happy crowd, and by the time I had downed my sixth or seventh cocktail I thought they were the nicest people I had ever known. The party lasted until almost dawn, and the next night we were at it again.

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"Poor baby," she murmured, as she bathed my discolored face and slipped bits of ice between my swollen lips. "What can I do for you, darling?"

"Leave me alone," I moaned. "I want to die."

There was a family conference, and the next day Mother and I flew home to Dad. For several days I was desperately ill.

"Ann," said Mother one morning, "Aren't you sorry you and Tom didn't have a baby?"

I was too sick to speculate. "Oh, I don't know. It's too late now. I'll never live with Tom again."

A few days later a big box came from Marshall Field's. In it was a complete layette-little shirts and booties and tinny dresses with wee tucks, sweaters and bonnets, and baby blankets. Why I cried I don't know-weakness perhaps.

"Dad and I have arranged to take a baby from the Foundling Home," announced Mother. "We're just borrowing her, really. We thought you'd help us take care of her-a little girl, Ann."

I didn't want a baby any more than I wanted wings.

"That's fine," I said. "I'd love to, Mother."

Mother patted my hand hopefully. "Then you be a good girl," she said, "and hurry up and get well."

My nerves were completely shot. I had the shakes so bad that I could not life a glass to my lips. I took fruit juice through a tube, and even fruit juice nauseated me.

Before I was up, the baby arrived. Mother brought her to my bed, and when that baby held out her little arms, I felt for the first time that I had something to live for.

I tried to give up drinking for Christine's sake, and for Mother's sake I tried to go to church on Sundays. But it wasn't any use. I had neither the moral nor the physical strength to do what I wanted to do. Every morning I would crawl into the bathroom and pour myself half a glass of whiskey from a bottle I kept hidden in the hamper, after which I would brush my teeth, gargle, chew a piece of gum, and smoke a cigarette.

An alcoholic can almost always get liquor. I bullied Tom into bringing me a quart, and bribed the cook for another. The doctor had ordered some for medicinal purposes. I hid it and pretended the bottle had broken. I was seldom, during my career as an alcoholic, without liquor. To get it, I wept, lied, and threw mad tantrums-but I got it.

Finally I became better. An alcoholic usually does after illness. For a while I even went on the wagon. That was when Mother, in an effort to save my marriage, suggested that I take Christine and go back to Tom.

For six weeks after I went home I didn't take a drink (this is usual after

illness), and everything was fine. Tom fell in love with Christine as soon as he saw her. If she had been our own little girl, it would have been impossible for either of us to love her more. Everybody loved the child including the Eldredges-and May took to coming to the house again. While Christine was having her afternoon nap, we would have a few drinks. And before long I was up to my old tricks.

For years Tom had tried to make me stop drinking, and succeed only in rubbing me the wrong way. He did not know that alcoholism is a disease; that an alcoholic is a very sick person who cannot be reasoned with. Nagging, of course, is worse than useless. Indeed the first tenet of AA is that no one can make an alcoholic stop drinking.

When I was first told that I was an alcoholic I was horrified. It was a woman from the adoption agency who told me. Mother realized that if anyone could straighten me out it was Christine. She suggested we adopt the child but adoption is a long drawn-out process.

When the woman assigned to investigate us came to the house, I went through the customary routine of gargle, gum and cigarette-and imagined that I had acquitted myself satisfactorily. Tom and I were college graduates. Our joint income was more than \$15,000 a year. We had an attractive home, and were obviously devoted to the baby we wished to adopt. That, it seemed to me was enough to make us good parents. But the adoption agency thought otherwise.

"Mrs. C-----" the report read, "although an intelligent and somewhat charming person is unfit to be awarded legal custody of a child."

Outraged, we appealed to the courts. A stern judge heard our story.

"The social worker," I told him earnestly, "came to my house in the afternoon after I'd had a few cocktails. Another time she came in the evening. I admit, Your Honor, that I had been drinking-a highball or two. Sometimes she came in the morning. She saw me bath and feed the baby. She knows that the child is well-cared for-that my husband and I adore her. But that woman has accused me of being an alcoholic. Why, Your Honor, I hate the taste of liquor! I drink because I am lonely and miserable, because it is the only way I can keep going. When we adopt Christine, things will be different. When she is my own"

The judge rustled the papers of a voluminous report. "Adoption denied," he said.

Tom says I fainted. All I remember is a feeling of desolation-of utter, terrible loneliness-a feeling of being caged. When I came to, I was in a hospital and all around me was loneliness.

Tom had taken me home and called a doctor. Then he went to a drugstore for

medicine. While he was gone, I partially recovered my senses, and found a bottle of liquor. Before he came back I had finished it and passed out. They took me to the hospital in an ambulance. For days I was horribly sick, and underneath and on top of the nausea were waves of loneliness that washed over me like the sea.

One day a woman came and sat by my bed. If I really wanted to stop drinking I could, she said. There was an answer to my problem. There was a remedy that really worked. She was a graduate nurse, she said. Awhile ago she had married and had children. Then she started to drink. For fifteen years she drank. She lost her husband, her children and her home. They put her in an institution, and there, at last, she found the remedy. I could find it too, she said. And if I wished, she would help me. Day after day she came and sat by my bed.

Later I was to learn that my doctor had sent for her. At many hospitals where alcoholics are taken to "dry out" a physician or clergyman contacts a member of AA to talk to remorseful patients.

At first I only listened half-heartedly. By and by, I talked a little to her. God had forsaken me, I wept. He had taken away my baby.

"But you are completely out of touch with God," she said. "You have done things of your own weakness opposed to God's holy will."

She said that I must submit my weak will to God, and let Him handle my difficulties. God's law was the Law of Love, she explained, and all my resentful feelings were unconscious disobedience to that law. As I grew stronger, she brought a lawyer who had been a heavy drinker, and he, too, sat by my bed and talked. And the things he said made sense.

"Drinking never solves a problem-it only makes matters worse." I thought of Christine, and tears rolled down my cheeks. "Alcoholics are allergic to drink as other people are allergic to certain foods, to dust, or flowers. There isn't any cure for an alcoholic, except just stopping."

When I was stronger I went, for a little while, to live with the nurse. She had several friends who were alcoholics, and they came often to call. After I went home, feeling much stronger, she asked if I would go to the hospital to visit other alcoholics as she had visited me. The first time I went, I was filled with the old shyness that furnished the "reason" for my first drinking. But the sight of every new alcoholic was an object lesson, and I soon enjoyed going. My visits served a dual purpose-by helping others I was helping myself.

"You must want to quit," my new friends told me, "because God never forces anyone to do His will. His help is available, but must be sought in earnestness and humility."

I soon found that by placing my life in God's hands every day, and asking Him to help me to be a sober woman for twenty-four hours, I was able to do His will. God is all-loving and all-forgiving, and I know that he will not let me down. I know that I cannot cure myself, and that doctors cannot cure me, that my strength must come from God, and that without Him, I am helpless and alone.

There are no secrets about AA, and we are not an overly religious group. We are happy because we have found friends who understand us. No one but an alcoholic can really understand an alcoholic. Clergymen are often censorious, loving women weep and nag, men curse their brothers out-but we who have been through the mill understand one another.

A member of AA wrote a little verse called "About Love" that was read at one of our recent meetings. AA's laughed when they heard it-but it's the truth:

The wonderful love of a beautiful maid,

The love of a staunch true man,

And the love of a baby afraid

Have existed since life began.

But the greatest love-the love of loves-

Even greater than that of a mother,

Is he tender, passionate, infinite love

Of one drunken bum for another.

On August 14th I will be 35 years old, and on that day Tom has promised to go with me to the Judge who said we could not have Christine. I want to tell him how my honest attempt to practice a law of love has cleansed me.

I will say, "Your Honor, I am no longer weak and lonely, but fit now to be a mother to the baby I love." And the Judge, I hope, we give me Christine for my own.

If you know someone who honestly wants to conquer the liquor habit, tell him-or her-about Alcoholics Anonymous, P.O. Box 459, Grand Central Annex, New York, N.Y.

Source: True Confessions, July 1945



literature that might show how this particular slogan developed into part of AA wisdom.

Mike

p.s. By the way, one of my most hated AA lines spoken by some members is the put down on thinking that goes something like, "some of my best thinking got me here...." meaning that somehow thinking (maybe in the form of denial or rationalization...) got them to become an alcoholic. Can't think of anything further from the truth for me: I was an alcoholic because I had a disease, an allergy if you like, which combined with my actual drinking eventually developed into a compulsion. I came into AA because I realized (by means of thought and feeling and grace....) that I didn't have to do that anymore, that there was an option. If I hadn't been able to think, I'd still be out there.

|||||

+++Message 855. 1st edition Big Book Uk printing
From: NMOlson@aol.com 3/8/2003 3:57:00 AM

|||||

A new contact from London sent me the following query. Can anyone help?

He writes:

"I got this book recently. It is smaller than the normal, hardback no dustcover, it is yellow with a thin red line at top and broader one at bottom. Do you have any info on this or could you make enquiries???"

If anyone has any information which could help identify this book, please let us know.

Nancy

|||||

+++Message 856. Re: Origin of "Think, Think, Think"?
From: ricktompkins 3/8/2003 1:03:00 PM

|||||

Hello Mike, welcome to AAhistorylovers, and your request for background on the AA Grapevine's placard of "Think, Think, Think." From previous postings in the egroup, the advertising headline "think" was well-known in the 1940s and 1950s from IBM.

Alanon Publications. After the foreword there is the following statement

In arranging for the re-printing of this book for distribution in the Sterling Area, we acknowledge with extreme gratitude the tremendous help we have received from the American Co-founders, the Alcoholic Foundation and the General Service Head Quarters of New York; firstly in giving us permission to re-print and then for their cheerfully given encouragement and generous material help. In making this work available more freely within the Sterling Area it is our earnest hope that many thousands more will find, as we have found, recovery from alcoholism and a new and happy way of living

Page one then starts with "The Doctors Opinion"

There are a few library stamps on the inside

Any help about this book would be appreciated

Peace

Robert S

=====

+++Message 858. Fr. Ralph Pfau, AKA Fr. John Doe
From: NMOlson@aol.com 3/9/2003 1:56:00 AM

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Dear AA History Lovers:

I have just discovered that this post was not transferred to the new list. It was originally posted on the anniversary of Fr. Pfau's death, February 19.

Nancy

From: nmolson@a... [34]

Date: Tue Feb 19, 2002 7:32 am

Subject: Fr. Ralph Pfau, AKA Fr. John Doe

Today is the anniversary of Fr. Ralph Pfau's death. He is believed to have been the first Roman Catholic priest to enter Alcoholics Anonymous.

Fr. Pfau was born on November 10, 1904, and died on February 19, 1967.

He was a priest in the Archdiocese of Indianapolis, ordained at St. Meinrad Seminary, and received an MA in Education at Fordham University.

In the opening paragraph of his autobiography, "Prodigal Shepherd," Father Pfau wrote: "All my life, I will carry three indelible marks. I am a Roman

Catholic priest. I am an alcoholic. And I am a neurotic."

I will address these in reverse order:

HE WAS A NEUROTIC

He admits to having "nervous breakdowns," and spending time in sanitariums. He was twice relieved of his parish. Even after achieving sobriety, he continued to be plagued by depressions, which were sometimes severe and long-lasting.

HE WAS AN ALCOHOLIC

He never had a drink until about a year after his ordination. But by 1943 he was sufficiently worried about his drinking to investigate A.A. While responding to a call from a woman who said her husband was dying, he learned from the doctor that the man was not dying by merely passed out from a combination of alcohol and barbitol. As Fr. Pfau was leaving the house he noticed a book on a shelf and asked if he could borrow it. It was "Alcoholics Anonymous."

When he arrived home it was past 3 a.m., and he was longing for a drink. But he could not take a drink. He had to say Mass at 6 a.m., so could neither eat nor drink. But he knew he couldn't sleep, so he sat down in a chair and started reading the book. And he couldn't take his hands off that book.

Day after day for three or four weeks, whenever he had a spare hour or two he would sit in his room reading, studying and thinking. He didn't miss a day reading the book through at least once. It became seared in his brain, "word for word, comma for comma, question mark for question mark." He knew it from cover to cover. And to his amazement, during that entire period he did not take a drink.

One evening he noticed some AA pamphlets on a side table in the vestibule of the rectory. At supper he asked who had left the pamphlets and learned that they were left by Doherty "Dohr" Sheerin, described by the pastor as "the president or something of A.A. here in Indianapolis."

Fr. Pfau studied the pamphlets as thoroughly as he had studied the Big Book, but he couldn't believe they applied to him. He was not an alcoholic, or so he thought.

During this period of not drinking he stepped up the medication the doctor had prescribed, a combination of barbitol and Dexedrine.

He was frightened and he needed help. So one night he telephoned Dohr Sheerin and asked "I was just wondering -- could I possibly see you some time? I'd like to talk to you about -- something. There's no hurry."

"I'll be right over," was the reply, and Dohr Sheerin hung up the phone before Fr. Pfau could reply. Sheerin invited him to attend the meeting the following Thursday. He agreed to attend "just as a spectator." They talked for a few minutes more and Dohr left. That was November 10, 1941, Fr. Pfau's 39th birthday.

For the next 25 years, despite severe problems with depressions, he never took another drink. For a short time he continued to take medications prescribed by his doctor and by Mayo Clinic. But after seeing a friend who had overdosed on seconal he hurried to a doctor in charge of the local "drying out" facility and told him that he was frightened. "I just got back from Mayo, where they gave me a couple hundred pills to take for my nervousness. But now I don't know what to do with them."

"Well," said the doctor, "those people know what they're doing up there. Did you tell them you are an alcoholic?" He then explained that if the doctors at Mayo Clinic had known he was an alcoholic they would never have given him the pills. So he went home and threw away the pills.

With the approval of his Archbishop, he devoted himself to helping other alcoholics, particularly alcoholic priests. He traveled more than 50,000 miles a year to address meetings, conduct retreats and help individuals.

His retreats were attended by thousands of Catholics and by many more thousands who were not Catholics. His retreat talks were eventually published in a series of "Golden Books." They were so named because when he held the second annual retreat in June of 1947, at the request of some of the people who had attended the first retreat his talks were printed in a fifty-six page booklet with a gold cover, and distributed as a souvenir, through the generosity of the owner of the archdiocesan newspaper in Indianapolis. People began requesting copies of "the golden book of your retreat."

His books "Sobriety Without End," and "Sobriety and Beyond," have been read by thousands.

In 1948 he founded the National Clergy Conference on Alcoholism, an organization devoted to the problems of priests, and directed it for many years. Its publications, especially "Alcoholism Source Book for Priests," and the annual "Blue Book," made a deep impact on the American Catholic Hierarchy.

Fr. John C. Ford, S. J., in an Epilogue to a new edition of Pfau's autobiography, published after his death but planned by him, says that "the whole career of Father Pfau can only be understood in the light of the fact that he was a pioneer. He broke new ground. ... Like any pioneer he met opposition and had to have fortitude. Like any Christian innovator he had to

have deep faith. It was faith and fortitude that sustained his zeal for the salvation of the countless souls he helped."

Bill Wilson had warned Fr, Pfau that he would receive opposition:

"Bill, a fine gentleman, taught me something I've never forgotten. 'Father,' he said, 'you will do a great deal of good in a great many places. As a Catholic priest and an alcoholic, you can be instrumental in helping alcoholics wherever you go. But remember this -- no matter how well you do, no matter how much you help others or how many you help, no matter what you say or how you say it, no matter what happens -- you can't and won't please everyone. Wherever you go and whatever you do, someone will find a way to criticize you.

"You must take the criticism, no matter how unjustified, with tolerance and forbearance. Remember that resentments can lead to trouble, so you must work doubly hard not to harbor them. Don't ever let anything bother you. I have taken criticism from unexpected sources many times since we began this program, and so will you. Just let it roll off your back like water off a duck's, and you'll be all right."

While Father Pfau obviously had great affection for Bill Wilson, he apparently did not always agree with him. Four o'clock on Sunday afternoon July 3, 1955, at the International A.A. Convention in St. Louis, was a watershed moment in the history of Alcoholics Anonymous. The fifth General Service Conference met during the Convention. This marked the end of the five-year trial period for the Conference.

Bill Wilson had campaigned for the Conference vigorously.

But Father Pfau, who was influential, though controversial, had announced he was going to rise and speak against it. When Bill presented his resolution and a vote of approval was requested, reported Nell Wing, "We from the office sat with baited breath." But Father Pfau did not object and the resolution passed.

Tex Brown, who died October 5, 2000, told me this story at the International Convention in Minneapolis a few months before his death. I asked him to write it for the AA History Buffs.

Tex attended the first International A.A. Convention in Cleveland in 1950. He told me "At the 'Spiritual Meeting' on Sunday morning the main speaker's topic dealt with the idea that the alcoholic was to be the instrument that God would use to regenerate and save the world. He expounded the idea that alcoholics were God's Chosen People and he was starting to talk about AA being 'The Third Covenant,' when he was interrupted by shouted objections from the back of the room. The objector, who turned out to be a small Catholic priest, would not be hushed up. There was chaos and embarrassment

as the meeting was quickly adjourned. I was upset and in full sympathy with the poor speaker. I did not realize it at the time, but I had seen Father Pfau in action and Father Pfau was right. I had heard the group conscience and I rejected it."

Bill told the story like this:

"On Sunday morning we listened to a panel of four A.A.s who portrayed the spiritual side of Alcoholics Anonymous -- as they understood it. ... A hush fell upon the crowd as we paused for a moment of silence. Then came the speakers, earnest and carefully prepared, all of them. I cannot recall an A.A. gathering where the attention was more complete, or the devotion deeper.

"Yet some thought that those truly excellent speakers had, in their enthusiasm, unintentionally created a bit of a problem. It was felt the meeting had gone over far in the direction of religious comparison, philosophy and interpretation, when by firm long standing tradition we A.A.'s had always left such questions strictly to the chosen faith of each individual.

"One member rose with a word of caution. [Apparently he was referring to Fr. Pfau.] As I heard him, I thought, 'What a fortunate occurrence.' How well we shall always remember that A.A. is never to be thought of as a religion. How firmly we shall insist that A.A. membership cannot depend upon any particular belief whatever; that our twelve steps contain no article of religious faith except faith in God -- as each of us understands Him. How carefully we shall henceforth avoid any situation which could possibly lead us to debate matters of personal religious belief."

HE WAS A ROMAN CATHOLIC PRIEST

For many years he doubted the validity of his priesthood. He had not chosen it. His mother wanted him to be a priest from the day he was born and would frequently introduce her little boy by saying "This is Ralph. He's going to be a priest." He was unsure he wanted to be a priest, and for many years, especially during his periods in sanitariums, and during the worst periods of his alcoholism, he continued to doubt the validity of his ordination. But he eventually came to believe that, though he had not chosen the priesthood, he was chosen for it.

Father Ford wrote at this end of his Epilogue: "Those who knew Father Ralph best, those who knew him when he was sick and when he was well, those who saw at first hand the evidence of his devotion to the cause of Christ, and to the sick alcoholic in whom he always saw Christ -- and this despite the severest trials that depression can inflict -- are the only ones who have a right to estimate the accomplishments of his life's work. Fortunately these accomplishments live on in the organization he founded and in the countless

lives of those who found sobriety and peace, under God, through Ralph Pfau.

"May his courageous soul rest in peace."

SOURCES:

"Prodigal Shepherd," by Father Ralph Pfau and Al Hirshberg. [Father Pfau had planned that this new edition of his autobiography be published, as had his previous works, under his pen name "Fr. John Doe." But since he died prior to its publication it was decided to use his name. Apart from the author, whenever a person is mentioned who is a member of A.A. only the first name is used. The sole exception is in the case of Doherty Sheerin who was the founder of A.A. in Indianapolis. The name of Doherty Sheerin, deceased at the time of publication, was used with the permission of his widow, Mrs. Dorothy Sheerin.]

Unpublished manuscript on the history of A.A. by Bob P.

Talk by Bill Wilson on 1950 Convention, date unknown.

Conversations with Tex Brown in July 2000.

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+++Message 859. Royalties
From: Bob Ellis 3/9/2003 8:03:00 AM

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The Speaker at a meeting I attended last week said, Dr. Bob's and Bill W.'s families still receive royalties for the 'Big Book' . . . Does anyone know if this is true and if so, how much they get ? . . . Thanks in advance . . .
~ Bob ~

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+++Message 860. Re: Royalties
From: phxsami@webtv.net 3/9/2003 6:37:00 PM

=====

At our AA History Conference, held here in Phoenix, Feb 21 - 23, "Smitty" was one of our speakers.

And, yes, he did mention that royalties had been paid to him as a member of Dr.Bob's family.

Hope that answers at least a part of your question. :-)

>From: hollylake@att.net (Bob Ellis)
>Date: Sun, Mar 9, 2003, 7:03am
>(MST+1)
>To: AAHistoryLovers@yahoogroups.com >Subject: [AAHistoryLovers]
Royalties >Reply to:
>AAHistoryLovers@yahoogroups.com

The Speaker at a meeting I attended last week said, Dr. Bob's and Bill W.'s families still receive royalties for the 'Big Book' . . . Does anyone know if this is true and if so, how much they get ? . . . Thanks in advance . . .

~ Bob ~

keep it
simple
sami

=====

+++Message 861. Re: Royalties
From: ricktompkins 3/9/2003 9:19:00 PM

=====

The royalty agreements for proceeds from the Big Book were negotiated by the Alcoholic Foundation Board through Works Publishing, Inc. in the early 1940s and were subsequently re-confirmed by the future General Service Boards and the acceptance of General Service Conferences.

Dr. Bob declined any royalties, period. The Rockefeller dinner contribution of 1941 paid off his mortgage, his proctology practice did regain clients in the 1940s, and he and his family (by then, just he and Anne) were able to live comfortably in Akron.

Bill, on the other hand, while being the major author of the Big Book and the most active traveler for the A.F. Board and AA as a whole, rightly received royalties that he could survive on...That survival was not made of riches, either.

I recall a story of his visit to Seattle in the mid-1940s where the AA members there took up a collection to get him a decent suit, so much was threadbare. Even the many furnishings in the home at Stepping Stones were handed down from Lois' family---while picking up and looking at a few of the silver-plate items there today, I noticed price tags that could have come from garage sales!

The Wilsons did not live extravagantly, even as the Bedford Hills region is now an enclave of well-to-do Americans.

Bill provided full disclosure of his finances whenever or not they were in question, including reports to each Conference after 1951.

Ironically, it was only after his death that larger amounts of royalty proceeds went to Lois. The royalty agreements included a percentage from all of Bill's books (including the initial agreement with the Big Book). I don't know the percentage, but it may have been 10% at maximum. That means that 35 cents came from Big Book sales, 25 cents from 12 & 12 sales, etc.

The royalty agreement was negotiated only with Bill.

What's called a "Codicil" to a Will, a revision, further distributed whatever sub-percentage of royalty amounts, specified by Bill, to his relatives and others: Lois, his mother, his sister, any nieces and nephews, his secretary Nell Wing, and so on. Nell Wing may have gotten the last small percentage of the original Codicil amount from Bill's estate, along with a very few distant nieces or nephews that received an even smaller amount.

Lois outlived Bill by seventeen years and was provided royalties to her own estate for ten years past her death, subject to the original royalty agreements, and by 1998 all the royalty commitments were basically fulfilled. Nell Wing is still alive and in a nursing home, and there may be a distant niece or nephew that might receive a very small stipend today, and that's all the royalties that are distributed today---they most likely come from Lois' estate and Will.

Interestingly enough, Lois once offered to decline all royalties for contribution back into the AAWS General Fund and it was declined by the Conference. The major amounts of Lois' royalties were placed in the Stepping Stones Foundation as an endowment for the property---again, their receipt ended in 1998, ten years after her death.

There are no royalties from the Big Book or any other AA literature distributed today, in accordance with Bill's estate and Will and its Codicil changes.

All monies from AA literature, over expenses, go directly into the AAWS General Fund.

Dr. Bob's own personal First Printing First Edition Big Book was offered by his son, Smitty, to the AAWS Archives (GSO Archives) for a certain amount of money, and perhaps it assisted putting his own children through school, helped buy a house, etc.

Sue Windows, his daughter, sold family items (golf clubs, letters, house items) to the Chester Kirk Foundation at Brown University in Rhode Island a few years before her death, and the amount she received would have allowed her to live comfortably.

Unfortunately, Bill, the speaker you heard is promoting a half-truth and is contributing to a mythology that those of us in AA Archives service attempt to dispel. Today, there's almost no one living to receive any royalties, and the royalties actually ceased in their distribution five years ago.

Yours in the Fellowship,

Rick T.

p.s. there was once a folder on an AA website that printed an "edited" version of Bill's Royalty Agreement with Works Publishing, A.A. Publishing, and A.A. World Services, Inc. The same site had another folder with an "edited" version of his Last Will & Testament (along with the Codicil to the Will). Many AAs contacted the webmasters of the site and requested that it got removed, and it's no longer posted on the World Wide Web anymore.

Perhaps it's personal family business that none of us will ever need to know---I certainly view that as true.

A.A. Archives and A.A. History anonymity surely includes confidentiality and a certain sensitivity that is a part of our ethics. Just like the phrase in Step Nine, "except when to do so would injure them or others." And as in Tradition Ten, of issues outside of A.A..

Hope this helps answer your question. ---R.T.

----- Original Message -----

From: Bob Ellis

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, March 09, 2003 7:03 AM

Subject: [AAHistoryLovers] Royalties

The Speaker at a meeting I attended last week said, Dr. Bob's and Bill W.'s families still receive royalties for the 'Big Book' . . . Does anyone know if this is true and if so, how much they get ? . . . Thanks in advance . . .

voice gasps, "I can't walk." We try to help the man to his feet but he collapses. Delahanty goes to the call box.

The ambulance arrives quickly, and within 11 minutes the man is in the accident ward of Boston City Hospital, one of the three largest municipal hospitals in the country. Dr. Maurice Constantin, an intern, gives the man a quick examination. He has to decide whether this is just an ordinary drinker who has been celebrating, or a man suffering from one of the serious mental and physical illnesses which result from alcoholism. If he has one of these illnesses, he will be treated with the same consideration and expert care that he would get if he had heart trouble or double pneumonia. For alcoholism, is a disease, and it is sternly regarded as such by everyone at Boston City, from Dr. John F. Conlin, superintendent, down to the newest intern.

The warmth of the accident room revives the man; he is more responsive now; he says that his name is Dennis O'Toole. (the names of all patients in this article are disguised) Dr. Constantin applies a stethoscope to the patient's chest, takes his pulse and strips his trousers off. He frowns when he sees that both legs are badly swollen up to the thighs. He feels the soft flesh just below the right rib cage, finds that the edge of the man's liver can be felt three finger-breaths below the last rib. This enlargement is strongly suggestive of a fatty or badly scarred liver. Obviously, Dennis O'Toole is not an occasional drinker; he is a really sick man.

Constantin learns that this is O'Toole's eight visit to Boston City, that he had been drinking hard for months, has eaten little during this period. O'Toole answers all questions rationally enough, but his out-stretched hands are tremulous, and his breath comes in labored gasps. Constantin notes particularly his eyes: they can be made to deviate only slightly from center. He suspects at once that, no matter what else is wrong with O'Toole, he is suffering from Wernicke's disease, a disorder of the nervous system.

Carl Wernicke brought this disease to the attention of the medical profession in 1881. Today it is routine for a receiving intern to examine a possible alcoholic patient for its presence. Wernick's disease is caused chiefly by a lack of thiamine (vitamin B1). If not caught early, irreparable damage to the brain may occur; if not treated adequately, death may result. Two other things about O'Toole indicate vitamin deficiency: his tongue is smooth and red; his skin is dry and hangs loosely.

The intern rapidly records his preliminary diagnosis to guide the doctors on the wards: "Chronic alcoholic; possible Laennec's cirrhosis; rales, lower right lung field; peripheral edema; Wernicke's disease."

"Get him up to Medical Three," he tells an orderly. "Stop on the way for chest X ray."

There is no alcoholic ward at Boston City. Dr. Conlin and his staff feel that confinement in such a ward puts a psychological burden on a sensitive patient. So Dennis O'Toole is wheeled into Medical Three.

Dr. Brendan M. Fox, the intern on duty, takes blood, urine and sputum specimens, and verifies Dr. Constantin's findings. Now he tests O'Toole for the serious and tragically common mental component of Wernicke's disease: Korsakoff's psychosis, named for Sergei Korsakoff, one of Russia's most brilliant psychiatrists, who discovered it in 1889.

The disease takes the form, mainly, of loss of memory, particularly for recent events. Seen almost exclusively in alcoholics, its primary cause is likewise nutritional deficiency. Often, by the time it manifests itself, damage to the brain is so great that the patient is committed to a mental institution as incurable.

O'Toole is fortunate. Unlike nine out of ten patients with Wernicke's disease, he is lucid.

Now Dr. Fox helps O'Toole to his feet and asks him to walk across the room. O'Toole walks like a man on stilts, his feet far apart. Fox notes the word "ataxia" - inability to coordinate voluntary muscular movements - on the chart. Then he gives his patient an injection of chlorpromazine, a tranquilizing drug, and puts him to bed.

O'Toole falls into a deep sleep. Fox orders intravenous feeding of thiamine, plus liquids low in salt content (in case of any serious heart ailment).

Dennis O'Toole, 42, unemployed, was getting the kind of attention that many could not afford. To the staff of Boston City he was not a drunken derelict but a very ill patient whom it was their duty to help.

Eight days later I sat with Dennis O'Toole in a ten-bed ward. He proudly showed me his completely normal legs. I told him how a number of doctors had studied his case, and of the various (and expensive) drugs which had kept him alive.

"They take pretty good care of you at that," he said complacently.

I asked O'Toole how much he drank. He evaded the question by saying he was just a social drinker - which is the stock answer I received from dozens of alcoholics. Sure, he drank every day, he said, but you couldn't really call him an alcoholic.

How much whiskey did he drink each day? A pint?

"A pint!" he exploded. "Mister, when I'm drinkin', I spill more than a pint a day."

Now that O'Toole is in fairly good physical condition, the staff concerns itself with his rehabilitation. A psychiatrist visits him daily and tries to gain his confidence. But O'Toole has talked with psychiatrists before; he listens with apparent sympathy but with little understanding.

Father Laurence M. Brock, S.J., for ten years chaplain of Boston City, visits O'Toole every day, and the patient obviously likes the big, rugged priest. O'Toole even drops in to the beautiful little chapel on the ground floor to hear Mass. But when you ask the priest if he has made any progress, he shakes his head sadly.

"I never ask a man to sign the pledge that he will never drink or even that he won't take a drink for six months or a year," he says. "I find that the pledge works only when the patient asks to take it. Very, very few of the Dennis O'Tooles ever make it. I phoned Alcoholics Anonymous and they sent a man to see him. He promised to attend a few of their meetings. I doubt he will. The rehabilitation of an alcoholic has to come from within.

"We have about 2000 beds here at the hospital. If it weren't for alcohol, we could get along with a lot fewer. Go over the accident cases; a great many are the result of drinking. And far too many other patients are here because alcohol made them susceptible to disease."

Before Dennis O'Toole is discharged, Resident Dr. Stanley M. Silverberg has a long talk with him. He pleads with him to return to visit Dr. Iver Ravin's out-patient clinic for alcoholics. He tells O'Toole of the drug called Antabuse, designed to help him overcome his alcoholic habits. A pill is taken each morning, and if the patient then takes a drink, he is overcome by violent nausea.

"Doc, I don't need any of them gimmicks to stay sober," O'Toole says earnestly. "I don't need no head doctor nor no priest or A.A. guy holding my hand. I got will power!"

And so Dennis O'Toole leaves Boston City Hospital. The institution has done everything humanly possible to help him. But it can't make him help himself. Even the most skilled experts in medical, psychiatric and spiritual counseling cannot make O'Toole admit that he has no control over alcohol. He is a chronic alcoholic who refuses to believe that he is slowly committing suicide.

One cannot say that Dennis O'Toole is a typical alcoholic, for there is no typical victim of this disease. Nor does the scourge stalk only the Skid Rows of the big cities. Less than 15 per cent of our four and a half million alcoholics dwell in the Dover Streets and Boweries of the land.

If nature exacts its usual inexorable toll, a tall, good-looking man of

about 50 who is registered at Boston City under the name of Peter Slocum will be either dead or buried alive in a mental hospital within a short time. Slocum was found stumbling across Boston Common talking incoherently. Reasonably well-dressed with money in his pocket, he might just have had one too many. But the intern on duty at Boston City needed only a few minutes to make the diagnosis: Korsakoff's psychosis, in an advanced stage.

A few days after Slocum was admitted, a man came to the hospital in search of a missing brother. He found that the man registered as Peter Slocum was indeed his brother. He told me his alcoholic history and allowed me to visit with him.

Slocum had been an alcoholic for 20 years, and had taken a dozen "cures" at private institutions. During most of this time he had held a good job as a sales director, but now he had come to the end of the road. I spent considerable time with him but he never remembered me from one visit to the next. One time the doctor with me asked, "Do you know where you are Peter?"

"At my sister's home in Malden," Slocum said in a soft, gentle voice. (Contrary to general opinion, few alcoholics are violent. Chaplain Brock refers to them as "the gentle people.")

"He has no sister, nor any relatives in Malden," the doctor said to me. We talked with Slocum for an hour, but it was impossible to establish any real communication.

Dr. Kermit H. Katz, visiting physician who is chief of the 5th and 6th Medical Services at the hospital, had investigated Slocum's history thoroughly. "He was always good at his job," Dr. Katz explained. "He was the man who took clients out when they came to Boston. He'd drink with them at lunch and then drink with another group at dinner. He did this for years, until finally there came a time when he didn't merely want a drink - he needed a drink. He never really liked the taste of alcohol, but to keep going he had to have a few eye-openers in the morning. Then came the final step: he had to drink constantly.

"He'd go away and get straightened out temporarily, but he always had to return to the bottle. Now? We've tried everything science has taught us. But I can't see any hope. There is too much organic damage. I wish that those who could still rehabilitate themselves could see Peter Slocum today."

Certainly the example of Slocum is a sobering one. Even more sobering is the experience of listening to a patient in the grip of delirium tremens, the final stage of prolonged alcoholism. Come with me to a private room in the 5th Medical Service at Boston City.

Mrs. Rogers, age 36, once an attractive brunette, is the patient. When I saw her she had been in delirium tremens for five days. Usually the symptoms

abate within 72 hours. She lay in bed "in restraint" - her wrists and legs attached by cuffs to the side of the bed, but loosely enough to permit some movement.

Her husband had brought her to the hospital in a state of coma after she had suffered an alcoholic epileptic seizure. She made a partial recovery from the seizure and then had slipped into delirium tremens. She had been a heavy drinker for 12 years. Her husband said that she drank beer steadily each morning and then shifted to wine in the afternoon. He himself was a moderate drinker. Their home? The husband had finally sent their two children to relatives. He had only a deep and gentle pity for the woman who had been his wife for 17 years. She was being given oxygen through a nasal tube. Glucose, water and vitamins were being injected intravenously.

Her eyes were wide open, and she was carrying on an animated conversation, all of it meaningless. When the doctor pointed to me and asked, "Mrs. Rogers, do you know this man?" she said in what appeared to be a normal voice, "Yes, that's my brother Steve. Where is Anne? Oh, here she is"-a white clad nurse had entered the room. "I like your brown hat, Anne, but it doesn't go with that plaid skirt Steve, the water is running. Turn it off, Steve. Make him turn it off, Anne - it's up to your ankles. Now it's up to your waist. You stay here if you want - I'm going to the kitchen."

The doctor said, "I've turned it off, Mrs. Rogers. It's all right." The patient seemed reassured. But in a few moments she was babbling something equally fantastic. When we left, she was talking animatedly about a little dog she believed to be in bed with her. Twenty-four hours later Mrs. Rogers stopped talking forever.

SOMEWHERE in Boston today there is a girl named Therese, working as a waitress. She came to Boston City in an alcoholic coma, more dead than alive; the whole resources of the hospital were regimented in an effort to save her. She was in such grave condition that she was given a private room, and during her first two weeks a nurse was with her 24 hours a day.

Some of the drugs given Therese during the three months of her hospitalization were: penicillin, paraldehyde, chloral hydrate, an extract of rauwolfia, chlorpromazine, thiamine, codeine, sulfisoxazole (a sulfa drug) and tetracycline (an antibiotic). She had two electro-cardiograms, two chest and kidney X- rays, ten urinalyses, 11 blood counts, a Papanicolaou smear test (for vaginal cancer) and several blood cultures.

She was taken to the operating room on two occasions, at which time she received the most modern (and expensive) anesthesia, and had a complete gynecological survey. A sternal puncture was done, and the marrow was cultured for bacteria. The state of her liver was assessed by performing a liver biopsy (removal of a small portion of the organ for microscopic examination). Visiting physicians held half a dozen conferences to determine

the best way to treat her various physical and mental ills.

I studied the complete medical and surgical record of Therese's three-month stay in the hospital. Included were reports from eight internists, one gynecologist, two pathologists, one general surgeon, five laboratory and X-ray technicians, one heart specialist, two neurolog-ists and a specialist in lung disease. Therese finally walked out of the hospital in fairly good health.

What did her treatment cost the taxpayers of Boston?

Dr. Katz looked puzzled when I asked him that question, for at Boston City great importance is placed upon the life of a patient but much less on the cost of preserving that life. However, Dr. Katz went through the file and estimated that the cost to a paying patient in a private hospital for the drugs, laboratory tests, medical, surgical and nursing attention that Therese had received would have been at least \$5000. (It might be noted that Katz and 500 other visiting doctors and psychiatrists give their skill and time to Boston City patients with no recompense at all.)

The budget at Boston City is 16 million dollars a year. When you ask Dr. Conlin how much of that is consumed in the care of alcoholics, he smiles, "Does it matter? They are just as sick as men and women who come here with meningitis or cancer and, as you've seen, they are treated the same. Happily, both the profession and the public are finally beginning to realize that alcoholism is a disease and not a form of adult delinquency."

What can be done for the advanced alcoholic?

Alcoholics Anonymous, which has an active membership of about 150,000, is still, doctors believe, the most impotent of all forces for rehabilitating the alcoholic. But Boston keeps trying to find other, even better answers. It is an uphill fight.

Far out in Boston Harbor is a small island connected with the mainland by a causeway. This is the home of the Long Island Hospital (part of Boston City), an institution for sufferers of chronic diseases. Chronic alcoholics, of course, make up only a portion of the hospital's patients, but it is a discouraging portion. For despite the heroic efforts being put forth, the number who can be classified as "cured" is so low as to be frightening.

Dr. David Myerson, the hospital's psychiatrist, recently completed a three-year study of 101 alcoholics here. Fifty percent had attended high school. And some of these had once held good jobs in business or industry. Virtually all had lost all family relationships, and for them had substituted the illusionary companionship found in local taverns.

Each patient had entered Long Island voluntarily, with an avowed desire to

for Love

Five million Americans—many of them once sober-responsible citizens—are today confirmed alcoholics. Why have they sacrificed happiness for the tragic life of a compulsive drinker? Here, in a remarkably frank report, are some reasons that may surprise you.

BY FARRELL AND WILBUR CROSS

"I don't remember the exact time or place that I finally admitted to myself that I was a problem drinker, an alcoholic, a drunk. The realization just grew and grew until, finally, it overwhelmed me—like a big breaker that rolls in relentlessly when your swimming at an ocean beach."

Arthur Johnson (all names used in this article are fictitious; the situations are real) was thirty-seven. He'd been drinking since college days, like most of his friends, in a social way. Occasionally, he had really "tied one on" and become high, if not outright drunk, at a big party or a sales convention. Only in the last two years had the drinking started to follow a recognizable pattern.

"It got so that I would look forward to weekends, not because my wife and I had anything special planned or because I would be with my two sons, eight and ten, but because there would be some excuse for having drinks. WE could always invite some neighbors in for highballs. Or, if my wife didn't feel sociable, I'd go off bowling—just so I could have drinks with the boys afterwards. It wasn't that I liked whisky or even the glow of warmth that most people feel after a cocktail. It was that there was something missing if I didn't start injecting my system with alcohol."

Johnson soon found that his alcoholic hunger was extending over into weekdays too. As a sales executive, he had many opportunities for taking customers out to lunch. Soon he was doing this every day, along with frequent stop-offs for drinks at bars in the late afternoons, after leaving the office.

"Most of the time, I wouldn't get home until two or three in the morning. My relationships with my wife and kids got pretty rough. I kept making promises. And sometimes I'd keep them for several weeks. I found that I could resist that inner compulsion as long as I stayed on the wagon. No drinks at all. But then I'd get annoyed at myself and almost deliberately set out to prove to myself I could have two drinks—no more."

Triggering a Chain Reaction

Johnson found that it did not work. Once he downed a single drink, something in his system was triggered off, and he had to keep right on until he was drunk. He began to have blackouts, waking up with piercing hang-overs, and

not being able to remember where he had been the night before.

"It really hit me when my wife packed up and left with the two boys. I arrived home in an alcoholic haze, long after dawn one day. I had no idea where I'd been. My clothing was all wrinkled and stinking of whisky. I had a big bruise on my cheekbone. The house was empty. There wasn't even a note."

Arthur Johnson tried to do something in the face of this new crisis. He cried. He made deep resolutions. He decided to call his wife-not to plead with her to come home again, but to tell her she was right in leaving. To tell her that he was going to straighten out now, to get a new job, to give up drinking, to become a proper husband and father. He started to reach for the phone again and again, the message composed on his lips. But it was too hard. One drink would help him get over the shakes. He remembered where he had part of a pint hidden down in the cellar. As he stumbled down the back stairs he walked right back into the problem, with no end in sight but another blackout, and another.

Jane Byers took the same kind of downhill slide, But on a different route. A housewife, thirty-five, with a six-year-old daughter and an eight year old son, she had never done any drinking at all until after the birth of the second child. Then, for two or three years, her drinking was extremely light. She disliked the taste of liquor, in fact, and was often kidded because she "ruined" good whisky by mixing it with fruit juice or other concoctions to hide the taste.

Driven by Domestic Tensions

"My drinking problems really started just after my husband was transferred and we moved into a brand-new community," she later recalled. "I had always been a very careful housekeeper, but now I wanted everything just right, to let the neighbors see us in our best light. It got so that I was forever screaming at the children or nagging my husband. Whenever neighbors stopped by, it was sure to be at a time when the children had just tracked mud into the hall or had let the dog get hairs all over the new couch, or there would be clothes strewn all over the place."

Jane found, however, that there was one escape from this burning fear that the neighbors would get a bad impression: A big gulp of sherry would calm her nerves. "Then I found that a second gulp would give me a kind of rosy feeling that my visitors were very impressed with my home. It wasn't long before the 'sherry treatment' was solving all my problems. Within a year or so, I had reached the stage where I was drunk several days a week. I had switched to vodka, so that my husband would smell no liquor on my breath. And if I was too tipsy to get dinner, I'd just crawl into bed before he came home and say that I had a terrible headache. By this time, however, he knew what was going on. I had to hide bottles all over the house. I was using up all the money I could get-part of the food money, refunds on clothing I sent

back to department stores, things I could sell at a local secondhand store."

By this time, Jane and her husband were having bitter arguments, night after night, sometimes until almost dawn. "He wanted me to join A.A. But I kept promising, pleading, saying that I'd come around and I wasn't 'that far gone' that I had to join a group of alcoholics.

Jane is still on the way down. Not long ago, she almost set fire to the house. Her husband is afraid to leave her alone with the children when he goes to work. He talked her into going to a psychiatrist, but she stubbornly clings to the idea that she isn't "far enough gone to join AA" or any other group. For her, as with most alcoholics, there is a "rock bottom," a point at which she will give up and admit defeat. How far down her own low point lies is impossible to predict.

More Than a Social Problem

Why should it be that two people like Arthur Johnson and Jane Byers, apparently intelligent people, both with good families and from well-educated back grounds, would seek escape through alcohol? Their cases are neither new nor uncommon. Of the 75,000,000 people in the United States who are "social drinkers," some 5,000,000 are alcoholics. Each year, about 200,000 more are added to the growing list of those who cannot handle alcohol in any form: cocktails, highballs, wine, beer-or even cough medicine. Alcoholism is holding fourth place in the list of top health problems in the country. It ranks only behind mental health, heart disease, and cancer as a destroyer of mankind.

"Alcoholism," says Dr. Marvin Block, Chairman of the American Medical Association's Committee on Alcoholism, "is an attempt to escape reality by the use of a socially accepted drug."

The word "escape" is important. We all need some form of escape from daily living, from time to time. We take our escapes in the forms of vacation, travel, dining out, music, or sleep-to name a few methods. For some people, escape becomes compulsive and may end up in extreme forms, such as gorging on candy, taking dope, having incessant sexual cravings. This is what happens to the problem drinker. "The one trait that potential alcoholics have in common," says Dwight Anderson in his book, *Other Side of the Bottle*, "is a maladjustment towards life. Usually they have let one element of their personality get so out of hand that it is distorted out of all proportion to reality.

He Drank to Fight Hunger

Arthur Johnson's maladjustment was an incessant, though unrecognized, hunger for love. His mother had died when he was quite young; his father had been a brilliant, but dispassionate, professor who never evidenced much affection;

he had disliked his only brother; and when he was married, he selected a girl more because he was "impressed" with her looks and background than because he felt any urgent love for her. Sociologists William and Joan McCord stated, last year, in a report on origins of alcoholism, that "the typical alcoholic is unsure of receiving love from other people; he may also be very unsure of how to give love. The result might often be hesitation to make affectionate overtures to his family."

When this hunger becomes too much to bear, the alcoholic turns, progressively, to alcohol. When alcoholism has taken over fully, it completely blocks out all other forces—love, sex, success drive, desire for food.

Jane Byers, married to a man whom she felt did not understand her, had this same love hunger, though it was revealed in a different form. At first, Jane was what has been called a "dry alcoholic." Her form of excess was her perfectionism. She had to see everything right in its place in her home. When the children were young, this had been easy. But as they became older, she could no longer confine them to the nursery. They were constantly scratching furniture, moving carefully placed ash trays, rumpling up the beds, streaking her new carpeting with dirt. At that point, Jane began her new era—"wet alcoholism."

Is the alcoholic then a type? Not exactly. Since the causes of alcoholism are not fully known, experts do not always agree on who is, or is not, a potential problem drinker. It is only after the drinking has started to follow a pattern (the pattern itself is similar and recognizable) that the finger points to the alcoholic. But alcoholics do seem to have many tendencies in common. Most authorities seem to agree that they have in their make-up some deep-seated need (such as "love-hunger"), some compulsive trait (such as acute perfectionism), or some deficiency (such as extreme sensitivity or shyness). Escape to the bottle neutralizes the problem for them, at least temporarily.

Of all the methods of escape from life—from problems, hardships, labors, personality conflicts, environment, personal fears and inadequacies—alcohol ranks among the oldest. It is referred to in various forms in the earliest historical records. Anthropologists have found evidence that some kind of intoxicating drink was known as far back as the Stone Age. Ancient stills have been found in such widely separated lands as Peru, Tibet, Tahiti, and India. Some three thousand years ago, the inhabitants of Ceylon were drinking toddy and arrack, and before that the Chinese were happily escaping the toils of life via alcoholic beverages known as tchoo and sautchoo. Japanese sake goes far back in that country's history. Mesopotamian history contains accounts of drunkenness, as does many a detailed hieroglyphic from ancient Egypt.

In the United States, the history of alcohol is erratic. It was banned by

many of the early settlers, but used by others for trading with the Indians. The first real distillery in America was set up around 1640 by one William Kieft, a Dutchman, on Staten Island, New York. A rum distillery was established in Boston in the 1650's. Before this, rum was imported from the West Indies.

The attitude towards drunkenness has always been that it represents outwardly in inward disintegration of spirit, morals, and intellect. Around 300 B.C., Diogenes referred to drunkenness as "an expression identical with ruin." The Old Testament states that "the drunkard and the glutton shall come to poverty." The pages of literature of all nations are well salted with inebriated characters who represent varying degrees of social and mental decay—all the way from utter fools to wicked monsters who tortured their wives and beat their children.

Danger Noted.and Ignored

Few men, however, looked with any sympathy at all on the drunkard. When Edinburgh physician Thomas Trotter wrote about alcoholism in 1778, he was way ahead of his time in stating, "In medical language, I consider drunkenness, strictly speaking, to be a disease produced by a remote causeA disease of the mind." Although Dr. Trotter's book received considerable acclaim, its message did not gain wide public acceptance.

By the middle of the nineteenth century, alcohol itself was becoming the target of various groups, ranging from mild dissenters to angry fanatics. One of the most dramatic evidences of the attitude towards alcohol in the United States was the antisaloon war waged by a group of determined women in Ohio in January 1874. The crusaders paraded through the streets, blocked the entrances to saloons (which they referred to by such names as "Hell's Half Acre," "Certain Death," and "Devils Den), and smashed bottles and kegs in the gutter. One group commandeered a locomotive and stationed it so that the brilliant headlight shone on a saloon near the tracks, where any patron who dared to enter was caught like a moth in a flame. Another group organized 40 little girls from a private school into a platoon. Each afternoon, the girls were led to selected positions in front of the town's saloons, where they repeated a shrill and dismal chorus which began, "Say, Mr. Barkeeper, has father been here?"

The result of this publicity was that saloonkeepers closed shop and quit by the dozens. Spurred on by these methods, and their success, other women rallied together to form the famed WCTU (Woman's Christian Temperance Union) and the various Antisaloon Leagues. Many of the women were fanatical to the point where they were a more disruptive force than the so-called drunkards they were attacking. In his book, *Other Side of the Bottle*, Dwight Anderson wrote that one of the most noted temperance leaders "had the temperament that would have led inevitably to alcoholism if she had drank at all."

"Dry Drunkenness"

This kind of excess (sometimes referred to as "dry drunkenness") is seldom seen today. Many religious faiths either disapprove of, or forbid, the drinking of any form of alcoholic beverage—notably Christian Scientists, Quakers, Mormons, Seventh-Day Adventists, and Jehovah's Witnesses. However, they do not try to force their viewpoint on others. We seldom see any devastating crusades against liquor like those waged during the late nineteenth century, and again right after World War I, when the era of Prohibition was launched. But, the kind of warfare waged against the alcoholic today is more long lasting in its effect than any hatchet ever wielded by a member of the Antisaloon League.

Public opinion and the shocked attitude of misinformed people sometimes make it impossible for spouses and families of alcoholics to do anything except try to cover up the drinking problem and hide it from the neighbors. It is the reason why the wife and husband, respectively, of Arthur Johnson and Jane Byers went through their own personal hells while trying to find a solution for the alcoholics they had married. It is the reason why many an alcoholic goes down and down to absolute rock bottom in his drinking before he can finally face his problem squarely.

Mrs. Marty Mann, whose *New Primer on Alcoholism* is one of the most widely recognized books on the subject, says that when the National Council on Alcoholism was founded in 1944, it began "in an atmosphere of almost total darkness. The word `alcoholism' was a taboo word. The public attitude was compounded of ignorance, fear, prejudice, and hostility; and the public attitude included many professional attitudes as well. The `drunkard' was considered hopeless, and wholly to blame for his condition."

That was only seventeen years ago. More advances have taken place since then than during the previous one hundred years, in the study and treatment of alcoholism, but there are still vast areas to cover. Mrs. Mann, executive director of NCA, says that even though alcoholism is recognized as the fourth major health problem in the United States, the funds devoted to the study and towards educating the public are still less than one one-hundredth the amount devoted to cancer or heart disease.

"One of our most important jobs," she says, "is orientation-telling people exactly what alcoholism is, why it should be accepted as a serious illness rather than as an evidence of immorality or weakness of character."

NCA and its affiliates have conducted some interesting tests, which prove the value of educating the public. Though these are not comprehensive or conclusive, they do point up some important facts. During Alcoholism Information Week, NCA affiliates throughout the country interview people-on the street, in stores, or wherever feasible-to see what a town's attitude seems to be about alcoholism. There are frequent references to drinkers as

"bums" or "degenerates" or "people with no sense of responsibility."

After a week or so of intensive educational work with local civic, health, and church groups, interviews are again conducted. The change in attitude has, in most cases, been astonishing. "Almost overnight, people in the community come to realize," Mrs. Mann says, "that the problem drinkers needed as much sympathy and help as a patient with heart trouble or cancer or any one of the other major diseases."

"No Group Is Immune"

Because problem drinking has been veiled for so long in secrecy and shame, certain myths have developed. One is that some occupations breed inebriates ("He always has three Martinis for lunch—that's because he's in advertising."). Another myth is that alcoholism hits certain income groups more heavily than others, such as rich playboys or common laborers.

Jack "Stewart," a long time member of Alcoholics Anonymous, who daily comes into contact with active and recovered alcoholics, told us that alcohol is no respecter of race, class, or occupational group. No group is immune. "Among the alcoholics I know," he said, "Are a religious leader, a truck driver, a college professor, a banker, an old maid, an Army officer, a housewife with four children, a carpenter, a millionaire—almost any kind of person you want to mention."

"Many different types of personalities are capable of becoming addicted to alcohol," says Dr. Ruth Fox, Medical Director of the National Council on Alcoholism. "When tested after their addiction, however, they show a surprising similarity of character traits. Some of these are: an extremely low frustration tolerance, inability to endure anxiety or tension, feelings of isolation, devalued self-esteem, a tendency to act impulsively, a repetitive 'acting out' of conflicts, often an extreme narcissism and exhibitionism, a tendency towards self-punitive behavior, sometimes somatic preoccupation and hypochondriasis. In addition, there is usually, consciously or unconsciously, marked hostility and rebellion."

Although it would be impossible for an observer to recognize an alcoholic before his drinking becomes a problem, there are certain well-marked steps. These have been listed by the Yale Center of Alcohol Studies as follows:

Early Stage:

- 1) Abnormal drinking behavior, not always in regard to quantity, but typified by attitude or actions.
- 2) Blackouts—losses of memory about events of the night before.
- 3) Sneaking and gulping drinks.

4) Chronic hang-overs, increasingly severe and painful.

Middle Stages:

5) Loss of control. Unable to "take it or leave it alone."

6) Alibis, with plenty of excuses for why a drink is needed.

7) "Eye openers"-drinks in the morning as hang-over cures.

8) Changing the pattern-trying beer or wine instead of whisky, but not for long.

9) Solitary drinking, and other antisocial behavior.

10) Loss of Job and friends.

11) Seeking medical aid for drinking.

Late Stage:

12) Benders-drunks lasting several days.

13) Shakes and tremors.

14) The bottle-hiding stage, protecting the needed supply.

15) Resentments and other unreasonable dislikes.

16) Nameless fears and anxieties.

17) Complete collapse of the alibi system. No more excuses are possible.

18) The surrender process-giving self over to someone else for help.

As the alcoholic progresses, his family-frantically trying to halt his downward slide-often takes completely wrong steps. Threats, pleas, pouring drinks down the drain are of no use and frequently serve to complicate the problem. Alcoholics need great love and understanding-even though, paradoxically, their drinking is known as a "strangler of love." Wives and husbands of alcoholics can learn best what to do about their problem by getting in touch with the nearest branch of a group called Al-Anon, made up of nonalcoholic relatives or friends of problem drinkers.

It is usually a long, difficult pull. The alcoholic cannot expect recovery until he faces one fact: the only cure for alcoholism is to give up drinking entirely!

This represents a complete cure, in the sense that the alcoholic can return to a normal life. But it is not a cure in the sense of destroying whatever the unknown element is that causes alcoholism. Periodically, claims are made that some new scientific method or drug has been developed that will permit alcoholics to become normal, social drinkers. So far, these claims have not been valid. There are, it is true, drugs like Antabuse which are used in the treatment of alcoholism. But these are only to help a drinker stay away from alcohol while undergoing treatment. And they should be taken only on the advice of a medical doctor.

For the past few years, the fight against alcoholism has received a tremendous boost from a few large companies which have been willing to stick their necks out and say, "We recognize that from 3 to 6 per cent of our employees have serious drinking problems, and we are doing something about it."

Recognition by Industry

Several notable examples are DuPont, Allis-Chalmers, General Motors, Eastman Kodak, Con Edison, Standard Oil, and the New York Telephone Company. Other companies are reluctant to face the problem—particularly some in the transportation field, who blanch at the idea of having the public know that there could be such a thing as an alcoholic pilot or railroad engineer or bus driver. (The New York Transit Authority, which does have such a program, is one of the notable exceptions.)

By and large, companies have found that there are three types of plans feasible for rehabilitating problem drinkers:

1) The community-oriented plan.

The problem drinker, after reporting to the company medical department, is referred to the local Alcoholism Information Center or clinic. These facilities are completely separated from—though may be partly supported by—the company. He then receives counseling and referral to AA, medical or psychiatric treatment, as indicated.

2) The Alcoholics Anonymous plan. Here the problem drinker is first referred to the medical department for a complete physical checkup. After hospitalization, if necessary, he is turned over to members of AA, who urge attendance at several meetings. The man's participation is purely voluntary, but since he has his company behind him, he is more likely to take action than if the suggestion came from either an outsider or a relative whose urgings might strike "too close to home."

3) The company-integrated plan. This works best with a large organization having many facilities at its disposal, not only medical, but recreational,

legal, counseling, ties with community hospitals, loan services, rest homes, and other resources. Had Arthur Johnson belonged to such an organization, his drinking problem would have been recognized earlier; he would then have realized that others had the same troubles, that it was an illness that he could not fight alone. He could have been helped more easily.

The "False Bottom"

Not all problem drinkers can be rehabilitated, but most companies with active programs report success in well over 50 per cent. Company plans have one strong advantage over family efforts to help a drinker. Many alcoholics are not ready to admit their problem until they have hit absolute rock bottom, when they find themselves in the gutter (literally), in danger of losing homes and family, or in such poor physical condition that the next real bout may kill him. Companies, however, can provide a "false bottom"-usually the threat of firing the drinker from his job. This has proved effective in a countless number of cases-particularly when the alcoholic is detected early, and when the chances for his recovery are best.

If you are concerned about your own drinking habits, check yourself by taking the test which appears on page 49. If a friend or a member of your family is a problem drinker, do not wait until the situation gets out of control. Visit, or write to, any one of the agencies listed above, right.

Even the children of an alcoholic parent can receive help, particularly through Alateen, a fast-mushrooming organization founded in 1957 by the teen-aged son of an alcoholic. Remember, above all, that love and understanding are needed in generous quantities. Though the alcoholic may be so gripped by his illness that his desire for the bottle has seemingly shoved aside all affection, responsibility, ambition, remember that, even more than ever, he needs the devotion and the help of his family-despite the many injuries and humiliations and hardships he may have inflicted on them.

Alcoholics Anonymous has a prayer, which is appropriate not only for problem drinkers but for families who have to share the problems:

"God grant me the serenity to accept the
things I cannot change,
the courage to change the things I can
and the wisdom to know the difference."

If you have no drinking problems whatsoever, the agencies that deal with alcoholics still have some sensible advice for you: enjoy your drink-whether it be beer, wine, or liquor-in moderation. Recognize that alcoholism is a disease, not a disgrace.

Barriers Still to Be Broken

"Since no problem will be solved until it is recognized," says Dr. Selden D. Bacon, one of the country's outstanding authorities on alcoholism, "It is essential to view the barriers of irritation and mistrust commonly met in introducing the problem. The first barrier is that of traditional concepts That alcoholics are weak-willed, morally disgraceful, and disgusting characters."

Above all, remember that there is just as much need for good taste and etiquette in serving alcoholic drinks to others as there is with any other social activity engaged in. "Don't force your guests to drink," pleads the American Medical Association. "It is important for a host or hostess to realize that a certain unknown percentage of guests face the problem of alcoholism, and these people should be able to mingle with other guests , without self-consciousness or embarrassment."

Passport to Nowhere

If you are fortunate enough to be numbered among the 70,000,000 or so "social drinkers" in the United States who have no drinking problems, then alcohol can be a socially acceptable means of escape from normal tensions. In small quantities, such as a daily highball or cocktail, it is occasionally even recommended for healthy, nonalcoholic people by their doctors.

"But you, as a nonalcoholic, have to remember," says AA member Jack "Stewart," that we problem drinkers cannot touch the stuff at all. Some of us are struggling heroically-particularly at the very start of abstinence-to avoid taking that first drink. Just one cocktail will set us off again, no matter how many years we have been on the wagon. For you, a drink is an escape to a world where we can never follow. For us, it's a passport to nowhere."

Source: Cosmopolitan, July 1961

Sidebars Follow

Sidebars

A Thorough, Practical Test

If you are worried about becoming a problem drinker, here is a test recommended by the National Council on Alcoholism, which will all but prove whether or not you are an alcoholic: For six months, stick to a certain number of drinks a day, not less than one and not more than three (standard, one-ounce size). If you are not a daily

drinker, then confine the test to the days when you do drink (such as Friday, Saturday and Sunday). Under no conditions should you exceed the stated number, regardless of what kinds of special occasion arise. The NCA says that even a heavy drinker should have no trouble passing the test, but that "The chances are a hundred to one, however, against a true alcoholic's being either willing or able to undertake the test."

Are You a Potential Alcoholic?

Over the years, Alcoholics Anonymous, the National Council on Alcoholism, Inc., and other interested groups have prepared questionnaires to help a person decide whether he or she is a problem drinker. Here are some of the most important questions asked. How do you rate? ***

- 1) Is drinking making your home life unhappy?
- 2) Does drinking make you careless about family responsibilities?
- 3) Do you drink to escape from worries or troubles?
- 4) Do you drink because you are shy with other people?
- 5) Is drinking affecting your reputation in the community?
- 6) Is drinking lowering your efficiency in your daily work?
- 7) Do you crave a drink at definite times?
- 8) Do you want a drink "the morning after?"
- 9) Have you ever felt remorseful about drinking?
- 10) Do you have financial problems at home because of drinking?
- 11) Does drinking cause you to have difficulty sleeping?
- 12) Have you ever had a complete loss of memory because of drinking?
- 13) Do you drink alone?
- 14) Have your ambitions decreased because of drinking?
- 15) Do you have to make up excuses about drinking too much?

*** If you answered just one or two questions yes, watch yourself carefully. If you answered three or more yes (or if you found

and in the interest of propagating history, it shouldn't be slanted in one direction or the other (pejorative or idyllic).

The information that follows was gleaned from the following:

1. Grateful To Have Been There, Nell Wing (pg 92).
2. Pass It On, AAWS (pgs 235-236 and 393).
3. Dr. Bob and the God Oldtimers, AAWS (pgs 267-269).
4. Bill W., Francis Hartigan (pgs 118-120 and 153-154).
5. Lois Remembers, Lois Wilson (pg 199).
6. Advisory Actions of the General Service Conference of AA, publication # M-39

1938: Feb., prior to publication of the Big Book, Bill and Bob received a \$30 weekly stipend from a \$5,000 fund set up by J. D. Rockefeller, Jr. The bulk of the fund was used to pay off Dr. Bob's mortgage. Bill and Bob were in very severe financial straits.

1940: May, Dr. Bob and Anne were granted 10% royalties on Big Book sales for life. This was initiated by Bill as a condition of he and Hank P. turning over their 2/3 controlling interest of stock to Works Publishing Inc. (and the Alcoholic Foundation Board). Hank, who was drinking at the time, received a \$200 payment for office furniture he claimed he owned. Bill was later granted 10% royalties. I can't find the specific date it started other than "shortly after" Dr. Bob received them.

1942: Oct., Cleveland's Clarence S. raised a controversy when he found out both Bill and Bob were receiving royalties from Big Book sales and he had a confrontation with Dr. Bob over it. Dr. Bob and the Good Oldtimers says "Dr. Bob's reluctance to accept the money faded under the impact of reality."

1947-1950 Dr. Bob had to cope with cancer and his wife's death. The circumstances would not be conducive to his earning a living. His son Smitty is quoted as saying that Dr. Bob's medical practice improved over World War II. However, between Anne's later infirmities and his own, there was likely substantial expenses as well.

Beginning in 1940, both founders were assigned 10% royalties on Big Book sales and they accepted them. It should not be viewed as a pejorative. Dr Bob's royalty assignment would have lapsed at his death (Nov. 16, 1950). Royalty payments to Bill later increased over time and were subsequently defined in a manner that automatically adjusted them to prevent against

"cheap books", inflation and reduction of purchasing power. The matter of transferable royalties did not emerge until 1961 even though Bill negotiated a formal arrangement in 1958. Advisory actions of the General Service Conference show the progression of the royalty agreement:

a. The 1958 General Service Conference "approved the action of the General Service Board in re-assigning to Bill royalty rights in his three books [the Big Book, 12&12 and AA Comes of Age] and in books that he would write in the future, for the duration of the copyrights involved. [Note: later it came to also include As Bill Sees It - formerly The AA Way of Life].

b. The 1961 General Service Conference unanimously adopted a motion that "The Conference recognizes that the publication of cheap editions of AA Big Books would probably reduce the income to World Services, and Bill W's personal income. This Conference unanimously suggests the following to the Trustees: to add a rider to Bill's royalty contract to the effect that, if cheaper books are ever published, Bill's royalties be increased by an amount sufficient to keep the royalty income at the same average level it had been for the five years before cheaper books were published; (further, that) as time goes on, if inflation erodes the purchasing power of this income, the Trustees will adjust the royalties to produce the same approximate purchasing power; this to be effective during the lifetime of Bill and Lois and Bill's legatees."

c. The 1964 General Service Conference recommended that: "An agreement between Bill W., co-founder, and AAWS, Inc. covering royalties derived from Bill's writings be approved. - Under terms of the contract, a royalty of 15% is paid to Bill, except that no royalties are paid on "overseas editions." Royalties are to be paid to Bill and Lois, his wife, during their lifetimes; following the deaths of Bill and Lois, royalties revert in shares of royalties to living heirs. These shares revert to AAWS upon the deaths of the beneficiaries. Not more than 20% may be bequeathed to any heir under the age of 40 years as of the date of the agreement (April 29, 1963). The contract provides protection of royalties against "cheap books" and protection of AAWS and Bill against fluctuations in general economic conditions. AAWS retains the right of "first refusal" on any future literary works of Bill's."

In Bill W. (pg 120), Francis Hartigan states that the main beneficiary of the royalties was Lois (when she was in her 90's). She was prevented from returning any funds based on the AA Tradition of declining outside contributions. Given Hartigan's relationship to Lois, his reporting would seem authoritative and is substantiated by the probate records. Pass it On (pg 236) states "While this royalty was at first very modest, it eventually became substantial and provided both Bill and Lois a lifetime income." Again, this is not a pejorative. While there was a time when Bill and Lois were unable to purchase clothing and depended on others for a place to live, they eventually came to have a comfortable living and deservedly so.

Lois Wilson's' estate was probated. Records can be found on the web as images of the original probate court documents. They also include many of Bill's probate records as well. The following information is not considered "edited":

1. When Bill passed away (1971) his gross estate was nearly \$219,000. His will originally specified legatees to whom he would pass life-interests if Lois did not survive him. The codicil extended authority to Lois to pass life-interests in royalties to her legatees (with age restrictions).

Regrettably (and somewhat awkwardly) the codicil also reduced Lois' overall royalty interests to 90% with the remaining 10% assigned to Bill's mistress, Helen W. [Harigan is rather open about this as are other authors].

2. When Lois passed away (1988) her gross estate was nearly 4 million dollars. Nell Wing was bequeathed Lois' jewelry and personal effects. All other tangible property was bequeathed to the Stepping Stones Foundation. Of the living legatees, Nell Wing was assigned a rather large share. Again, this is not a pejorative. She was dearly loved by both Lois and Bill.

3. For the 90% of royalties she could assign, Lois' legatees had to be living at the time of her death (Oct. 5, 1988). No more than 20% could be assigned to legatees under the age of 40 on April 29, 1963. Two legatees fell into this category - one born June 8, 1923 the other September 18, 1923. I do not know if they survive today. If living, they would be 79.

4. In a 1989 IRS ruling, the 80% portion that Lois had to assign to legatees over age 40 was excluded from the value of her estate. Two legatees in her probate documents were indicated as predeceased. The Stepping Stones Foundation received a rather large assignment of royalties for 10 years after Lois' death.

5. The 1972 General Service Conference voted unanimously that AA not accept the "Stepping Stones" property (the home of Bill and Lois) for any purpose. This is also noted in Not God (pg 267). No published advisory action could be found that declined an attempt by Lois to donate royalty revenues back to AA. This would appear to be a function of Tradition Seven.

Expiration of Royalties

Below is the expiration clause of the royalty arrangement between Bill and AAWS Inc. A significant item states that royalties expire if copyrights expire. I cannot decipher how the expiration of the copyrights on the 1st and 2nd editions of the Big Book affected this or whether it had any effect at all. In other parts of the document Bill and his heirs share legal responsibility for copyright renewal. The agreement is not supposed to extend beyond the lifetimes of legatees named by Lois. This matter is not without its complications in terms of wading through the tortuous legalese:

While a covered work is included within the terms of this agreement, A.A. shall pay to WILSON a royalty of fifteen (15%) percent of the retail price for each copy thereof sold and paid for. No royalties shall be paid on copies furnished gratis by A.A. nor on foreign language editions of a covered work. The obligation of A.A. to pay royalties to WILSON with respect to any covered work included within the terms of this agreement shall expire upon the happening of any one of the following events whichever shall first occur:

The expiration of the United States copyright of such work and any renewals thereof whether such copyright is in the name of A.A. or WILSON; or

a. Upon WILSON's death, all royalties provided for herein shall lapse either wholly or to the extent that such royalties are not validly disposed of by the Last Will and Testament of WILSON (herein referred to as "WILSON'S Will") as hereinafter provided in sub-paragraph "6 c)" infra, or validly assigned under Section "13" infra.

b. WILSON shall have the right in WILSON'S Will to bequeath to his wife LOIS WILSON (herein referred to as "WILSON'S wife") and any other person or persons selected by him who are then living at the time of his death (herein referred to as "approved beneficiaries") a life interest in all or any part of the royalties payable to him hereunder. Upon the death of any approved beneficiary other than WILSON'S wife, the life interest in the royalties payable to such approved beneficiary shall lapse and revert to A.A. With respect to any life interest in the royalties payable hereunder bequeathed to WILSON'S wife, WILSON shall have the right to provide in WILSON'S Will that such life interest shall, upon the death of WILSON'S wife, be divided among any persons selected by WILSON who are living at the time of his death in such proportions as he may designate. WILSON shall also have the right in WILSON'S will to grant to WILSON'S wife the right to designate in her Last Will and Testament duly admitted to probate (herein referred to as "WILSON'S wife's Will") persons selected by her who are then living at the time of her death who shall be entitled to receive a life interest after her death in all or part of the royalties payable to her during her life as provided in WILSON'S Will, and any such beneficiary designated by WILSON'S wife's will shall be deemed an approved beneficiary designated in WILSON'S will with the same force and effect as if specially listed therein. On the death of any approved beneficiary, other than WILSON'S wife, as hereinbefore provided, the percentage or proportion of royalties in which such person was entitled to participate during his lifetime shall be deemed to lapse and revert to A.A. To the extent that WILSON or WILSON'S wife (if WILSON grants to her by WILSON'S Will the power of appointment herein provided for) fail to dispose of royalties in WILSON'S will or WILSON'S wife's Will in the manner hereinbefore provided, the percentage or proportion of royalties not so disposed of shall be deemed to lapse and revert to A.A. Anything contained in this Section "6" to the contrary notwithstanding, not more than twenty

(20%) per cent of the royalties payable hereunder computed on an annual basis shall be bequeathed either under WILSON'S Will and/or WILSON'S wife's Will and/or assigned pursuant to the provisions of "13" infra to persons who are under the age of forty years as of the date of this agreement.

The short form of the expiration clause is in Pass it On, pg 393 and the 1964 advisory action.

Cheers

Arthur

----- Original Message -----

From: ricktompkins

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, March 09, 2003 8:19 PM

Subject: Re: [AAHistoryLovers] Royalties

The royalty agreements for proceeds from the Big Book were negotiated by the Alcoholic Foundation Board through Works Publishing, Inc. in the early 1940s and were subsequently re-confirmed by the future General Service Boards and the acceptance of General Service Conferences.

Dr. Bob declined any royalties, period. The Rockefeller dinner contribution of 1941 paid off his mortgage, his proctology practice did regain clients in the 1940s, and he and his family (by then, just he and Anne) were able to live comfortably in Akron.

Bill, on the other hand, while being the major author of the Big Book and the most active traveler for the A.F. Board and AA as a whole, rightly received royalties that he could survive on...That survival was not made of riches, either.

I recall a story of his visit to Seattle in the mid-1940s where the AA members there took up a collection to get him a decent suit, so much was threadbare. Even the many furnishings in the home at Stepping Stones were handed down from Lois' family---while picking up and looking at a few of the silver-plate items there today, I noticed price tags that could have come from garage sales!

The Wilsons did not live extravagantly, even as the Bedford Hills region is now an enclave of well-to-do Americans.

Bill provided full disclosure of his finances whenever or not they were in

question, including reports to each Conference after 1951.

Ironically, it was only after his death that larger amounts of royalty proceeds went to Lois. The royalty agreements included a percentage from all of Bill's books (including the initial agreement with the Big Book). I don't know the percentage, but it may have been 10% at maximum. That means that 35 cents came from Big Book sales, 25 cents from 12 & 12 sales, etc.

The royalty agreement was negotiated only with Bill.

What's called a "Codicil" to a Will, a revision, further distributed whatever sub-percentage of royalty amounts, specified by Bill, to his relatives and others: Lois, his mother, his sister, any nieces and nephews, his secretary Nell Wing, and so on. Nell Wing may have gotten the last small percentage of the original Codicil amount from Bill's estate, along with a very few distant nieces or nephews that received an even smaller amount.

Lois outlived Bill by seventeen years and was provided royalties to her own estate for ten years past her death, subject to the original royalty agreements, and by 1998 all the royalty commitments were basically fulfilled. Nell Wing is still alive and in a nursing home, and there may be a distant niece or nephew that might receive a very small stipend today, and that's all the royalties that are distributed today---they most likely come from Lois' estate and Will.

Interestingly enough, Lois once offered to decline all royalties for contribution back into the AAWS General Fund and it was declined by the Conference. The major amounts of Lois' royalties were placed in the Stepping Stones Foundation as an endowment for the property---again, their receipt ended in 1998, ten years after her death.

There are no royalties from the Big Book or any other AA literature distributed today, in accordance with Bill's estate and Will and its Codicil changes.

All monies from AA literature, over expenses, go directly into the AAWS General Fund.

Dr. Bob's own personal First Printing First Edition Big Book was offered by his son, Smitty, to the AAWS Archives (GSO Archives) for a certain amount of money, and perhaps it assisted putting his own children through school, helped buy a house, etc.

Sue Windows, his daughter, sold family items (golf clubs, letters, house items) to the Chester Kirk Foundation at Brown University in Rhode Island

a few years before her death, and the amount she received would have allowed her to live comfortably.

Unfortunately, Bill, the speaker you heard is promoting a half-truth and is contributing to a mythology that those of us in AA Archives service attempt to dispel. Today, there's almost no one living to receive any royalties, and the royalties actually ceased in their distribution five years ago.

Yours in the Fellowship,

Rick T.

p.s. there was once a folder on an AA website that printed an "edited" version of Bill's Royalty Agreement with Works Publishing, A.A. Publishing, and A.A. World Services, Inc. The same site had another folder with an "edited" version of his Last Will & Testament (along with the Codicil to the Will). Many AAs contacted the webmasters of the site and requested that it be removed, and it's no longer posted on the World Wide Web anymore.

Perhaps it's personal family business that none of us will ever need to know---I certainly view that as true.

A.A. Archives and A.A. History anonymity surely includes confidentiality and a certain sensitivity that is a part of our ethics. Just like the phrase in Step Nine, "except when to do so would injure them or others." And as in Tradition Ten, of issues outside of A.A..

Hope this helps answer your question. ---R.T.

----- Original Message -----

From: Bob Ellis

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, March 09, 2003 7:03 AM

Subject: [AAHistoryLovers] Royalties

The Speaker at a meeting I attended last week said, Dr. Bob's and Bill W.'s families still receive royalties for the 'Big Book' . . . Does anyone know if this is true and if so, how much they get ? . . . Thanks in advance . . .

~ Bob ~

vaingloriously, "I will never take another drink as long as I live!" but instead, and humbly, "I have not had a drink today-please God I will not take one tomorrow."

I am trying to help this young lad I have mentioned, as I am trying to help others, by helping him to help himself. I tell him, as I tell each and everyone, that alcoholism is no respecter of persons-the truck driver and the movie star, the chorus girl and the school-teacher, they have all come to me with their problems and I am glad they came to me, for these contacts are very potent reminders that I am an alcoholic and that the meager measure between their stagnant hopelessness and my joyous activity is-just one drink.

Why they come to me may be difficult to understand-unless you realize that alcoholism is a disease of body and mind which fact, for years, has brought it beyond the ken of the purely physical or purely mental healers. The pleadings of wives and sweethearts, the terrifying threats of physicians and psychiatrists, the sincere well intended help of spiritual advisers makes no lasting impression on the alcoholic for the simple reason that the understanding is not there and the consequent approach is always wrong.

It seems that only an alcoholic really understands an alcoholic. When this teen-age boy tried to justify himself by saying, "My father is an alcoholic, my mother a drinking woman so what but alcoholism should be expected of me?" He knew that I could talk his language when I promptly punctured his alibi by telling him, "I am the son, the grandson of ministers and missionaries. My home atmosphere and teaching were of the very best-so what but total abstinence should have been expected of me?" I added that just as no man and no woman can be held responsible for causing the disease of alcoholism in another, so no man and no woman can be expected to cure it.

"Then to what, or to whom," the lad asked me, "can I turn for help?"

"To your own desire for a full and happy life," I answered him, "and to faith in a power greater than yourself."

"What is this power greater than myself?" he asked quietly.

I said, "I choose to call it-God."

The story of how I tried every human agency before I found the Truth that made me whole is the story I now wish to tell the readers of RADIO MIRROR-the story of my lost seven years. Not merely a lost "week-end," mind you, but a story of seven lost years at a time when I should normally have been at my best and how a meeting with others like myself made the difference between the outcast that I was and the happy man that I am.

Friends have said of me, "In the beginning, it was just innocent social

drinking with Broke-just going the usual rounds of social and business parties, being one of the boys."

Nonsense. Kindly and well-meant rationalizing but-nonsense. It was never just "innocent social drinking" with me. Mt drinking right from the start, was secret drinking.

Since it was considered a sin at home to take a drink, I "snuck" my first one when I was a senior in high school. Nothing particularly ominous in this, mark you. A fairly routine gesture of boyish bravado, nothing more. The evidence that I was an alcoholic was handed down when, long after maturity had removed the necessity for secret drinking, I found myself avoiding the bars where my pals drank, preferring to go off by myself and drink solo, or with complete strangers. To me, drinking was a sin. This, had I but known it, was the first symptom of alcoholism.

I didn't know it. No man knows, no boy, girl or woman knows whether pr not he, or she, is a potential alcoholic. Like other dread diseases, alcoholism attacks in the dark. It is gradual and by the time it can be diagnosed, it is mighty serious and the victim is in a bad way. But, also like most diseases, there are symptoms-and a sense of guilt in your drinking is one of them.

The "social drinker" indulges in alcohol as a beverage, to stimulate fellowship or to loosen his inhibitions. The alcoholic drinks for an anodyne and for the escape it gives him. The social drinker never thinks of drinking as anything but a social pastime-he wants to relax and have fun openly, and does. The alcoholic soon finds himself alone and unhappy in his drinking. It is as though each drink was added to the last drink in an effort to keep reality at a distance, an effort to stay in an alcoholic suspension where Conscience cannot reach. In my seven years of alcoholism, I can't remember one happy moment, drunk or sober.

There are other warning symptoms, too, and I had them all. It took ever increasing amounts to give me the lift others got with one or two drinks. I always wanted to be the last one at a party and when the festivities were over and the social drinkers went home, I went on, and on..

Let's flash back, momentarily, to those years before the symptoms in my case became apparent. From school days through high school and college I had worked at some forty different jobs-printer, mechanic, the "repertoire"-such as the average boy undertakes. After World War I activity in the Students Training Corps, there followed several years of welfare work. From YMCA "hut" secretary, I went on to campaign work and lay preaching for the Near East Relief. The transition to radio took place in 1924, at which time I became staff announcer for station WJZ. Among my earliest assignments were the now historic broadcasts of the National Democratic Convention held in the old Madison Square Garden, the inauguration of President Coolidge, the

Zev-Epinard race, the first two-way conversation between a plane in flight and myself on the ground, the first air interviews with movie, radio and the theatrical stars, the funeral of William Jennings Bryan, the Lindbergh "Welcome Home" reception and many others.

Yes, as early as 1926 mine was one of the best know voices on the air-the other being that of the late Graham McNamee. When, as the result of a popularity contest, New York's Mayor, the beloved Jimmy Walker, crowned me "King of Announcers," I was earning five hundred a week and no ceiling on potential. My fan-mail was phenomenal.

This brief brochure on the early Brokenshire is not to boast, but simply to make the point that, from the very beginning, I was a potential success in this new medium of radio-and I was scared! I found myself in a job that I felt was too big for me. Each day, each program was a fearful thing. I was afraid I couldn't do the wonderful things expected of me. I wanted to hide, I wanted to get in a hole and pull it in after me. I did. I drank. I drank to find courage to work and I drank in relief when the work was done. When I had enough alcohol, I wasn't the simple lad born in an Ontario backwoods cabin, son of an unknown circuit minister. I wasn't the misunderstood youngster being "let go" from job after job. When I was drinking I wasn't tired or worried, I wasn't afraid. In my cups, I could keep pace with the glamorous life I was living, could rub elbows casually with the name men I was meeting. When I was drinking I had, in short, escaped reality altogether.

The habit-patterns of alcoholics are all the same. Every alcoholic has a "reason," an excuse for his excessive drinking. Some alcoholics drink to "steady their nerves," some because they're so happy, others because they're so sad. Each individual thinks his, or her case is different from every other case in the annals of alcoholism, but this, too, is a common denominator of the disease. Basically, these are all attempts to rationalize a behavior we inwardly know is wrong.

Flashing back once more to my early days in radio, I got through the first year without manifest mishap. But by 1925, I began to be late for appointments. I drank at rehearsals and before broadcasts. I had an over-abundance of jubilation. During one such moment I smashed the window of the control room. When my escapades became such that they could no longer be overlooked, I was punished by being sent to a local station in Washington, D.C.

Not long afterward, as a reward for good behavior, I was recalled to New York and made Chief Announcer, of the super-power station-for WJZ had been given a license to operate at 80,000 watts. However, restlessness was soon to overcome me, for I was under very restraining rules as a staff announcer. I was offered the job of heading up the Beauty Pageant in Atlantic City by the municipal radio station there. This and other offers prompted me to go

free-lance. Broadcasting from all the gay nightspots and the atmosphere of the "world's playground" added fuel to the fire, and I soon hit the skids again.

Others could see it, if I could not. My bosses for instance, and a wonderful girl-the girl I married.

My wife married me because she loved me. Since she had worked in the publicity department of Station WJZ and, later, in charge of the station's announcers, she married me in the knowledge that I had a problem. She also married me, I have no doubt, with the idea of helping me and straightening out my faults. This, believe me, seldom works out.

I took, in the course of my seven lost years, many so-called "cures" and when I left the last "cure," I was waved off with cheery, "Bye, now, but you'll be back old man-all our friends come back!" So they do. All but those who have been blessed, as I have been, by the revelation that the cure for alcoholism is not entirely in human hands.

For two years, I worked with a psychiatrist and during those two years I dried up. My habit pattern improved. I hung up my clothes. I thought a little straighter but became very egotistical about the fact that I was "dry." I boasted that I could now eat in bars without drinking in them, could look at other unfortunate drinkers and pity them-and this very attitude proved that I was not on the right track. Done with no recognition of, or reliance upon God, there was nothing to sustain the habit-patterns the psychiatrist had given me. This being so, the patterns fell apart-and so did I. But this comes later.

Meantime, I was still wearing the crown of "King of Announcers," still getting by with it. In the earlier stages, the alcoholic usually manages to pull the wool over the eyes he wants to blind. Or he thinks he does. And so did I. But although my assignments continued to be king-size, so did my lapses and I was warned that if I ever again came to work with so much as a suspicion of liquor on my breath, "You're through." It happened one day at a rehearsal. The word that I was through spread over the entire field of radio like a flash of lightning.

Unable to get work in New York, I made a tour of the West Indies and the Canal Zone as narrator for a travelogue of which, it soon developed the director, like myself, was an alcoholic. The tour turned out a complete dud.

Still persons non grata in New York City, I went to the West Coast but an alcoholic knows better than anyone else that you cannot run away from yourself.

During the next year, a few independent stations gave me work but not for long. IN between the spot engagements that became spottier and spottier, I

worked as a carpenter, an odd-jobs man, anything I could get in order to keep going. IN my sober moments, I worked on completing my own house.

In my better days of the early Thirties, I bought a piece of land, a little acre among the birches of Long Island's Lake Ronkonkoma and there, with the understanding help and love of a few relatives and friends evolved the house which I believe, I do believe, was the basic interest that kept me fighting all through these years-fighting to hold on to it. It is curious, but no matter how discouraged I might be, that dream of a home-to-be stayed with me and, in some far reach of my sick spirit, sustained me.

When I dried up in 1943 that house, the now finished home we call Trianglen, was the only thing that was left me from the lost years.

But busy as I was in those early Thirties, together with trying to "dry up," the struggle was like the losing fight. By the end of 1937, I "retired."

The days, the weeks, the months and years that followed are, mercifully, almost oblivionuntil, one day, walking down Broadway, I met a man I'd known in radio. He, too, had been an alcoholic. Now, he was clear-eyed, had a spring in his step, a happy smile. He told me he was in Alcoholics Anonymous. He asked me to come to a meeting with him. I went. This was in 1943. I haven't had a drink from that day to this day-and God give me the strength and the courage to hope that I won't have a drink tomorrow. That I say this, say it every day of my life, tells the story of what AA did for me.

"Dry" AA's have learned there is a power greater than ourselves and that in the recognition and use of this power lies our healing and our hope.

My spiritual experience was, as great experiences are, very simple.

There in a quiet room were men and women, who, until these meetings, were completely alone, but here they came to the knowledge that many others had the same fears, and had gone through the same dark abyss. Now they seemed secure in the knowledge that they were no longer alone, for the Power that had aided these others was around them, too. Each new meeting one lent strength to the conviction that this was the way to normalcy and to freedom. So many alcoholics, including myself, resist for years the simple message of AA, for in them is the fear that in giving up their bottle, they are giving up their freedom-when, in truth, there is no greater slave than an alcoholic. Only when he is enabled by right thinking to drop forever the chains of habitual fear that drink is to the alcoholic, is he truly free.

There lay ahead of me now the challenge of the "come-back." It wasn't going to be easy. "You can get a job, Broke," friends told me, "But you'll never get one in New York."

In every American town, on almost every green, shaded street, live housewives who are desperately ill but who do not seek the treatments which are available. They remain prisoners in their homes, isolated by their own guilt and hidden by their families' shame. These lonely, terrified women all suffer the same secret sickness: Alcoholism.

The woman alcoholic is rarely seen intoxicated by her neighbors, but she exists just the same. "There are just as many woman drunks in the suburbs as men, perhaps even more," says Mrs. Thomas Delaney, founder and director of CHR-ILL ("chronically Ill") Service, and its alcoholism information center in East Orange, New Jersey, which is operated under the auspices of the Essex County Medical Association.

Her experience is supported by Dr. Marvin Block of Buffalo, New York, chairman of the American Medical Association's committee on alcoholism. Says Doctor Block: "In my own practice, alcoholism is as common among women as among men. And I have found that the same thing is true with other private physicians who treat alcoholic patients."

Statistics on alcoholism in the United States - 80,000,000 drinkers; 5,000,000 male alcoholics; 850,000 female alcoholics - do not yet reflect the facts as they are known by workers in the field, and for good reason. Such estimates are based on public records, and most women alcoholics remain hidden.

"The stigma of being a woman alcoholic is so great that women with a drinking problem hide it," according to Mrs. Marty Mann, who is founder and head of the National Council on Alcoholism. Most women alcoholics are secret drinkers who satisfy their compulsion with primitive cunning.

"The neighbors never knew," one recovered alcoholic woman told me, "that my bedroom floor was skid row." The Fairfield County (Connecticut) Council on Alcoholism has estimated that there are nine hidden alcoholics for each one who is known.

The woman drunk is protected by their husband, her parents, her children, her family physician. In a good neighborhood there is a conspiracy of discreet silence. The woman alcoholic is treated for "female troubles" by her family doctor and admitted to the private hospital for "a nervous disorder." Her name does not appear on the police blotter and, when the woman alcoholic dies, there is rarely an autopsy. The cause of death is listed delicately as "heart failure."

Despite this protective conspiracy, the woman alcoholic is beginning to reveal herself and to seek treatment. I have attended meetings of Alcoholics Anonymous - once a predominantly male organization - where there were as many women as men. The number of women coming for help to the sixty-one alcoholism information centers affiliated with the National Council on

Alcoholism is increasing steadily.

The problem of the woman drunk is as old as the grape, and there is no evidence that the percentage of women drinkers who become alcoholics is increasing. What is startling is the fact that today most young women drink in college, in bars on the way home from work, in the suburbs after they are married. The woman who has never had the first drink cannot become an alcoholic. Since World War II the number of woman drinkers has multiplied dramatically and so, inevitably, has the number of women who cannot control their drinking.

Take a drive through a pleasant New Jersey suburb with Mrs. Delaney, as I did, and you'll begin to see the dimensions of the problem of alcoholism in women.

"She has five children, and she's been sober five months this time," Mrs. Delaney told me grimly. "She's a lovely girl when she isn't drunk. She was married in her teens, and she was an alcoholic as a teen-ager too. Meet her and you'd like to have her for a neighbor, yet she's been in and out of half a dozen mental institutions and tried about every cure there is. Last time she hit bottom, and she may make it now. Some have to go all the way down before they can start up."

As we drove off, I thought of what a member of the Fairfield County Council told me. She said, "We have 12,000 alcoholics, but the alcoholics have 60,000 people in their immediate families. We think they are all involved in the problem of alcoholism."

"This isn't the Bowery, is it?" Mrs. Delaney brought me back to New Jersey and pointed to an English manor house set high on a double lot. "The woman who owns that home is in the hospital now. She's a physical wreck who looks at least twenty years older than her real age, fifty-eight. You'd never think she was a lush if you met her. She's a lady - genteel, soft-spoken, gracious.

Mrs. Delaney nodded sadly. "It's an old story. By the time her children grew up and left home, her husband was a success. He traveled a great deal, and she was left alone. She never drank in front of anyone, but she started to drink alone; and after he died, she rarely left the house, didn't even get dressed for weeks. Time turned upside down, until night was day and day was night. She drank until she passed out and drank herself into oblivion again. We never would have found her if she hadn't gone to doctor for another ailment."

"Why didn't her children do something?" I asked.

"They didn't know," Mrs. Delaney smiled. "Women alcoholics are the most convincing liars in the world. She wrote them about her busy life. When they

wanted to visit, she'd tell them she was going to Europe, or something. Only once in a while did she make a heroic effort to dress up and face them."

We drove on until Mrs. Delaney parked in front of a group of expensive garden apartments. "Career women come to us too. They take care of their parents or seek a career in a man's world, sacrificing everything for success, and then something happens. In one of those apartments over there is a young woman with a Ph.D., but she's a drunk.

"She's been in to see us, but she isn't ready for help yet." Mrs. Delaney pulled away from the curb. "Her employees don't know, although they may be wondering why she's sick so many Monday mornings. She's a falling down drunk, but her booze is delivered, and you never see her on the street. If you met her, you wouldn't suspect it. She's charming, graceful, intelligent - and very sick."

When we arrived at her office, Mrs. Delaney summed up our trip, "People think of the woman drunk as an old hag, a blowzy creature who would never live in a nice neighborhood. They won't believe that people they know are alcoholics, and therefore they won't help them get treatment. That's the trouble. They won't admit alcoholism is a disease and that the woman who has a serious drinking problem could be their next-door neighbor, their best friend, even a member of their own family."

Information from authorities on alcoholism across the country confirms Mrs. Delaney's picture of the woman alcoholic. "The large majority of the women alcoholics I know are best described by the word 'dainty'" writes Mary C. Clark, executive director of the Monterey Peninsula Council on Alcoholism in Carmel, California. "Their portrait is in pastel tones, the skin delicate, the voice gentle, the manner feminine." Sarah A. Boyd, director of the Berks County Committee on Alcoholism in Reading, Pennsylvania, has found that the average woman alcoholic is of superior intelligence, has a better-than-average income, is usually between thirty-six and fifty years old and has two or three children. Mrs. Boyd's experience confirms the National Council on Alcoholism estimate that less than 3 percent of all confirmed alcoholics are derelicts.

Reports from alcoholism information centers in Houston, Honolulu, Cleveland, Detroit, Greensboro, North Carolina, and other cities - as well as conversations I have had with physicians, psychiatrists and recovered alcoholics - all indicate that the woman alcoholic may be shy or vivacious, young or old, too busy or too idle, married or single, but they all have one thing in common: There is a vacuum in their lonely lives that they desperately try to fill with a bottle.

The woman alcoholic has lost her way in life, and drinking has become a way of living. "Instead of facing reality, they try to change it with a drink," one psychiatrist told me. Mrs. Delaney adds, "They all need a crutch to get

through life. They try alcohol, then they find they can't get along without it."

For years alcohol seemed an efficient crutch. With a drink in her hand the too-busy mother finds the momentary stimulation to face another chore or a moment of calm in the confusion of children's demands, errands and social obligations. The bored woman finds a warming hour of fulfillment, another hour of fuzzy contentment and, finally, a night of oblivion.

According to a studies at the Yale Center of Alcohol Studies in New Haven, Connecticut, and elsewhere, women alcoholics tend to start drinking later in life than men, and then progress faster through the final stages of alcoholism than males. Yet there are usually long years while they are clear-headed drinkers, while they have no hang-overs, while they still drink heavily by choice. But somewhere they cross over the line. They take a drink as a stimulant before a party and another as a sedative afterward. Insidiously the drink becomes all things at all times. Social affairs are planned as an excuse to drink, the five-o'clock cocktail becomes a reward - and a daylong goal. Getting the first drink - and the dozens which inevitably follow - becomes a way of life.

Alcoholism is a progressive disease, with permanent danger signals for the woman who will allow herself to see them. The National Council on Alcoholism, the members of Alcoholics Anonymous, physicians and psychiatrists and other experts recognize the same warning signs along the road which leads from the drink which is chosen to the one which can not be refused.

If a woman has become "a slow cooker," delaying dinner so there will be time for an extra Martini, if she insists on mixing the drinks so she can "earn" the dividend, if she needs a drink before going to a party and another after she comes home, if she drinks alone, if she plans social occasions which will give her an excuse to drink, if she "sweetens" her own drinks, if she "needs" a drink to face a crisis, she'd better watch out.

If she blacks out, lies to herself and others about the number and the strength of drinks she has had, drinks "the hair of the dog" in the morning and hides a reserve supply, then she is in trouble and should seek help immediately. Doctor Block adds some advice of his own: "Pay attention to valid criticism from those in your family who care about you. If they are worried about your drinking, don't pass it off - consider it. They may have something to worry about."

Too often the woman speeds past all warning signs and becomes an alcoholic. Then liquor controls her life, then the next drink is more important than anything else - the care of a child, the love of a man, her health, her home, her reputation, her God. As her thirst begins to rule her life, a woman runs head on into a double standard. Among men, heavy drinking is

often taken as a sign of virility, and the phrase, "Drunk as a lord," is a tribute. No one ever said approvingly, "She was drunk as a lady." The woman with an unquenchable thirst must lead a life of unrelenting deception.

One recovered alcoholic told me she used to slither down the side of her bed and crawl to the bathroom to make sure she wouldn't fall and develop revealing bruises. A woman alcoholic will hide a jug in the diaper pail, fill the hot-water bottle with Scotch, stash a fifth in the vacuum cleaner, spike the vinegar bottle. A career woman with perfect eyesight wore spectacles with thick, uncorrected lenses to hide her bloodshot eyes. One woman fooled her husband by keeping gin in the water carafe by her bed; another buried half-pints in cereal boxes.

Many women keep changing doctors so one won't catch on to the true nature of their disorders. Mrs. Elizabeth D. Whitney, executive director of the Boston Committee on Alcoholism, has known several women who drank perfume for its alcoholic content, so their breath wouldn't smell of whiskey. Vanilla extract has been a staple of women alcoholics for generations, as have many patent medicines with high alcoholic content. Many of these tonics and elixirs are still popular in rural areas and among elderly women.

A woman with a drinking problem develops an extraordinary ability to rationalize. She needs a drink because she is tense, and she needs another to perk her up; she drinks because her husband is away on a business trip, and she drinks to celebrate his return home. Women alcoholics may not always fool others, but they almost always deceive themselves, and that self-deception is the most dangerous of all, for it keeps them from seeking and accepting treatment.

The ability of a woman with a drinking problem to delude herself is astonishing. "I only drink sherry," is a popular, self-righteous refrain that may hide the fact she drinks half a gallon or more a day. A Connecticut mother, who is now a member of A.A., knew she didn't have a drinking problem because she never touched a drop until the children were in bed. Of course, she kept putting them to bed earlier and earlier in the afternoon and then drinking until she passed out. Another A.A. member told me she convinced herself she was not an alcoholic, because she always hung her clothes up neatly before she blacked out.

Richard Silver, executive director of the Seattle Committee on Alcoholism, has found that husbands often encourage such dangerous self-delusion by denying their wives' alcoholism. False pride prevents many a man from admitting his wife could be an alcoholic. Worse still, he prevents his wife from facing her problem, the first step in any successful treatment of the alcoholic.

The woman alcoholic has particular difficulties because she is a woman. As a wife and a mother her erratic behavior has a devastating effect on her

family. Mrs. Delaney has found that the woman alcoholic is usually a perfectionist who swings wildly from one emotional extreme to the other. She cleans the entire house at once, or doesn't wash a single dish. She refuses to allow her husband near her, or smothers him with aggressive affection. She will have no guests in the house and then invites twenty to a formal dinner. Her son goes uncorrected for major offenses and then has his bike taken away for a month for trivial misbehavior. One daughter does not have a birthday party, but her sisters and friends are treated to birthday lunch in the private dining room of a fancy restaurant.

The road of the woman alcoholic is not an easy one. A.A. experience has shown that a mother who is a drunk loses the respect of her children earlier than a drinking father does and is less likely to win it back. Husbands are more apt to divorce an alcoholic mate than a woman is. A woman usually has economic reasons to stick with her husband. He is a feeble reed, but he may be her only support.

When a woman "blacks out," an experience shared by all alcoholics and a universal danger signal, she suffers a special horror at the thought of what might have happened while she was unconscious. It is biologically and psychologically impossible for a woman to be casual about blackouts. There are promiscuous women drunks, of course, but the infidelities of a woman alcoholic are more often imaginary than real. Much of the scorn heaped on the woman alcoholic implies that she has been sexually uninhibited. Mrs. Mann of the National Council on Alcoholism has a blunt answer to that supposition. "Who wants a drunken woman?" she asks. "When men are interested in her, she's only interested in the next drink. When she passes out, she's vulnerable, of course, but it isn't likely that anyone will take advantage of her. She's hardly an attractive woman by then, and her virtue is usually quite safe."

According to such authorities as John T. Crane, executive director of the Flint (Michigan) Committee on Alcoholism, the woman alcoholic is likely to be a plateau drinker who keeps herself on an even keel, although she is consistently sodden and awash like a bashed-in dory floating just under the surface of the water. Many experts feel the compulsive woman drinker usually has more serious emotional ills, in addition to her alcoholism, than the male - and of course, no treatment can be given until she is sober. Her nervous system sometimes triggers heavy drinking in the premenstrual periods, or during the menopause. Mrs. Delaney, who also runs a rest home for alcoholics, finds that women drinkers are likely to suffer extreme physical damage in a short time. She believes that the physical ravages of heavy drinking cut deeper in the female than in the male.

Most alcoholics suffer extreme malnutrition from drinking without eating. Cirrhosis of the liver, the fifth highest killer of men and an increasing disease of women, is not caused by the amount of liquor drunk but by the lack of proper food. Women alcoholics often confuse their loss of appetite

sense that she was an objective one (particularly when it involved Bill W).

The probate records show real estate holdings assessed at 1.4 million. Over time, Bill and Lois had purchased 5 lots for Stepping Stones. In 1985 (our 50th anniversary) Stepping Stones was declared a NY State Historical Site. Also please be aware that about 1/4 to 1/3 of the estate valuation consisted of future royalties projected to be awarded to Steppingstones (over 10 years) and legatees not excluded by the IRS ruling (over their estimated remaining life times).

I wish the genie could be put back in the bottle regarding Big Book copyrights but I don't believe it can.

My understanding is that U.S. rights are irretrievably lost but international rights are protected by treaty in those countries that are signatories.

Cheers

Arthur

----- Original Message -----

From: ricktompkins

To: aahistoryLovers@yahoogroups.com

Sent: Wednesday, March 12, 2003 10:27 AM

Subject: Re: [AAHistoryLovers] Royalties, and a new "gotcha" question

I stand corrected about Dr. Bob and Works Publishing royalties. Sue Windows had made a legal deposition at one time that AAWS had never paid royalties, and it appears now that as a survivor past Dr. Bob's death, she didn't (perhaps one reason she accepted the offer from Brown University, late in her life).

Thanks for setting the record straight. I seriously doubt that Bob and Anne enjoyed a substantial amount of moneyed returns, though.

Bill and Lois did live comfortably but not extravagantly. The four million dollar value of the estate your referred to must include a large chunk of the property value for their Katonah property at Stepping Stones (over twelve acres?).

I am very glad that the Stepping Stones Foundation has maintained the Wilson estate---the roof, second floor ceiling collapse, the mildew problem at Wit's End, and climate control for the house have all been

Is there hope for habitual drunkards? A cure that borders on the miraculous--and it works!

For twenty-five or thirty cents we buy a glass of fluid which is pleasant to the taste, and which contains within its small measure a store of warmth and good-fellowship and stimulation, of release from momentary cares and anxieties.

That would be a drink of whisky, of course--whisky, which is one of Nature's most generous gifts to man, and at the same time one of his most elusive problems. It is a problem because, like many of his greatest benefits, man does not quite know how to control it.

Many experiments have been made, the most spectacular being the queer nightmare prohibition, which left such deep scars upon the morals and the manners of our nation. Millions of dollars have been spent by philanthropists and crusaders to spread the doctrine of temperance. In our time, the most responsible of the distillers are urging us to use their wares sensibly, without excess.

But to a certain limited number of our countrymen neither prohibition nor wise admonishments have any meaning, because they are helpless when it comes to obeying them. I speak of the true alcoholics, and before going any further I had best explain what the term means.

For a medical definition of the term, I quote an eminent doctor who has spent twenty-five years treating such people in a highly regarded private hospital:

"We believe . . . that the action of alcohol in chronic alcoholics is a manifestation of an allergy--that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all."

They are, he goes on, touched with physical and mental quirks which prevent them from controlling their own actions. They suffer from what some doctors call a "compulsion neurosis." They know liquor is bad for them, but periodically, they are driven by a violent and totally uncontrollable desire for a drink. And after that first drink, for deluge.

Now these people are genuinely sick. The liquor habit with them is not a vice. It is a specific illness of body and mind, and should be treated as such.

By far the most successful cure is that used by the hospital whose head doctor I quoted. There is nothing secret about it. It has the endorsement of the medical profession. It is, fundamentally, a process of dehydration: of removing harmful toxins from all parts of the body faster than Nature could

accomplish it. Within five or six days, two weeks at the maximum, the patient's body is utterly free from alcoholic poisons. Which means that the physical craving is completely cured, because the body cries out for alcohol only when alcohol is already there. The patient has no feeling of revulsion toward whisky. He simply is not interested in it. He has recovered. But wait. How permanent is his recovery?

Our doctor says this: "Though the aggregate of full recoveries through physical and psychiatric effort is considerable, we doctors must admit that we have made little impression upon the problem as a whole. For there are many types which do not respond to the psychological approach.

"I do not believe that true alcoholism is entirely a matter of individual mental control. I have had many men who had, for example, worked for a period of months on some business deal which was to be settled on a certain date. . . . For reasons they could not afterward explain, they took a drink a day or two prior to the date . . . and the important engagement was not even kept. These men were not drinking to escape. They were drinking to overcome a craving beyond their mental control.

"The classification of alcoholics is most difficult. There are, of course, the psychopaths who are emotionally unstable. . . . They are over-remorseful and make many resolutions--but never a decision.

"There is the type who is unwilling to admit that he cannot take a drink just like the rest of the boys. He does tricks with his drinking--changing his brand, or drinking only after meals, or changing his companions. None of this helps him strengthen his control and be like other people. Then there are types entirely normal in every respect except in the effect which alcohol has upon them. . . .

"All these, and many others, have one symptom in common: They cannot start drinking without developing the phenomenon of craving. . . . The only relief we have to suggest is complete abstinence from alcohol."

But are these unfortunate people really capable, mentally, of abstaining completely? Their bodies may be cured of craving. Can their minds be cured? Can they be rid of the deadly "compulsion neurosis"?

Among physicians the general opinion seems to be that chronic alcoholics are doomed.

But wait!

Within the last four years, evidence has appeared which has startled hard-boiled medical men by proving that the compulsion neurosis can be entirely eliminated. Perhaps you are one of those cynical people who will turn away when I say that the root of this new discovery is religion. But be

patient for a moment.

About three years ago a man appeared at the hospital in New York of which our doctor is head physician. It was his third "cure." Since his first visit he had lost his job, his friends, his health, and his self-respect. He was now living on the earnings of his wife.

He had tried every method he could find to cure his disease: had read all the great philosophers and psychologists. He had tried religion but he simply could not accept it. It could not seem real and personal to him.

He went through the cure as usual, and came out of it in very low spirits. He was lying in bed, emptied of vitality and thought, when suddenly, a strange and totally unexpected thrill went through his body and mind. He called out for the doctor. When the doctor came in, the man looked up at him and grinned.

"Well, doc," he said, "my troubles are all over. I've got religion." "Why, you're the last man . . ." "Sure. I know all that. But I've got it. And I know I'm cured of this drinking business for good."

He talked with great intensity for a while and then said, "Listen, doc. I've got to see some other patient--one that is about to be dismissed."

The doctor demurred. It all sounded a trifle fanatical. But finally he consented. And thus was born the movement which is now flourishing with almost sensational success as "Alcoholics Anonymous."

Here is how it works: Every member of the group--which is to say every person who has been saved--is under obligation to carry on the work, to save other men. That, indeed, is a fundamental part of his own mental cure. He gains strength and confidence by active work with other victims.

He finds his subject among acquaintances, at a "cure" institution, or perhaps by making inquiry of a preacher, a priest, or a doctor. He begins his talk with his new acquaintance by telling him the true nature of his disease and how remote are his chances for permanent cure.

When he has convinced the man that he is a true alcoholic and must never drink again, he continues: "You had better admit that this thing is beyond your own control. You've tried to solve it by yourself, and you have failed. All right. Why not put the whole thing into the hands of Somebody Else?"

Even though the man might be an atheist or agnostic, he will almost always admit that there is some sort of force operating in the world--some cosmic power weaving a design.

And his new friend will say:

"I don't care what you call this Somebody Else. We call it God. But whatever you want to call it, you had better put yourself into its hands. Just admit you're licked, and say, `Here I am, Somebody Else. Take care of this thing for me.'"

The new subject will generally consent to attend one of the weekly meetings of the movement.

He will find twenty-five or thirty ex-drunks gathered in somebody's home for a pleasant evening. There are no sermons. The talk is gay or serious as the mood strikes.

The new candidate cannot avoid saying to himself, "These birds are ex-drunks. And look at them! They must have something. It sounds kind of screwy, but whatever it is I wish to heaven I could get it too."

One or another of the members keeps working on him from day to day. And presently the miracle--But let me give you an example: I sat down in a quiet room with Mr. B., a stockily built man of fifty with a rather stem, intelligent face.

"I'll tell you what happened a year ago," he said. "I was completely washed up. Financially I was all right, because my money is in a trust fund. But I was a drunken bum of the worst sort. My family was almost crazy with my incessant sprees.

"I took the cure in New York." (At the hospital we have mentioned.) "When I came out of it, the doctor suggested I go to one of these meetings the boys were holding. I just laughed. My father was an atheist and had taught me to be one. But the doctor kept saying it wouldn't do me any harm, and I went.

"I sat around listening to the jabber. It didn't register with me at all. I went home. But the next week I found myself drawn to the meeting. And again they worked on me while I shook my head. I said, `It seems O.K. with you, boys, but I don't even know your language. Count me out.'

"Somebody said the Lord's Prayer, and the meeting broke up. I walked three blocks to the subway station. Just as I was about to go down `the stairs--bang!" He snapped his fingers hard. "It happened! I don't like that word miracle, but that's all I can call it. The lights in the street seemed to flare up. My feet seemed to leave the pavement. A kind of shiver went over me, and I burst out crying.

"I went back to the house where we had met, and rang the bell, and Bill let me in. We talked until two o'clock in the morning. I haven't touched a drop since, and I've set four other fellows on the same road."



Alcoholics Anonymous

Science Column

Medicine usually claims to cure only about 2 per cent of the cases of acute alcoholism it treats. Last week a non-medical group appeared which made the unusual claim that 25 per cent of its cases were cured. Called Alcoholics Anonymous, the group was a club composed of ex-drunkards and men trying to overcome the liquor habit who, for obvious reasons, prefer their names to remain unknown. Not particularly anxious for publicity, it nevertheless came into the limelight last Thursday evening when John D. Rockefeller Jr. gave a dinner party for educators and others interested in the club's work.

The organization has existed for more than four years; yet it has spread its gospel only by word-of-mouth advertising and a free book. It started with two members; today it has some- thing around 500. It has no dues, but it does have a strict membership requirement: an honest desire to stop drinking.

The founder was a commercial traveler who found himself obsessed with liquor and was unable to get cured at any of the sanitariums he tried. Finally, though he was an agnostic, he turned to what for want of a better name might be called faith. Immediately he got help in the form of his own determination to stop drinking; almost as soon, he was impelled to help another drinker cure himself in the same manner.

From these two men sprang the society and its three principles of (1) telling another person--a friend, a member of the group, perhaps even a priest, in the case of a Roman Catholic--of the trouble that has turned him to drink, (2) resolving to abstain henceforth; (3) helping others to abstain. In short, members subordinate a desire for liquor for something higher--call it God, Buddha, faith, self-determination, or what you will.

Today the society has branches in Akron, Cleveland, Chicago, and the New York metropolitan area. It meets in small groups at various members' houses and keeps the address of its headquarters as secret as its -members' names--giving out only two post-office box numbers in New York, one for general inquiries and the other for requests for its book. Through the generosity of men who have conquered alcoholism and of onlookers like Rockefeller, who does not drink but is interested in movements to eradicate drunkenness, it raises a budget for salaries of its directors and stenographers, rent, and stationery.

Source: Newsweek, February 19, 1940.



+++Message 872. Periodical Lit: Time, February 19,
1940

From: Jim Blair 3/15/2003 10:35:00 AM

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Alcoholics Anonymous

Medicine Column

Last week one of the best-known teetotalers in the U.S., John D. Rockefeller, had 60 people to dinner. No cocktails were served, for several of Mr. Rockefeller's guests were members of "Alcoholics Anonymous," a widespread, publicity-shy group of one-time guzzlers who have cured themselves.

Psychiatrists now generally consider alcoholism a disease, specifically a psychoneurosis. Alcoholics generally drink, not just because they like liquor, but to escape from something--a mother fixation, inferiority feelings, an intolerable domestic situation, social or economic maladjustment. They may suffer the torments of the damned, even while drinking themselves into a stupor, and especially in the brief period between waking up with a remorseful, clattering hangover and getting down the first drink of the day. Psychiatrists try to help them by discovering the hidden reason for drinking and showing how it can be removed. But cynics in sanatoriums, watching a sober man walk out the door full of good intentions, often bet on how many days or weeks will elapse before he is back. Nagging by families usually makes things worse.

About five years ago a traveling sales-man named Bill, after repeated alcoholic relapses, was pronounced hopeless by his doctors. Bill was an agnostic, but someone asked him if he couldn't believe that there was some power bigger than himself--call it God or whatever he liked--that would help him not to drink. The idea was that though Bill was always willing to let himself down, he might be more reluctant to let God down. Bill tried it, found that he had no trouble resisting the desire to drink. He was cured. He told his discovery to others, and the cure spread. These reformed drunkards called themselves "Alcoholics Anonymous," now number over 400 in towns all over the U.S. - They do their missionary work on their own time, as an avocation.

Aware of this interest in liquor control, some of the group wrote to John D. Rockefeller two years ago--asking not for money but for advice. Mr. Rockefeller asked a representative to look into their doings, grew so interested that he helped to publish a book, Alcoholics Anonymous (Works Publishing Co.; \$3.50), in which some members described their battles with the demon and how they won.

dissemination. Alcoholics Anonymous is unlike any other book ever before published. No reviewer can say how many have contributed to its pages. But the list of writers should include addicts and doctors, psychiatrists and clergymen. Yet it is not a book of personal experience, except in a limited sense, any more than it is a book of rules and precepts. Whether the author of any given chapter can be physician or addict, the argument comes back to a single fundamental; and that is that the patient is unable to master the situation solely through what is termed "will power," or volition. One contributor, who thought he had "got by" on a diet of milk, one day said to himself that he could safely add a little whiskey to his lacteal nourishment. He did. And then a little more, and then a little more. In the end, he was back to the Sanitarium. His "will" was operating one hundred Per cent; yet there was a fallacy somewhere. It is to root out this fallacy and supplant it that this book has been compiled. The present reviewer, since this is no ordinary publication, believes it only fair that he should state that at one time he advanced fairly deeply into the field of psychology and he is free to state that the entire superstructure of "Alcoholics Anonymous" is based on a psychology of volition that he himself once advanced but which was never universally acceded to. And that is what we glibly call "will," and usefully so in general practice, should for scientific accuracy be reduced to more elemental terms. And, such an effort made, what results? Just this. That volition, "will power," tracked to its source, is the automatic and irrefutable working of a dominating idea. Consider Napoleon, the man of indomitable will. What does it, in this final psychological analysis, come down to? It comes down to the fact that so exclusively did Napoleon's mind contain the idea that he was the man of destiny that there was no room for any other idea, so that every act, every "willed" action, was the unconscious result of, flowed from, that idea. Here, then, is the key to "Alcoholics Anonymous," the great and indisputable lesson this extraordinary book would convey. The alcoholic addict, and why not change, should it seem we have become too intense, to "the drug addict," cannot, by any effort of what he calls his "will," insure himself against taking his "first dose." We saw how the chap with his whiskey in milk missed out. There is one way for our authors, and but one way. The utter suffusion of the mind by an idea, which shall exclude any idea of alcohol or of drugs. Better, let us say the usurpation of the entire ideational tract by this idea. The idea itself may be, perhaps, fairly trivial. Such as: I do not like alcoholic drinks. In fact, my stomach revolts at their mention. Those who appear to dominate these pages apparently would not subscribe to so simple a formula as I have proposed. But my point is that it might be sufficient; and I base this on the book itself, provided only that their thesis flood, so to speak, the entire ideational tract. Yet would that be possible? Or possible for long? That is the question. And, as a matter of fact, those several authors give it short shrift. I have advanced it solely to exhibit the stark psychological trail on which we have walked. The thesis of the

book is, as we read it aright, that his all-embracing and all-commanding idea must be religious. Yet here again should the reader pause, for the writers are talking of what William James celled "Varieties of Religious Experience" rather than matters of individual faith. There is no suggestion advanced in the book that an addict should embrace one faith rather than another. He may fall back upon an "absolute," or "A Power which makes for righteousness" if he chooses. The point of the book is that he is unlikely to win through unless he floods his mind with the idea of a force outside himself. So doing, his individual problem resolves into thin air. In last analysis, it is the resigning word: Not my will, but Thine, he done, said in the full knowledge of the fact that the decision will be against further addiction. Most readers will pass this book by. Yet of such a majority many might not be amiss in turning its pages. There but for the grace of God, goes _____. A few will reach for it furtively. It is a strange book. The argument, as we have said, has a deep psychological foundation.

BOOK REVIEW

JOURNAL-LANCET, Vol.46, July, 1939

A NEW APPROACH TO PSYCHOTHERAPY IN CHRONIC ALCOHOLISM

By W.D. Silkworth, M.D. New York, New York

The beginning and subsequent development of a new approach to the problem of permanent recovery for the chronic alcoholic has already produced remarkable results and promises much for the future this statement is based upon four years of close observation. As this development is one, which has sprung up among alcoholic patients themselves and has been largely conceived and promoted by them, it is felt that this new treatment can be reported freely and objectively.

The central idea is that of a fellowship of ex-alcoholic men and women banded together for mutual help. Each member feels duty bound to assist alcoholic newcomers to get upon their feet. These in turn work with still others, in an endless chain. Hence there is a large growth possibility. In one locality, for example, the fellowship had but three members in September, 1935, eighteen months later the three had succeeded with seven more These ten have since expanded to ninety.

It is much more than a sense of duty, however, which provides the requisite driving power and harmony so necessary for success. One powerful factor is that of self-preservation. These ex-alcoholics frequently find that unless they spend time helping others to health they cannot stay sober themselves. Strenuous, almost sacrificial work for other sufferers is often imperative in the early days of their recovery. This effort proceeds entirely on a good will basis It is an

avocation. There are no fees or dues of any kind, nor do these people organize in the ordinary sense of the word.

These ex-alcoholic men and women number about one hundred and fifty. One group is scattered along the Atlantic seaboard with New York as a center. Another, and somewhat larger body, is located in the Middle West. Many walks of life are represented, though business and professional types predominate. The unselfishness, the extremes to which these men and women go to help each other, the spirit of democracy, tolerance and sanity which prevails, are astonishing to those who know something of the alcoholic personality. But these observations do not adequately explain why so many gravely involved people are able to remain sober and face life again.

The principle answer is each ex-alcoholic has had, and is able to maintain, a vital spiritual or "religious" experience. This so-called "experience" is accompanied, by marked changes in personality. There is always, in a successful case, a radical change in outlook, attitude and habits of thought, which sometimes occur with amazing rapidity, and in nearly all cases these changes are evident within a few months, often less.

That the chronic alcoholic has sometimes recovered by religious means is a fact centuries old. But these recoveries have been sporadic, insufficient in numbers or impressiveness to make headway with the alcoholic problem as a whole.

The conscious search of these ex-alcoholics for the right answer has enabled them to find an approach, which has been effectual in something like half of all the cases upon which it has been tried. This is a truly remarkable record when it is remembered that most of them were undoubtedly beyond the reach of other remedial measures.

The essential features of this new approach, without psychological embellishment are:

1. The ex-alcoholics capitalize upon a fact, which they have so well demonstrated, namely: that one alcoholic can secure the confidence of another in a way and to a degree almost impossible of attainment by a non-alcoholic outsider.
2. After having fully identified themselves with their "prospect" by a recital of symptoms, behavior, anecdotes, etc., these men allow the patient to draw the inference that if he is seriously alcoholic, there may be no hope for him save a spiritual experience. They cite their own cases and quote medical opinion to prove their point. If the patient insists he is not alcoholic to that degree, they recommend he try to stay sober in his own way. Usually, however, the patient agrees at once.

If he does not, a few more painful relapses often convince him.

3. Once the patient agrees that he is powerless, he finds himself in a serious dilemma. He sees clearly that he must have a spiritual experience or be destroyed by alcohol.

4. This dilemma brings about a crisis in the patient's life. He finds himself in a position, which, he believes, cannot be untangled by human means. He has been placed in this position by another alcoholic who has recovered through a spiritual experience. This peculiar ability, which an alcoholic who has recovered exercises upon one who has not recovered, is the main secret of the unprecedented success, which these men and women are having. They can penetrate and carry conviction where the physician or the clergyman cannot. Under these conditions, the patient turns to religion with an entire willingness and readily accepts, without reservation, a simple religious proposal. He is then able to acquire much more than a set of religious beliefs; he undergoes the profound mental and emotional change common to religious "experience" (See William James' Varieties of Religious Experience). Then too, the patient's hope is renewed and his imagination is fired by the idea of membership in a group of ex-alcoholics where he will be enabled to save the lives and homes of those who have suffered as he has suffered.

5. The fellowship is entirely indifferent concerning the individual manner of spiritual approach so long as the patient is willing to turn his life and his problems over to the care and direction of his Creator. The patient may picture the Deity in any way he likes. No effort whatever is made to convert him to some particular faith or creed. Many creeds are represented among the group and the greatest harmony prevails. It is emphasized that the fellowship is non-sectarian and that the patient is entirely free to follow his own inclination. Not a trace of aggressive evangelism is exhibited.

6. If the patient indicates a willingness to go on, a suggestion is made that he do certain things which are obviously good psychology, good morals and good religion, regardless of creed.

a. That he make a moral appraisal of himself, and confidentially discuss his findings with a competent person whom he trusts.

b. That he try to adjust bad personal relationships, setting right, so far as possible, such wrongs as he may have done in the past.

c. That he recommit himself daily, or hourly if need be, to God's care and direction, asking for strength.

d. That, if possible, he attend weekly meetings of the fellowship and actively lend a hand with alcoholic newcomers.

This is the procedure in brief. The manner of presentation may vary considerably, depending upon the individual approached, but the essential ingredients of the process are always much the same. When presented by an ex-alcoholic, the power of this approach is remarkable. For a full appreciation one must have known these patients before and after their change.

Considering the presence of the religious factor, one might expect to find unhealthy emotionalism and prejudice. This is not the case however; on the contrary, there is an instant readiness to discard old methods for new ones, which produce better results. For instance, it was early found that usually the weakest approach to an alcoholic is directly through his family or friends, especially if the patient is drinking heavily at the time. The ex-alcoholics frequently insist, therefore, that a physician first take the patient in hand, placing him in a hospital whenever possible. If proper hospitalization and medical care is not carried out, this patient faces the danger of delirium tremens, "wet brain" or other complications. After a few days' stay, during which time the patient has been thoroughly detoxicated, the physician brings up the question of permanent sobriety and, if the patient is interested, tactfully introduces a member of the ex-alcoholics group. By this time the prospect has self-control, can think straight, and the approach to him can be made casually, with no intervention by family or friends. More than half of this fellowship has been so treated. The group is unanimous in its belief that hospitalization is desirable, even imperative, in most cases.

What has happened to these men and women? For years, physicians have pursued methods, which bear some similarity to those outlined above. An effort is being made to procure a frank discussion with the patient, leading to self-understanding. It is indicated that he must make the necessary re-adjustment to his environment. His cooperation and confidence must be secured. The objectives are to bring about extraversion and to provide someone to whom the alcoholic can transfer his dilemma.

In a large number of cases, this alcoholic group is now attaining these very objectives because their simple but powerful devices appear to cut deeper than do other methods of treatment because of the following reasons:

1. Because of their alcoholic experiences and successful recoveries they secure a high degree of confidence from the prospects.
2. Because of this initial confidence, identical experience, and the fact that the discussion is pitched on moral and religious grounds, the patient tells his story and makes his self-appraisal with extreme

thoroughness and honesty. He stops living alone and finds himself within reach of a fellowship with whom he can discuss his problems as they arise.

3. Because of the ex-alcoholic brotherhood, the patient, too, is able to save other alcoholics from destruction. At one and the same time, the patient acquires an ideal, a hobby, a strenuous avocation, and a social life, which he enjoys among other ex-alcoholics and their families. These factors make powerfully for his extraversion.

4. Because of objects aplenty in whom to vest his confidence, the patient can turn to the individuals to whom he first gave his confidence, the ex-alcoholic group as a whole, or the Deity. It is paramount to note that the religious factor is all-important even from the beginning. Newcomers have been unable to stay sober when they have tried the program minus the Deity.

The mental attitude of the people toward alcohol is interesting. Most of them report that they are seldom tempted to drink. If tempted, their defense against the first drink is emphatic and adequate. To quote from one of their number, once a serious case at this hospital, but who has had no relapse since his "experience" four and one-half years ago: "Soon after I had my experience, I realized I had the answer to my problem. For about three years prior to December 1934 I had been taking two and sometimes three bottles of gin a day. Even in my brief periods of sobriety, my mind was much on liquor, especially if my thoughts turned toward home, where I had bottles hidden on every floor of the house. Soon after leaving the hospital, I commenced to work with other alcoholics. With reference to them, I thought much about alcohol, even to the point of carrying a bottle in my pocket to help them through the severe hangovers. But from the first moment of my experience, the thought of taking a drink myself hardly ever occurred. I had the feeling of being in a position of neutrality. I was not fighting to stay on the water wagon. The problem was removed; it simply ceased to exist for me. This new state of mind came about in my case at once and automatically. About six weeks after leaving the hospital my wife asked me to fetch a small utensil, which stood on a shelf in our kitchen. As I fumbled for it, my hand grasped a bottle, still partly full. With a start of surprise and gratitude, it flashed upon me that not once during the past weeks had the thought of liquor being in my home occurred to me. Considering the extent to which alcohol had dominated my thinking, I call this no less than a miracle. During the past your years of sobriety I have seriously considered drinking only a few times. On each occasion, my reaction was one of fear, followed by the reassurance, which came with my new found ability to think the matter through, to work with another alcoholic, or to enter upon a brief period of prayer and meditation. I now have a defense against alcoholism which is positive so long as I keep myself spiritually fit and active, which t am

only too glad to do."

Another interesting example of reaction to temptation comes from a former patient; now sober three and one-half years. Like most of these people, he was beyond the reach of psychiatric methods. He relates the following incident:

"Though sober now for several years, I am still bothered by periods of deep depression and resentment. I live on a farm, and weeks sometimes pass in which I have no contact with the ex-alcoholic group. During one of my spells I became violently angry over a trifling domestic matter. I deliberately decided to get drunk, going so far as to stock my guesthouse with food, thinking to lock myself in when I had returned from town with a case of liquor. I got in my car and started down the drive; still furious. As I reached the gate I stopped the car, suddenly feeling unable to carry out my plan. I said to myself, at least I have to be honest with my wife. I returned to the house and announced I was on my way to town to get drunk. She looked at me calmly, never saying a word. The absurdity of the whole thing burst upon me and I laughed and so the matter passed. Yes, I now have a defense that works. Prior to my spiritual experience I would never have reacted that way."

The testimony of the membership as a whole sums up to this: For the most part, these men and women are now indifferent to alcohol, but when the thought of taking a drink does come, they react sanely and vigorously.

This alcoholic fellowship hopes to extend its work to all parts of the country and to make its methods and answers known to every alcoholic who wishes to recover as a first step, they have prepared a book called *Alcoholics Anonymous**. A large volume of 400 pages, it sets forth their methods and experience exhaustively, and with much clarity and force. The first half of the book is a text aimed to show an alcoholic the attitude he ought to take and precisely the steps he may follow to affect his own recovery. He then finds full directions for approaching and working with other alcoholics. Two chapters are devoted to working with family relations and one to employers for the guidance of those who surround the sick man. There is a powerful chapter addressed to the agnostic, as the majority of the present members were of that description. Of particular interest to the physician is the chapter on alcoholism dealing mostly with its mental phenomena, as these men see it.

By contacting personally those who are getting results from the book, these ex-alcoholics expect to establish new centers. Experience has shown that as soon as any community contains three or four active members, growth is inevitable, for the good reason that each member feels he must work with other alcoholics or perhaps perish himself.

Will the movement spread? Will all of these recoveries be permanent? No one can say. Yet, we at this hospital, from our observation of many cases, are willing to record our present opinion as a strong "Yes" to both questions.

*EDITOR'S NOTE. The book, Alcoholics Anonymous (\$3.50) may be secured from The Alcoholic foundation, Post Box 658, Church Street Annex, New York City.

BOOK REVIEW

ALCOHOLICS ANONYMOUS

Works Publishing Company

Church Street P.O. Box 657

New York City...400pp....

\$3.50

Reviewed by - DR. HARRY EMERSON FOSDICK

This extraordinary book deserves the careful attention of anyone interested in the problem of alcoholism. Whether as victims, friends of victims, physicians, clergymen, psychiatrists or social workers there are many such, and this book will give them, as no other treatise known to this reviewer will, an inside view of the problem which the alcoholic faces. Gothic cathedral windows are not the only things, which can be truly seen only from within. Alcoholism is another. All outside views are clouded and unsure. Only one who has been an alcoholic and who has escaped the thralldom can interpret the experience.

This book represents the pooled experience of one hundred men and women who have been victims of alcoholism -- many of them declared hopeless by the experts -- and who have won their freedom and recovered their sanity and self-control. Their stories are detailed and circumstantial, packed with human interest. In America today the disease of alcoholism is increasing. Liquor has been an easy escape from depression. As an English officer in India, reproved for his excessive drinking, lifting his glass and said, "This is the swiftest road out of India," so many Americans have been using hard liquor as a means of flight from their troubles until to their dismay they discover that, free to begin, they are not free to stop. One hundred men and women in this volume, report their experience of enslavement and then of liberation.

The book is not in the least sensational. It is notable for its sanity, restraint, and freedom from over-emphasis and fanaticism. It is a sober,

Careful, tolerant, sympathetic treatment of the alcoholic's problem and of the successful techniques by which its co-authors have won their freedom. The group sponsoring the book began with two or three ex-alcoholics, who discovered one another through a kindred experience. From this personal kinship a movement started, ex-alcoholic working for alcoholic without fanfare or advertisement, and the movement has spread from one city to another. This book presents the practical experience of this group and describes the methods they employ.

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 and Protestants, tell their story of discovering the Power Greater Than Themselves. "WHO ARE YOU TO SAY THAT THERE IS NO GOD," one atheist in this group heard a voice say when, hospitalized for alcoholism, he faced the utter hopelessness of his condition. Nowhere is the tolerance and open-mindedness of the book more evident than in its treatment of this central matter on which the cure of all these men and women has depended.

They are not partisans of and particular form of organized religion, although they strongly recommend that some religious fellowship be found by their participants. By religion they mean an experience which they personally know and which has saved them from their slavery, when psychiatry and medicine had failed. They agree that each man must have his own way of conceiving God, but of God Himself they are utterly sure, and their stories of victory in consequence are a notable addition to William James' "Varieties of Religious Experience."

Although the book has the accent of reality and is written with unusual intelligence and skill, humor and modesty mitigating what could easily have been a strident and harrowing tale. - Harry Emerson Fosdick

BOOK REVIEW

THE CHRISTIAN SCIENCE MONITOR

Boston, August 17, 1939

BREAKING THE DRINK HABIT

In view of the extent of liquor consumption in the United States since the repeal of national Prohibition, a book recently published on the subject of liquor addiction and its remedy seems designed for a wide usefulness. This volume is entitled "Alcoholics Anonymous," issued by the Works Publishing Company in New York and contributed to by authors

with experience in the overcoming of the drink habit.

The thesis of this book, as summarized by one reviewer, is that will power is not enough to enable the patient to break the hold of alcoholism, that he is more likely to win through if he suffuses his consciousness completely with some commanding idea which excludes the thought of alcohol or stimulants, and that for the surest prospect of success this overwhelming interest should be religion - "the idea of a force outside of himself."

It has indeed been proved true in case after case that something more than individual will power - or "won't" power - is necessary in order to heal what at least one special sanitarium recognizes in its advertising as "a disease." What indeed could be more effective than an absorbing conviction that, in the words of David, "God is my strength and power and he maketh my way perfect." Fortunately thousands are finding this knowledge a sure and gratifying defense.

BOOK REVIEW

JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION

September 1939

ALCOHOLICS ANONYMOUS: By various writers. Cloth price \$3.50. Works Publishing Co., 17 William St., Newark, N.J.

Over one hundred men and women who have recovered from a seemingly hopeless state of mind and body have contributed to this book. The stories of these individuals in their struggles physically and mentally to overcome alcoholic addiction are gripping. A physician writes in the introduction that the action of alcohol in chronic alcoholism is a manifestation of allergy. Therefore, hospitalization and proper treatment is often necessary to free the patient from his craving for liquor. When the mind is clear he is a candidate for psychological measures. This book deals principally with such measures as exemplified in the stories of alcoholics.

BOOK REVIEW

NEW ENGLAND JOURNAL OF MEDICINE

Vol. 221(15), October 12, 1939

ALCOHOLICS ANONYMOUS: The story of how more than one hundred men have recovered from alcoholism. 400 pp. New York Works Publishing Co., 1939, \$3.50.

The psychological aspect of alcoholism taxes the entire skill and intuition of the therapist, and the authors of this book claim that in the long run the ex-alcoholic patient who is properly trained in psychological method is an extremely effective person to bring about the cure of the neurotic alcoholic individual.

The first part of the book discusses methods, with particular stress on twelve steps in the recovery program. This program includes the general principles of psychotherapy found in such books as those by Durfee and Peabody. There is, however, an essentially new note, namely, that the alcoholic individual should be helped to admit to God, to himself and to another human being (preferably an ex-alcoholic patient) the exact nature of his personality deficit. Some will perhaps shy from the emphasis on God and religion until it is realized that the alcoholic patient is asked in this relation to believe sincerely in a power greater than himself. He then sees that his life is really unmanageable without this power.

The second part contains the stories of twenty-nine individuals who were cured by the method of working out their character problems in relation to God, themselves and another human being. All these individuals were "convinced by an ex-alcoholic therapist." Those who at some time must deal with the problem of alcoholism are urged to read this stimulating account.

The authors have presented their case well, in fact, in such good style that it may be of considerable influence when read by alcoholic patients.

BOOK REVIEW

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

Vol. 113(16), October 14, 1939

ALCOHOLICS ANONYMOUS. The story of how more than one hundred men have recovered from alcoholism. Cloth. Price \$3.50. 400 pp.. New York: Works Publishing Company. 1939.

The seriousness of the psychiatric and social problem represented by addiction to alcohol is generally underestimated by those not immediately familiar with the tragedies in the families of victims or the resistance addicts offer to any effective treatment. Many psychiatrists regard addiction to alcohol as having a more pessimistic prognosis than schizophrenia. For many years the public was beguiled into believing that short courses of enforced abstinence and catharsis in "institutes" and "rest homes" would do the trick, and now that the failure of such temporizing has become common knowledge, a considerable

number of other forms of quack treatment have sprung up. The book under review is a curious combination of organizing propaganda and religious exhortation. It is in no sense a scientific book, although it is introduced by a letter from a physician who claims to know some of the anonymous contributors who have been "cured" of addiction to alcohol and have joined together in an organization, which would save other addicts by a kind of religious conversion. The book contains instructions as to how to intrigue the alcoholic addict into the acceptance of divine guidance in place of alcohol in terms strongly reminiscent of Dale Carnegie and the adherents of the Buchman ("Oxford") movement. The one valid thing in the book is the recognition of the seriousness of addiction to alcohol Other than this; the book has no scientific merit or interest.

BOOK REVIEW

ILLINOIS MEDICAL JOURNAL

January 20, 1940

TO THE EDITOR: Of great interest to the medical profession is the new approach to a cure for chronic alcoholism developed by alcoholics themselves.

Every physician has been confronted with the problem of the incurable alcoholic. He who although sobered and apparently sane as a result of medical aid suffers the usual and expected relapse and returns to the physician or to the sanitarium for another round of treatment. In his remorse he solemnly rejects alcohol in any form. He then endures a short period of sobriety and again returns to drunkenness.

Alcoholics are the last to admit their ability to "drink like gentlemen," and therefore are prone to devise ways and means, or systems for indulgence, which although inaugurated with sincere intent at the time seem never to serve their purpose. They act only as the forerunners to bigger and better sprees.

The chronic alcoholic seldom can be cured until he reaches a point at which he admits his inability to cope with his problem and has in addition a sincere desire to achieve complete and lasting sobriety.

The chronic alcoholic resents the efforts made by his relatives and friends to help him. He feels they do not understand him nor his problem. But when he talks to people who themselves have been drunkards he realizes that these people do understand for they have had the same personal experiences.

BOOK REVIEW

CHRISTIAN HERALD

August 1940

WITNESS: There is a book on alcohol you should read. It is published by The Alcoholic Foundation of New York (P.O. Box 658, Church Street Annex, New York). It's title: "Alcoholics Anonymous "The unnamed alcoholics write their own stories, and those stories are dynamite.

Two-thirds of them, they claim, have laid the foundation for permanent recovery. "More than half of us have had no relapse at all (after treatment) despite the fact that we have often been pronounced incurable "How were they cured? The method is simple: first of all they admitted they were powerless to overcome alcohol by themselves; second, they came to believe that "a Power greater than ourselves could restore us to sanity;" third, they made a decision to "turn our will and our lives over to the care of God as we understood Him"

There is more to the cure, but that's the heart of it. There may be some confirmed drinkers who will sneer at the method and the procedures, but they can't laugh off the fact that it has worked where other methods and procedures have failed.

BOOK REVIEW

JOURNAL OF NERVOUS AND MENTAL DISEASE

Vol. 42(3), September 1940.

ALCOHOLICS ANONYMOUS: How more than one hundred men have recovered from alcoholism. (New York: Works Publishing Company, Church St. Annex P.C., \$3.50.)

As a youth we attended many "experience" meetings more as an onlooker than as a participant. We never could work ourselves up into a lather and burst forth in soapy bubbly phrases about our intimate states of feeling. That was our own business rather than something to brag about to the neighbors. Neither then nor now do we lean to the autobiographical, save occasionally by allusion to point a moral or adorn a tale, as the ancient adage put it.

This big book, i.e. big in words, is a rambling sort of camp meeting confession of experiences, told in the form of biographies of various alcoholics who had been to a certain institution and have provisionally recovered, chiefly under the influence of the "big brothers get together spirit." Of the inner meaning of alcoholism there is hardly a word. It is all on the surface material.

Inasmuch as the alcoholic, speaking generally, lives a wish-fulfilling infantile regression to the omnipotent delusional state, perhaps he is best handled for the time being at least by regressive mass psychological methods, in which, as is realized, religious fervors belong, hence the religious trend of the book. Billy Sunday and similar orators had their successes but we think the methods of Forel and of Bleuler infinitely superior.

BOOK REVIEW

THE NEWS-LETTER

AMERICAN ASSOCIATION OF PSYCHIATRIC SOCIAL WORKERS

Fall, 1940

ALCOHOLIC ANONYMOUS

(The story of how more than one hundred men have recovered from alcoholism.)

Publishing Company; 400 pages

This review covers the book, a discussion with the authors, and attendance at the meetings of the New York City group of Alcoholics Anonymous. Contact with this group increases one's respect for their work. To the layman, the book is very clear. To the professional person it is at first a bit misleading in that the spiritual aspect gives the impression that this is another revival movement. The book is simply and clearly written. It gives a vivid picture of the emotional predicament of the person suffering from serious alcoholism. It presents the disorder as a disease; a fatal disease in the social and physical sense. People who have benefited from the treatment tell their story in simple, compelling language. There are excellent descriptions of what happens to the family of an alcoholic. There is a sincerity and enthusiasm about the writing of this work that commands attention.

ALCOHOLICS ANONYMOUS seems to have succeeded in cases where the physician, the clergyman, the psychiatrist, or the social worker have failed. The method works only with the patient who really wants to get well; who is willing to face the truth about himself - his prejudices, his infantilism, his evasions. It effects its most phenomenal results with the patient who has gone so far that unless he does something drastic he will either become insane, kill himself in drink, or commit suicide. The patient must be willing to admit that he has failed, that he has no power over his drinking, that the "wet-nursing" of his family only makes him worse, that he must do this thing alone. In this frame of

mind he selects someone to listen to his story but for the first time in his life he is being really honest with himself and admitting that he is responsible for the mess he has made of his life. When he must prove that he is willing to face reality by trying to patch up some of the antagonisms he has created around him. Then he is ready for some deeper reorganization of patterns. It is a sink or swim psychology; there is no pampering by the group and no protection. The group accepts the newcomer as an adult who really wants to get well; they will show him how but they won't do it for him. Having admitted he has no power over his drinking, he must be willing to allow a higher power to help him. This is no ready-made spiritual formula; it is not a church religion. It is a spiritual experience that somehow even extreme atheists seem to have been able to achieve. (One can watch the process of this change at the meetings of the group). The last step in the cure, the part that keeps the patient from slipping back into drink, is that he devotes himself to helping other alcoholics. The movement is kept alive by this type of work.

It is more impressive to the professional person to watch the technique in action than to read the book. The New York City group is made up of intelligent people, many college graduates, and many professional people. There is no holier-than-thou spirit prevailing, there is good fellowship, gaiety, fun, and a real desire to stay sober.

The work is organized under an Alcoholic Foundation, which prevents and alcoholic from obtaining a salary for doing the work. One or two of the group tried using the approach on a fee basis, but the spiritual aspect which keeps these people sober seemed to have died when the patient tried earning money this way; these few people found themselves drinking again and so returned to the volunteer relationship.

This new resource is developing groups all over the country. Social workers will find them of great help with the extreme cases of alcoholism. The book describes the method in detail - it is a layman's approach, a layman's book. It needs no explanation for the patient and should certainly be read by every alcoholic.

Lee R Stainer

New York City

BOOK REVIEW

CHURCH SCHOOL MAGAZINE

December 1940

ALCOHOLICS ANONYMOUS: Works Publishing Company. 1939. \$3.50.

Here is an impressive story of the achievement of more than one hundred men in gaining freedom from alcoholism. Evidence in this volume seems to indicate that medicine and psychiatry are powerless to cure many cases of alcoholism: heretofore there was no end in sight except death or insanity. But here is factual evidence that the worst alcoholic can gain mastery over this temptation if he admits that he is powerless and turns himself completely over to God. This spiritual technique demands genuine humility, sincere efforts to make amends for all wrongs done, continued fellowship with God through prayer and meditation, and efforts to help other alcoholics who are ready to relinquish the belief that they can resist alcohol through their own will power. The experience of these men seems to offer real hope that an effective technique has been discovered for conquering an enemy that has baffled doctors, psychiatrists, pastors and thousands of distressed families.

BOOK REVIEW

SOCIAL PROGRESS

March 1941

ALCOHOLICS ANONYMOUS: Works Publishing Company, New York, \$3.50

Here is an unusual book. It is the dramatic recital of the experience of more than a hundred men and women in their fight against alcoholism, their victory, and their desire and determination to pass on to others the secret of their release. The group who has contributed to this book began with two or three alcoholics whose similar experiences drew them together. "To show other alcoholics precisely how we have recovered from a seemingly hopeless state of mind and body," says the introduction, "is the main purpose of this book."

Let it be said at the outset that there is nothing sensational in these stories, although they are filled with the drama of conflict, failure and final release. These writers believe that there is but one cure for the alcoholic. That is the realization of his own inability to cope with his repeated failures and the recognition of the reality of that Power greater than himself, whom we call God, to drive out his obsession. The head of one of the nation's great hospitals for the treatment of alcoholism and drug addiction contributes a statement to the introductory pages declaring that here is the working out of the principles of a sound "moral psychology."

The discussion of these principles is free of emotionalism. It is neither sectarian nor partisan, for men and women of all religions and of none, have contributed to the book "In our personal stories," says one writer, "you will find wide variation in the way in which each

teller approaches and conceives of the Power greater than himself. One proposition, however, these men and women are strikingly agreed. Every one of them has gained access to, and believes in, a power greater than himself. This power has in each case accomplished the miraculous, the humanly impossible."

The movement has grown and spread without formal organization and groups are widely scattered over the country. Its members, mostly business and professional folk, go about their usual work, their avocation being to help others through their friendship and moral concern to find release.

For ministers, social workers, psychiatrists, and all others who are concerned with the rescue of those sick in mind and body, from the possession of the liquor habit, this book is a source of suggestion and inspiration.

E.G.R.

BOOK REVIEW

MENTAL HYGIENE

Vol. 25(2), April 1941.

ALCOHOLICS ANONYMOUS: New York: Works Publishing Company, 1939. 400pp.

TWELVE AGAINST ALCOHOL: By Herbert Ludwig Nossen, M.D, New York:

Harrison-Hilton Books, 1940. 246pp.

These two books are similar in that both present in great detail case histories of patients who are suffering from alcoholism. In this way many old established facts about alcoholism are brought again to our attention, such as the individual's early resort to alcohol as a means of solving his problems or temporizing his major adjustments in life, and the tragic and dramatic way in which the alcoholic drags down his entire family with him, to say nothing of the other social and economic repercussions. Reading these case histories, one becomes more than ever convinced that the excessive drinking of alcohol is one of the relatively minor phases of the individual's whole problem, particularly when one considers the faulty psychosexual adjustments and general immaturity and infantile characteristic of the alcoholic

For the successful treatment of a person who has become addicted to alcohol, there must of necessity be a revolutionary change in the patient's personality. The achievement of more adult attitudes and the marked turning away from older selfish, infantile patterns of behavior must involve an emotional upheaval. We are all aware that this inner

emotional change is more necessary than a merely intellectual appreciation of one's difficulty, or what is called intellectual insight.

It will be interesting to see how the religious program set forth by Alcoholics Anonymous will work. It is not entirely new; it has been tried before.

James H Wall

The New York Hospital, Westchester Division,

White Plains, New York.

BOOK REVIEW

WORLD CALL

June 1941

One of the most significant redemptive movements of our time is expressed in a large book of testimonies called Alcoholics Anonymous. It is written with the enthusiastic flair of discovery though its main thesis is as old as the history of Christian redemption.

Alcoholism is a disease. Physicians and psychiatrists have been working on it for years. It is a disease with an increasing prevalence. Many practicing physicians write it off as incurable. The present movement began with an individual who had been given up by the practitioners as hopeless. He was converted to religion and began to work out the practical effects of his conversion by trying to help other alcoholics. This method was found amazingly successful and has some of the professional physicians mystified. These alcoholics find that they need spiritual support and that their own cures are best secured by helping others with like affliction. They are forming an informal group of the saved. It is a movement worth encouraging.

BOOK REVIEW

SOME FACTS ABOUT THE BIG BOOK

THE A.A. GRAPEVINE

July 1955

The new edition has 612 pages, as against 400 pages in the old. In terms of cost it is the best non-fiction buy in the country. No other commercial publisher in America could match the book, in size and format

alone, at its retail price.

The first edition runs to 100,000 words, the edition just off the press is 168,869.

The old edition contained 29 stories, about 1,800 words each, the new edition has 37 -- 24 of them brand new -- and all of them running to twice the length (or about 3,300 words) of the earlier work. The new stories are more detailed and more explicit, more revealing, and of more useful contrast and variety.

The geographical spread, in the new book, is far greater: 15 cities, 10 states, and two foreign countries.

The vocational range is immense: buyer, industrial executive, surgeon, banker, writer, educator, soldier, insurance agent, advertising executive, furniture dealer, stock farmer, beautician, charwoman, truck driver, insurance investigator, salesman, real estate agent, promoter, accountant, sculptor, journalist, upholsterer, organizational executive, patent expert, lawyer, doctor, and housewife. The most numerous in this list is the housewife -- with six stories.

There are 110,000 words of absolutely new material, yet the practical, therapeutical, and expository first 175 pages of the original work are here intact. These pages have already gone into the American legend as the "greatest redemptive force of the twentieth century." And these pages will remain there, through the full history of man's pursuit of maturity.

BOOK REVIEW

BEST SELLERS

Vol. 15: 96, August 15, 1955

ALCOHOLICS ANONYMOUS (Second Edition)

Alcoholics Anonymous Publishing Co., July 16, 1955.

This book is a revision of the first edition originally published in 1939, which has gone through 300,000 copies. Not only does it tell the appalling story of alcoholism, but it also serves to give a deep insight into the philosophy and functioning of A.A.

Five chapters devoted to the relationship of the alcoholic to his wife and family contain many instances of marital and domestic difficulties, their meaning and methods of handling them. Spouses and families that have been spared the presence of an alcoholic can never fully appreciate

what it means to have a family member a victim. These chapters dispel many of the misconceptions and false notions of how the alcoholic should be treated, and they offer many sound suggestions in this area.

The second part of the book contains thirty-seven case histories of alcoholics. Twelve of these relate to pioneers of A. A.; twelve tell about people who stopped drinking in time. The remainder are inspirational in nature.

At the present time A.A. numbers more than 150,000 members. In view of its short history, less than twenty years, this is a phenomenal growth. Since we have over 800,000 problem drinkers in the U.S. it is immediately obvious that hospitalization is impossible even if it were feasible. Because of this fact, efforts like A.A. take on a practical urgency. As the book well indicates, A.A. does not seek to supplant the psychiatrist or medical man. However, the group experiences of A.A. have evidently been sufficiently strong to help chronic alcoholics take the steps necessary for their rehabilitation.

This book is a welcome addition to the literature on alcoholism. It has value for the alcoholic who is seeking help, his family and friends and even the persons professionally concerned with his treatment and recovery.

BOOK REVIEW

SATURDAY REVIEW

Vol. 38, August 27, 1955

"THE BIG BOOK" BIBLE FOR ALCOHOLICS

There was a time when the organization known as Alcoholics Anonymous, which has become one of the greatest boons to the drunkards of the world, had a membership, which was a little lopsided. On its rolls the Bowery was better represented than Park Avenue, a fact deplored by the organization's leaders. So, recognizing that the rich can become just as alcoholic as the poor, the organization decided to do something about it. Acting on its long-held tenet that only a sober ex-drunk can cure a down-and-out drunk, the A.A. leaders looked around for an ex-drunk with glamour and the ability to speak the Park Avenue language. They found it in an ex-drunk countess. The result: Park Avenue became as well represented as the Bowery on the rolls of A.A.

Now, in the past few years, another change has taken place in the membership of A.A. -- a change that has proved even more important than that accomplished by the countess, but which was comparatively unnoticed by the public-at-large until last month. At that time A.A. held its

was chairman with the remark that "Physicians in general are admitting that the lay healers are doing remarkable work." Asked at the end of the conference to expand his comment, he said, "We know that if we are going to make any real advance we must tap every source of knowledge and healing there is. Not only lay therapists, but lawyers, clergymen, and social workers are successfully helping and treating the alcoholic. . . This means treating someone who is emotionally sick or hurt or down or sometimes weak. Certainly physicians have no corner on it. There is no magic to it. And no royal road."

Again at the Council's three-day symposium held in Philadelphia last December, under the auspices of the Association for the advancement of Science, the achievements of lay healers were touched upon. Some of the healers read papers, and at the informal luncheon and dinner conversations they were listened to and even deferred to by the medical scientists.

To learn the consensus of opinion I questioned forty of the leading medical authorities who attended the symposium either as participants or audience. Thirty-four of them admitted that, in face of the evidence, the lay therapists were getting the best results. Some of them went so far as to say that the laymen were curing cases which the physicians had pronounced incurable.

The six who held back were not complete dissidents. Their difference was a difference in their school of thought. Unlike their colleagues who believe that alcoholism is caused by some deep mental and emotional disturbance of which drinking is only a symptom, and that its cure must therefore be mental, they contend that its cause lies in some fundamental chemical derangement and that its cure must therefore be chemical.

"We grant you," said one of them, "that a drunkard may be cured of the drinking habit, but that does not mean he is cured of alcoholism. For the fact remains that alcohol is a poison to him. And if at any time he takes to drinking again, no matter how moderately he may begin, he will again end up as a drunkard. The alcoholic may be said to be completely healed only when he can drink without disaster. Some day some bright young chemist will emerge from his laboratory with some chemical which will do away with the allergy which makes the systems of some people intolerant to alcohol. Then the cure for alcoholism will have been found.

"In the meantime," he concluded, "I'll gladly give credit to the laymen who are doing so much to arrest the disease by curing the drunkards of drinking."

I am not of course presuming to decide which of the two schools is right. Since it is the excessive drinking which causes all the havoc in alcoholism, what really matters is the apparent agreement on both sides that drunkenness can be healed and that the lay therapists are breaking all past records in

the number of their healings.

Now when I use the terms "alcoholic" and "drinker" I am not referring to the casual convivialist nor to the extreme cases in which the patients' minds have lost all touch with reality. They are the physicians' private enigma. I mean the man or woman whose abilities, health, and social graces have been dissipated by constant drinking and who is not able to stop it without help from the outside.

And when in this instance I speak of the layman I do not include the charlatans who make false claims for their patent nostrums. I am thinking only of those therapists whose accomplishments are acknowledged by the physicians and who work along with them in their diagnoses, consulting them as the individual cases may warrant.

Specifically, these fall into three groups:

the trained psychologists with whom treating alcoholism is a profession; religious healers; and former alcoholics with whom healing is an avocation.

The professional psychologists are not many. They are exclusive, accepting only a few patients at a time. And they are expensive. As I have already gone into their methods of work in a previous number of this magazine I shall now say only that they are skilled, painstaking, and highly successful, and it is a pity that there are not more of them and at a price which the middle class could more easily afford. The religious healers are doing some excellent salvage work, particularly among the poor. To go into their technic would involve a discussion of articles of faith for which I am not prepared. So I shall confine myself to the third group, the men who have been alcoholics themselves and who, having been cured, are now spreading out like a network and with an efficacy that is convincing to the most conservative medical men.

That they are meeting with success should not, however, be either astounding or extraordinary. For the truth is that while all along the doctors--and I am only echoing them when I say so--have been trying to find out what alcohol does to the alcoholic, nobody has tried to find out what it does for him. But these men know the whole bitter story. They know the drive of drink, its satisfactions and elations. They know the sting of its broken resolutions, as they are drawn back to it again and again. They know its jubilations and deep despairs. They know the things, so infinitesimal to the balanced temperament, which set the drinker on edge and send him into his cups as a way of escape. They know his whims and his disinclinations. How he thinks, how he feels, how he rationalizes are well-worn pages to them.

This is not to say that every alcoholic who has been straightened out is qualified to heal others. But among them there are many whose highly sensitive and intelligent natures, added to a capacity for making friends,

fit them peculiarly for this highly specialized curative art. As a further aid there is that strong bond between drinkers which makes it easy for the man who has been down and is up again to reach those who are still down or groping.

II

In order to keep their record straight, before going into their processes, it must be noted that their therapeutic definitions and principles coincide with those of the medical specialists. They recognize alcoholism as a "fugal" disease, meaning that it is made up of several strains, each one of which is involved in the others. There is the first cause which is usually some circumstance or event in early environment which sets up an "imbalance" in the personality, making it difficult or even impossible for those who are thus afflicted to face the realities of life. Or it may be some inherent tendency, such as a highly strung nervous system, which is aggravated by some such circumstance as I have mentioned. As a second or remote cause, there are the problems which arise in every life and which the unbalanced temperament is not able to cope with. Third, there is the drinking, which is the means of escape and a symptom of the disease at the same time.

If the disease is to be cured every one of its elements must be taken into consideration. The first cause must be detected and explained away. The patient must be taught how to face his problems as they come to him. And he must be given new interests to take the place of his former interest in drinking.

Two further points should be borne in mind. To be healed of alcoholism the drinker must have the desire to stop drinking and he must be willing to face a future in which he will never again be able to take a drink. For in the annals of medical science there is no record of a man's having been healed of alcoholism unless he had taken the cure of his own volition. Nor is there any record of a reformed drunkard who was ever able to drink moderately without going the whole way down hill again.

With the perspective clear, let us look into the process of this new lay therapy through the story of one of its practitioners.

Mr. Ex, as we shall know him, began to drink when he was a student at college during the prohibition era. By the time he was thirty-five he had been arrested for drunken and disorderly conduct in a chain of ports around the world. More to please his parents than himself he had taken the "cure" in five expensive alcoholic retreats, only to drink more on coming out of them than he had before going in. Outstanding psychiatrists had told his father that his type of alcoholism was rarely curable.

Then something he does not speak of happened to make him want to stop drinking. With all that he had learned about drinking and the drinker in his

fifteen years' carousal he was able to stop by himself. During the months when he was striving for equilibrium he found peace through helping one of his former companions at the bar. Five years have passed during which he has devoted his leisure to this curative work, and he has a number of difficult cases to his credit.

His technic is simple. He employs no formidable terminology, as his experience has been that the ominous vocabulary of some practitioners is confusing and repellant to the sick and jittery mind. Since no two cases are alike, his approach comes by intuition, and the discipline and text emerge out of each case as it moves along.

According to Mr. Ex, ninety-five out of every hundred drunkards have the deep desire to stop drinking. Only a few will admit it. They think it is a confession of weakness; or they are afraid of becoming unpopular in their social group; or they cannot face the knowledge that liquor has got the best of them. And any direct suggestion from their family that they see the doctor or take a cure drives them farther into their cups.

Therefore Mr. Ex's approach is the more subtle one of man to man. He goes out where drinkers congregate. The man he is looking for may be someone he knows or whose family has asked him to step in and take hold. He never talks shop until he is sure he is on firm ground. A glass of tomato juice may evoke a question or the lift of an eyebrow, to which his answer implies that he has had more than his share of gin. A comparison of symptoms and an exchange of reminiscences may follow. By degrees the drinker may be led to unload his troubles and the friendship is established.

From there it is a short step to his admission that he wants to stop his drinking--a cue for Mr. Ex to ask him why he doesn't stop. He may say that it will make a sap out of him. The response to that is that only a strong man can give it up. Or he may say that he is thinking of going to an institution--then when he comes out he can take a few drinks without wanting to get drunk.

"At this point," Mr. Ex says, "I tell him what happened to me not once, but five different times when I thought I had been cured and could take a drink. What I am doing all this time is leading him to a mood where I can ask him to play ball with me. Just how I do so depends of course on the personality I am trying to reach."

The most difficult alcoholics to approach are those who take alcohol as a narcotic to avoid the pains and the realities of living. Most often they have to go through some devastating experience before they are ready to give it up. However it comes, it is only when the patient expresses a real desire to be cured that the cure begins. Somewhere at the outset when a diplomatic moment presents itself he is persuaded to see the doctor for a general going-over. Regular meals and exercise for those who can take it are

prescribed. And work. If the patient still has his job so much the better. If not something absorbing is found to keep his mind employed at some spot away from himself and his former rendezvous.

Some alcoholics cannot stand the strain of giving up liquor all at once; they can be led to taper off. When they find they are able to go any length of time without a drink their morale shoots upward. Curiously enough, the first few weeks of abstinence are not always the hardest. For the old urgency has a way of turning up at the end of the second or third month, trying to beat them down again. Mr. Ex's prescription for such hours is immediate action--a brisk walk, a bus ride, the movies, or even a telephone call--any interlude that will bring about a change of thought. As such temptations are resisted they recur less frequently until finally they are gone never to return. A good exercise in resistance is to walk past bars until one is able to ignore one's own favorite bar in the same way. A patient who can do this half a dozen times is ready to enter a bar or go where drinking is without taking a drink. When he has gone successfully through this ordeal he is well fortified for complete recovery.

Mr. Ex is devoting the gratuities he receives for his treatments to a fund with which he is establishing an Alcoholic Consultation Bureau in the city where he lives. It is to be a county center where those with drinking problems of their own or those who have a drinker in the family may go for treatment or advice, safe in the knowledge that their confidence and identity will be respected. If it proves effective he hopes that it will become a model for other communities to follow.

III

At the time the previous article on this subject was published I received hundreds of letters from Harper readers in many parts of the country. They came from men and women in many walks who laid bare their most intimate personal sorrows as they asked me to advise them about some member of the family who was drinking to excess. There was little I could tell them. Psychiatric treatments were beyond what most of them could afford or there were no psychiatrists in their localities. In some instances psychiatry had been tried and had failed. The few reliable private institutions I knew of were too remote or too costly. Most of the public hospitals, if there were any in the communities, had no alcoholic ward. The public mental hospitals, generally speaking, were insane asylums from which the discharged alcoholic patients were known to be worse off than when they had entered.

It is to such people as these, people who do not know where to turn for help that Alcoholics Anonymous, the group of men I mentioned in the first part of this article, are hoping to have something to say.

This organization, which now has a membership of over two thousand and centers in fifty localities that embrace all of our States except a few in

the Middle West between the Rocky Mountains and the Mississippi River, had its beginning in the healing of one man, a Wall Street broker whom we shall speak of as Mr. Jones. After a drinking career of fifteen years in which he had built his ration of gin up to two quarts a day, he was pronounced a hopeless alcoholic. Some time before this verdict a friend who had been cured of dipsomania with the help of a religious group had told of his experience with such simple precision that Mr. Jones had been challenged by it. Thinking now of what the doctors had said, his mind reverted to his friend, and he sought the same aid. "In a week," says Mr. Jones, "I had taken my last drink. In a month my appetite for liquor was completely gone."

Shortly after this a business trip took him to Akron, Ohio, where he remained to help a former crony who had lost his job and was without the prospect of another, as the title of "confirmed drunkard" had been conferred upon him by the townspeople. This friend healed one of his own friends. Mr. Jones did likewise. By the time he was ready to return to New York he and his patients had made plans for a full-time avocation of healing alcoholism and for starting a healing movement across the country.

Mr. Jones realized that, while drinkers may have their similarities, no two of them are ever alike in nature. If he were to reach out toward all those who needed help he saw that he would have to broaden his therapy, which up to this time had been wholly religious. Back in New York, he and his wife took five non-paying alcoholics into their home for study and experimentation. In healing them he was able to formulate a set of elastic principles capable of spanning a wide area of cases.

In 1936--two years after it had been started--the movement had spread with such rapidity that money was needed for office purposes. Two or three of the members felt -that if they could take the time to collaborate on a book about their experiences they would be able to raise the necessary amount. Someone told Mr. John D. Rockefeller of the recoveries they had effected. After he had looked into their activities he made it possible for them to take the time to write the book. When it was ready to be published a group of Mr. Rockefeller's associates consented to form a Board of Trustees to handle the royalties as they accrued.

Last year, with the work speeding forward, Mr. Rockefeller felt that what it now needed was "not money but standing." At a dinner given by him to two hundred of the country's most prominent men he invited Mr. Jones to speak. What he had to say was verified and approved by medical scientists and clergymen through such spokesmen as Dr. Foster Kennedy and the Reverend Harry Emerson Fosdick. The honorarium of three thousand dollars raised that evening, together with royalties from the book, maintain a small office in downtown New York. Mr. Jones's salary is thirty dollars a week. "I have a strong feeling," he explains, "that if I were to commercialize my services within the group by accepting money I should impair my effectiveness."

Among the members of Alcoholics Anonymous are lawyers, doctors, clerks, chauffeurs, stenographers, and housewives, and they are of all ages between the early twenties and the late sixties. Out of two thousand current cases, ninety-five per cent of whom are employed, one thousand have not tasted liquor since they attended their first meeting. For some this means three months. For others, six years. Five hundred have -slipped a bit now and then, but they are out of the quicksands. The other five hundred are not yet quite sure that they want to be cured, or they are suffering from the more doubtful forms of the disease; but they are being helped.

It has been said that the technic has the mark of Buchmanism. It probably has, and of other religious groups and healing methods. For it is a synthesis of everything that has proved useful in the whole field of alcoholic diagnosis and treatment. A movement that has for its purpose a crusade of mutual assistance in which one drinker becomes therapist for another, it is open to anyone who drinks too much and cannot stop of himself. Two exactions only are demanded of him. He must be sincere in his wish to be healed. He must have the desire to help his fellow drinkers. Anonymity is maintained because of the extreme sensitiveness of the alcoholic to prejudice or ridicule. And it prevents giving offense to relatives or to doctors and spiritual advisers, all of whom have their redemptive parts to play.

The actual phases of the treatment are not fundamentally different from other mental therapies. But the instruments are not the same and the terminology is non-existent. The "mental catharsis" of the psychologists becomes here the simple business of talking out loud to an audience made up of those who are taking the cure themselves. These open meetings are practical forums in which the members exchange points of view and offer suggestions under the leadership of the more experienced therapists such as Mr. Jones. Once a week the families of the patients are invited to special meetings where the care of convalescents is the main topic of conversation.

Another important step is the mental inventory in which the patient lists his virtues and his faults as an aid to self-appraisal. It is from this evaluation that the pattern of adjustment, the vital core of rehabilitation, is drawn. (It is what the psychiatrists call "personality change.") For instance, if a member has mistreated his wife, neglected his family, or been dishonest in his business dealings, or quarreled with his neighbor, he must not only change his ways, but he must try somehow to repair the damage he has caused. Whatever his troubles, he is given ample opportunity to talk about them; for it is through such disclosures that the real cause of his malady reveals itself. Instead of evading his problems, as he has in the past, he is taught how to solve them. And if he strikes a snag he knows where to go for help--and it will be to someone who has been through the same experience and will therefore be able to give him a sympathetic and helpful hearing.

As the treatments progress he is directed toward some interest absorbing enough to take his mind away from liquor. Sometimes he may find his release in the recognition of a Supreme Being, a Power outside of himself who is greater than himself. There have been a number of cases in which this religious awakening has broken the spell of the exaggerated egotism which was one of the persistent causes of his illness. However, no compulsion is put upon the patient. He makes his own choice. About sixty per cent of the members of Alcoholics Anonymous are deists. Many who have not been to church since they were children have returned to their faiths. And there are not a few atheists among them. For most of them the great hobby that holds their enthusiasm is the help they are giving to one another. "It is a great satisfaction," said one of them who was in the advanced stages of the disease when he was enrolled, "to know that you are marking the difference between life and death for someone."

The processes employed in the course of treatment are not allowed to become stagnant. "We are always experimenting," Mr. Jones explained. "We try something and if it doesn't work we throw it out. What we are striving for is a progressive and ever more flexible system of healing which will cover more and more of the peculiar effects of alcoholism on the many diverse human personalities."

IV

The layman's burden I have indicated is not for the shoulders of the therapist alone. The family of the alcoholic--parents, sisters and brothers, sons and daughters, husbands and wives--may very well be the deciding factor in the success or failure of his cure, just as they are often the chief contributors to the disturbance which causes the illness. Because of this possibility some physicians will not treat certain patients unless they are removed from their homes until recovery is pretty well assured. And all healers make every effort to gain the co-operation of relatives as a precaution against relapse. When families fail it is not as a rule because they are contrary or apathetic, but because they do not know the rules.

For their benefit I am setting down a list of things to be remembered which I have gleaned from these specialists:

The convalescent needs care and sympathy, not nagging and recrimination. He must, until you are sure that his recovery is complete, be handled with silken gloves. For he has been through a devastating purgatory. Invalid though he is, he wants to be treated like a man and not a child. Yet, paradoxically, he must in some things be looked after as if he were a child. Great care must be given to his diet. Some medical scientists are now thinking that alcoholism may be due to lack of sufficient vitamins in the drinker's system. Tomato and orange juice, carrots, beets, celery, wild rice, milk, eggs, good red meat (if his blood pressure is normal), and some chocolate and sweets (if he is not diabetic), are some of the foods that

Nancy

Dan Anderson, addiction treatment pioneer and former Hazelden president, dies at age 81

Dan Anderson, former Hazelden president and a founder and primary architect of the Minnesota Model, the preeminent method of addiction treatment for the past 40 years, died February 19, 2003 at St. Croix Regional Medical Center in St. Croix Falls, Wis.

Anderson, of Taylors Falls, Minn., was 81. "Dr. Anderson was a pioneering father of Hazelden whose wisdom, curiosity and great integrity are a cornerstone of our model of care," said Ellen L. Breyer, president and CEO of the Hazelden Foundation. "His work has literally touched the lives of millions of people." Anderson is best known for his revolutionary ideas on treating alcoholism and for developing, expanding and sharing the Minnesota Model [35] during his 30 years at the Hazelden Foundation in Center City, Minn. Many addiction treatment centers in the United States and worldwide, including the Mayo Clinic and the Betty Ford Center, emulated the Hazelden model of care. In Anderson's biography, [36] John Schwarzlose, president of the Betty Ford Center in Rancho Mirage, Calif., recounts how in 1980 Anderson was extremely helpful in the planning of the Betty Ford Center. Schwarzlose refers to Anderson as his mentor, one who "always had the best interests of patients at heart in his work. Some in Dan's position would have seen the Betty Ford Center as a potential threat to Hazelden's preeminence. Dan's reaction, however, was not only to graciously agree to help, but to encourage our center to improve on what Hazelden had done." "The Minnesota Model represented a social reform movement that humanized the treatment of people addicted to alcohol and other drugs," said Jerry Spicer, former Hazelden president and author of *The Minnesota Model: The Evolution of the Multidisciplinary Approach to Addiction Recovery*. [37] "Dan played a major role in transforming treatment wards from 'snake pits' into places where alcoholics and addicts could retain their dignity." "Dan showed tremendous care and compassion for people suffering from alcoholism, especially during a time when it wasn't popular to do so," said Gordy Grimm, a long-time friend, associate, and fellow pioneer of the model. "He did as much as anyone to raise awareness that alcoholism is a treatable chronic disease. His work touched the lives of millions of people and greatly reduced the stigma of this disease." As a psychologist at Willmar State Hospital in the 1950s, Anderson and Nelson Bradley, superintendent of the hospital, were dedicated to finding an effective way to address "inebriates," a group that was considered "at the bottom of the patient pecking order" at that time, Anderson said in a 1998 interview. "Everyone looked down on them, including the community, hospital staff, and even our mentally ill patients. The inebriates had a lower status than the schizophrenics and the manic depressives, or even the kleptomaniacs or pedophiles." The prevailing view during the 1940s and '50s was that

alcoholics were weak on willpower, and if they ended up on the streets, they probably deserved to be there. But Anderson was intent on helping this population. He saw the tremendous value of Alcoholics Anonymous and made the Twelve Steps of AA the foundation of the model. Anderson and Bradley viewed alcoholism as a primary disease, a disease of the body, mind and spirit. Their theory was that alcoholism is a multiphasic illness that needs to be addressed by a multidisciplinary team of professionals (counselors, spiritual care specialists, psychologists, psychiatrists, physicians, recreational therapists, and more). The Twelve Step multidisciplinary approach to addiction treatment is an idea that was introduced at Willmar State Hospital and more fully evolved under Anderson's direction at Hazelden. Some thought Anderson was "giving away the store," but he was simply passing on knowledge that would help as many addicted people and their loved ones as possible. After he retired from Hazelden, Anderson said, "We probably did more good at Hazelden through the people we've trained than through the work we've done to treat people." The idea for sharing the Minnesota Model was a big part of the Hazelden mission under Anderson's leadership. Anderson was a huge proponent of passing on Hazelden's knowledge through consultation, training and education. He was a popular lecturer, both nationally and internationally, and wrote numerous essays, articles and books on addiction topics. Two essays still regarded as classics include "The Psychopathology of Denial" and "Behavioral Management of Chronic Illness." He taught for more than 30 years at the Rutgers Summer School of Alcohol Studies and lectured frequently at the University of Minnesota's Chemical Dependency Counselor Certificate Program. He was active as a member or consultant for many professional associations. His honors and achievements were numerous and included the Rutgers Summer School of Alcohol Studies 1982 Outstanding Achievement Award; the 1984 Nelson J. Bradley Outstanding Service Award from the National Association of Alcoholism Treatment Programs; the First Annual President's Award from the Minnesota Chemical Dependency Association; an honorary Doctor of Science degree from the University of Minnesota in 1987; and the Distinguished Alumni Award for 2000 from the University of St. Thomas. Anderson was born in Minneapolis on March 30, 1921. He earned his bachelor of arts degree from the College of St. Thomas in 1950, his master of arts in clinical psychology from Loyola University in Chicago in 1956, and his Ph.D. in clinical psychology from the University of Ottawa in 1966. Anderson served as a clinical psychologist at Willmar State Hospital from 1952 to 1961 and was a consultant and lecturer for Hazelden from 1957 to 1961. He joined Hazelden full time in 1961 and was executive vice president and director there until 1971. He served as president of Hazelden from 1971 until his retirement in 1986. He remained active in the field as president emeritus of Hazelden in the following years. Anderson, who lived in Taylors Falls, Minn., for the past 38 years, is survived by his wife Marie; two sisters, Dawn Birra and Colleen Hammerlund; 10 children, sons Dennis, David, Dean and Doug and daughters Monica LaVigne, Colleen Anderson, Cheryl Anderson, Patti Anderson, Corinne Anderson and Cindi Foster; 15 grandchildren and one great grandchild. The family requested that memorial's in Dan's honor be given to the Hazelden

recognize him. He gets \$4 a pint for his blood, a sum which is immediately translatable into a couple of gallons of muscatel.

Are you a member in good standing of the Officers' Club? Then, try Congress Avenue in Houston. You may recognize the man I saw there. He was a lieutenant colonel, up from the ranks, sir. Or check Clark Street in Chicago for a West Pointer, or Howard Street in San Francisco for an Annapolis man.

Did you know a linguist? Scout the Madison Street jungle in Chicago. Because a derelict there surprised a cop by speaking to him in Gaelic. An assistant state's attorney got Italian from him. Later he lapsed into Chinese. A Greek lawyer, called in, said his Greek was good. "Sure, he could get by," the lawyer explained. "You see, he doesn't speak modern Greek much. Just classical Greek."

This man won't be hard to find. He's a Negro.

I traveled 8,000 miles before I met somebody I knew myself. I ran into a schoolmate on the corner of Stanton Street and the Bowery in New York at seven fifty one morning. (A saloon on Stanton Street hands out "coffee and " each morning when the doors are opened at 8:00 A.M.) My old schoolmate was waiting. He laughed when he saw me and said, "you're getting fat. You drink too much beer." Meeting him cost \$5.

I started this tour of Skid Row in Chicago where I met Captain Joseph Graney of the Desplaines Street Police Station. The captain made me a little bet.

"If you're going all over the country to look at Skid Row I'll lay you 15 to 5 you meet an old friend," he predicted. "And I'll tell you something else. You'll meet guys who talk better than you, think better than you, and dress better than you. But you just won't meet anybody as lucky as you."

The captain was right on all counts.

Alcohol: the Cause or the Result?

Skid Row is the end of the road for thousands of Americans. It is a jungle of crumbling tenements, twisted shacks and filthy alleys. It is an open jail for men who are guilty of no greater crime than being poor, or not getting along with their wives, or just being lonesome. Sure, many drink, but no man can honestly say whether alcohol is the cause or the result of their hopelessness.

Skid Rows are at their gaudiest in big cities, but if there are 5,000 or more people in your town, chances are you have a Skid Row of sorts. You think not? How about that part of the city where the ne'er-do-wells gather—a couple of drunks, the old panhandler, the shiftless handy man, the fellow who never amounted to much after the war (pick your own war) and the village

idiot? That's Skid Row.

If you live in a big city you know the place. In New York it's the Bowery, biggest and cruelest of them all. Chicago has two small Rows plus bloodstained Madison Street. There is also Howard Street in gracious San Francisco, the dirtiest, drinkingest and most depressing thoroughfare in the land. In Los Angeles it's Fifth Street off South Main where the bartenders direct you to the nearest blood bank when you run out of money and need some quick cash.

Proud and booming Houston has its Congress Avenue where the bums try to talk like Gene Autry, try to look like him, and never spill a grain of tobacco as they roll their own with quivering hands. In Kansas City, the flophouses on Main Street and the tin-can shacks on the banks of the Missouri have at one time or another housed a great Middle Western brain surgeon, a millionaire" son, a farm equipment engineer who was the best man in his business, and wonder of wonders, Missouri's leading madam.

Dungarees or blue jeans are the traditional uniform of Skid Row, but a neatly dressed man excites no interest. He can be a sightseer, a businessman off on a bender, or one of the highly prosperous gentlemen who run the saloons, flophouses, barber colleges, pawnshops or two-bit movie houses that infest the jungle.

The saloons sell 10-cent gin at a profit. Barber colleges are numerous because there are always plenty of men in the neighborhood who are willing to shed a few drops of blood in return for a free shave. The two-bit movie houses provide a comfortable place to sleep despite the endless gunfire exploding from the sound tracks of the old Westerns that are Skid Row's customary cinema fare.

I spent a month on the Skid Rows of the nation and visited all these exotic hangouts of the unlucky and the unwary. I also visited a quiet old building on Hillhouse Avenue in New Haven, Connecticut. In it work some of the brilliant and consecrated men who are devoting their lives to studying alcoholism. If anything is to be done for Skid Row bums, the whys and wherefores of drunkenness must first be understood. The men at the Yale Clinic are trying.

To the vast majority of people liquor is refreshment, a part of good and congenial living. And wine, always more exotic than the hard stuff, recalls the warmth, the richness and the good taste suggested by its historic use in religious ceremony.

That's what alcohol generally means to most of us. But to the 90 per cent of the Skid Row population who are chronic drunks, alcohol-in any form-is the be-all and end-all of their sordid existence. It is pursued as other men seek fame, fortune or the third blonde from the end.

The other 10 per cent live there for financial reasons, usually because their earnings or their pensions permit nothing better. Some are ducking alimony payments or more serious complications. Others simply are misers. Many old-timers eke out their last days in fleabags because they can find companionship there without the regimentation to be faced in the Old Folks Home.

But the typical Skid Row bum will drink anything. Three Chicago policemen, planted inside a stolen automobile in a garage, watched one bum tap an engine and then lie on his back to catch the spouting antifreeze alcohol. Rubbing alcohol and other forms distilled from wood are diluted or "cut" to make "smoke," a universal Skid Row drink.

Bay rum, hair tonic and canned heat are also widely used. The solid canned heat is reduced to liquid by putting it in a piece of thin cloth and then squeezing it. The resulting poison is known among the cognoscenti as a "Pink Lady."

Death or blindness is the frequent end result of this kind of drinking. As a minor note in a major tragedy, "smoke," "Pink Ladies" and the like do not produce the sense of well-being common to accepted alcoholic drinks. They merely numb, render unconscious and perhaps bring on death.

An oft-used drink along Skid Row, however, is wine. Fortified wines. They run slightly over 20 per cent alcohol and are therefore about half the strength of a shot of whisky.

There is a popular police theory across the nation that the "winos" (or "wineos" as some Chicagoans call them) will drink fortified wines because they keep a man drunk longer. The winos disagree. I was told at least a hundred times in response to my question, "I drink wine because I can't afford whisky." When a Skid Row bum does have a stake he drinks hard liquor.

The business of getting drunk starts with the dawn. The haggard man walks around with one hand outstretched. In that hand is a nickel or a dime. He hails each passing comrade with "I got a dime." The other in turn sings back how much he has. They join forces and continue the search for a third and fourth, or until they have among them enough to get a bottle.

There are certain customs and etiquettes observed. The largest contributor usually gets the first drink, but after that it is rotation drinking without regard to contribution. If two men have enough to buy a pint they will do so, but not three. Three will wait until they have a fourth, and perhaps even a fifth man, in order to get a larger bottle. A non-contributor often can get a drink. However, custom limits him to just one, unless he has spent the night in jail. He may then join the rotation. These gentle rules apply everywhere except in New York. There, Bowery protocol is: No money, no

drink.

Shelter is a distant second need to alcohol in the Skid Row pattern. Food is a bad third. Even in the mildest of weather the bum wants a bed or, as he calls it, a "flop." He knows he must sleep and his need for a bed is one per cent comfort and 99 per cent sheer survival. If he sleeps in a park or an alley he can reasonably expect to have his shoes stolen and his pockets sliced out of his pants. He will be too drunk either to know or to resist.

Many Names for Flophouses

The commonest of Skid Row shelters are the flophouses. The entrepreneurs of these substandard stables prefer to call their hostelries "lodginghouses." The clients of the "lodging-houses" prefer such basic descriptive terminology as "fleabag," "scratch house," "flop-house" and a long series of accurate, but unprintable names. Prices vary slightly the country over, but the difference is not great. In general a dormitory cot costs a quarter and a private room usually sets a guest back about a half dollar.

The private rooms, called "bird cages," are six feet by four feet and contain a bed and locker. The walls are built at least two feet short of the ceiling, and wire netting stretches across the top of each cell. This netting is a ventilating device, and as the evening wears on, ventilation progressively becomes less of a blessing.

Each floor of a flophouse has a few "suites." These are rooms which have windows. They rent for 15 or 20 cents more than the regular rooms. They also have electric lights, a rarity in the majority of lodginghouses.

Many flophouses are patent firetraps. New York and Chicago recently cracked down on the proprietors. But they remain firetraps, nevertheless.

Anybody (male) gets into a flophouse by plopping down the necessary fee and muttering a name to the clerk. The clerk tosses the guest a key and scribbles down his interpretation of the name.

All you get for your money is a flop. If you smoke you get tossed out. If you have a visitor in your room you both get thrown out. If you make any noise (Not uncommon when you go to bed with a jug) you get the heave-ho. Seldom does anybody get his money back when evicted.

Credit regulations are basic the country over. There is no credit except for the steadiest customers and pensioners. A steady customer is defined as a man in residence for more than six years. He can expect two nights' lodging on credit, then out he goes. The pensioner gets a better break simply because his check comes to the hotel, and the management forces him to endorse it on the spot. These rare courtesies are likely to be withdrawn immediately if the recipient forgets to tip the clerk. Strangely, the

itinerant guests invariably tip the clerk a nickel or a dime.

Some Skid Row bums, usually pensioners, live in the same flophouse 15 and 20 years. Two of the Four Horsemen gallop the corridors of the nation's fleabags 24 hours a day. The ambulance and the hearse are almost as common as the patrol wagon which makes regular rounds picking up drunks out of the gutters.

It is impossible to get statistics on the Skid Row death rate but Chicago, whose Skid Row population varies seasonably between 7,000 (spring and summer) and 15,000 (winter), reported last winter that 50 corpses a month are found in the Skid Row area. Another 50 persons are removed from Skid Row to die in hospitals.

Missions sometimes have dormitories and "bird cages." The missions are cleaner and invariably more expensive than a hotel flop. They are not popular with Skid Row bums because their admittance requirements are higher than the flophouses.

In many cities there are also dilapidated rooming houses which usually cater to a reasonably permanent clientele. A lady in Kansas City runs one which has eight pensioners. None of the guests has seen his check in months. She handles everything.

When a Skid Row bum is without a flop for the night he "is carrying the banner." When he is tormented with a hang-over that screams for a nerve placating drink he is "sick." A bum who says he is "sick" or "carrying the banner" can be certain of relief from his fellow bums if among them they can dig up the necessary funds.

Soup and coffee are the staple items of a Skid Row diet. Where prices are high (40 to 50 cents for a portion of meat scraps, potatoes and all the bread without butter you can eat) a regular meal comes close to costing as much as it would in a modest restaurant located in a poor section of town.

Chicago and New York fit this category. But wherever a man can get meat and potatoes for about a quarter, as he can in Kansas City and Los Angeles, it sometimes seems to me that he could do better to get his nourishment from wine. Such restaurants are called "horse markets" by their suspicious customers.

Chef Earns All He Gets

A restaurant on Madison Street in Chicago pays its Skid Row chef \$150 a week and he is worth it. A strange characteristic of Skid Row restaurants everywhere is their attitude on cleanliness. They are either unspeakably filthy or as spotless as a hospital operating room. They all specialize in the cheapest and most obscure cuts of meat, and their prices vary in each

city.

Missions hand out doughnuts and coffee in the morning and soup and coffee at night. But when a man eats in a mission he has been broke and hungry a long, long time. A few saloons give their regular customers coffee and cake in the morning. And soup is occasionally doled out in the afternoon. But the saloon usually uses only three or four bowls at a time, so the bums must wait while the early comers empty and clean a dish.

Free soup and coffee are always a miracle in alchemy. Somehow the cooks manage to water down the water.

The citizen of Skid Row has the same need-if not the same lust-for money that distinguishes his more normal brother. And he gets it precisely the same way. He works for it, has it given to him or he steals it. Skid Row seems to be evenly divided among those who won't work and those who can't work.

Panhandling is a prime source of revenue in any jungle. Sometimes it's plain begging, but more often the price of a pint is earned through devices such as peddling pencils, shoelaces, and the like. The "lumbermen" or crutch carrying cripples can beg \$30 a day with ease. However, when one has made a \$5 stake he simply calls it a day and heads for a package store. The bums have learned that, for some reason, a young man on crutches does better financially than an older person. All begging is risky business because the police are wont to discourage it with controlled violence, but they dare not touch a cripple.

Beggars hang together in groups of four or five. Frequently only one of the gang will work a full day while the others loaf. Each man simply takes his turn.

Meet Trampdom's Upper Crust

The gandy-dancers are the Skid Row aristocracy. They work for the railroads, laying track, grading roadbeds and digging drainage ditches. Their name is derived from the rhythmical movement they once made as they tamped gravel and cinders tightly around railroad ties. They worked in pairs, bobbing up and down. Modern machinery has made this type particular type of work extinct, but there is other heavy labor easily worth the standard \$1.06 to \$1.09 per-hour rate. That shoots up two cents per hour when the gandy-dancer has a year or more of continuous service, a most unlikely eventuality.

The gandy-dancer usually works from May 1st to November 30th. During this period he frequently leaves Skid Row and lives in work camps where he must pay for inferior food and bad lodging. At the typical camp the tab varies from 65 cents per meal to \$2.93 a day. He works six, but pays room and board for seven days. Many railroads maintain labor offices on Skid Row. Others

contract for help through commissary agents who supply the men and feed and board them. The agents' profits comes out of the food and lodging bill.

A gandy-dancer is entitled to unemployment benefits from the railroads based upon how much money he makes. These benefits, plus local unemployment relief, help see him through the winter, or as he says, "Keep me safe to Paddy's Day." A few gandy-dancers, as soon as they hit town, will pay their flophouse rent in advance for December 1st to St. Patrick's Day. Most of them are lucky if they have a nickel left a week after they come in from the camps. Agents say 70 per cent of the men stay at work throughout the season.

From my own observations, I doubt it by 70 per cent of their estimated 70 per cent.

Many go out to pick fruits or vegetables. This is piecework and those who have the strength and the necessary manual agility can make as much as \$12 a day. The food is always better than the railroad camps provide and is frequently excellent by any standards. Labor agencies are numerous in Skid Row and help supply agricultural workers.

It is an accepted custom for a man to sign on as a gandy-dancer so he will be shipped close to the Connecticut tobacco fields or the California vegetable crops. Then he jumps the railroad and justifies it, if he bothers, because of the bad food and dirty living quarters that seem to be part of the railroad camps.

When a man comes back from a period of gandy-dancing or an agricultural job with a couple of hundred dollars in his pockets, he wants a shoeshine. A bootblack on Kansas City's Skid Row told me, "I've shined shoes that didn't have any soles on `em. They always throw you a half buck. If they have any money, they'll get a shine three or four times a day. I don't know why but they all love to get their shoes shined."

The shoes may be polished in a bar- room and often a man who is flush will leave his wad with the bartender. He may or may not drink it all up in a night. Obviously no man can drink \$200 worth of two-for-a-quarter whisky in a single evening but there are repeated rounds of drinks for the house. And the bartender usually keeps tab with equal abandon.

Men who want a day's work will gather at a rendezvous point in Skid Row to be picked up each morning by independent truckers. The pay is usually a dollar an hour and no Skid Row laborer will accept hire from an employer who insists upon withholding taxes. He wants \$8 for eight hours and the trucker can pay the government anything Uncle Sam has coming. This work is as unpopular as it is arduous, so four or five men will band together to take daily turns at working and each day's \$8 is divided among the group that night.

Most of the handbills distributed in any town are set out by Skid Row workers. To get around minimum-wage laws, an hour is not used as a unit of time in this industry. An hour is the duration it takes to distribute a specified number of handbills. In crowded areas an hour is equivalent to 125 deliveries; medium crowded it's 100; and sparsely settled suburbs are 75. Payment in this field seems to work out to around 35 cents an hour for a day" work. But it can be a lot less.

The lowest form of Skid Row labor is bottle collecting. Men trudge around picking up empties which, by a custom which is nation-wide except in New York, are carefully lined up along the curbs for the convenience of the bottle-man. He gets a cent and a half for gallon jugs, a cent for quart bottles and a half cent for pints. And they must be wine bottles, because whisky bottles by law cannot be refilled.

Brisk Trade with Blood Banks

If you have ever been given plasma or serum you are closer to Skid Row than you think. Thousands of bums peddle their blood to legitimate banks, many of which are located in, or reasonably adjacent to, Skid Row. The price for a pint which is to be reduced to plasma is \$4 in California and a little more in the East.

A blood donor is generally limited to five bleedings a year, but a man can go broke a lot more than five times during 12 long months. Records are kept, but identification is a haphazard thing on Skid Row. Arms are examined for recent punctures and in Los Angeles each donor has the fingers of his left hand painted with a compound which is not visible unless the hand is placed under a blue fluorescent lamp. It takes about eight weeks for this solution to disappear completely. I watched one bank turn away 32 men within two hours when the lamp showed telltale blue on their fingers. Recently, however, a Skid Row chemist discovered a solution that erases the stain within minutes.

Clear-blooded alcoholics from Skid Row make up the largest part of the nation's donor population. But their contributions mix easily with those from church groups giving blood for charity, or from young men who need the price of a few gallons of gas for an evening date, and from other young men who need money to buy mike for their babies. The blood banks in Los Angeles normally hit peak production just before Income Tax Day.

Pensions account for a large, if not the largest, portion of income. Most pensioners do not draw enough to allow better living standards.

The steel and concrete jungle is heavily populated with remittance men drawing small monthly checks from relatives and with Army and Navy pensioners. The retired servicemen are usually as drunk as anybody in the bar-room, but they are invariably immaculate.

One of the most extraordinary seminars I ever heard started in a Bowery saloon when one old gentleman complained of his rheumatism and said, "I can go up to the Old Soldiers Home. But I don't want to do that yet." He went on to say, "There's a law you know. No soldier of Uncle Sam can be a public charge."

General agreement was voiced and then a bleary old gent said, "You know, America is the greatest country in the world." This was immediately acknowledged as gospel by all and sundry and there began a round-table discussion among a half-dozen down-and-out hulks, each vying to add further vocal tribute to the land of opportunity.

There are a few women on Skid Row, for a variety of reasons. Perhaps one explanation is that the weaker sex is made of sterner stuff. Another more obvious argument is that society just won't allow a woman to sleep in the gutter. I saw a cripple fall and split his face wide open in front of Chicago's Haymarket Theater and the box-office lady didn't pause a second in the job of applying her lipstick. But let a woman doze off in a hallway and the police station switchboard lights up like a Christmas tree. Almost invariably the calls are from indignant females.

The female Skid Row consists, obviously, of the bordellos of the land. But the inmates therein rarely wind up in the gutters. The mortality rate among prostitutes is high. But so, too, is the marriage rate. And when a girl finds she has to call quits to such a career she can always go home.

Few Women Among the "Down"

Traveling from New York to California and back, I saw four out-and-out Skid Row drunks of the opposite sex. I don't know how many thousands of alcoholic men I saw. The professional phrase for a bum who has dropped to the sidewalk is "down." I saw at least 500 males who were down during a month in the jungle, but just two females.

I did see perhaps 50 women who obviously lived on Skid Row. There are no flophouses available to them, so they live in tiny rooms. They are pensioners or beggars. A few shelters for women do exist, but they are expensive and the tenants are subject to expulsion if, after a 12-hour day of selling pencils, they so befoul themselves as to have a couple of glasses of beer.

Although Skid Row is almost completely free of sex, and few females are ever seen on it, women are a perpetual topic of conversation at the bars and over the tables in the flophouse lobbies. Almost all Skid Row bums insist that women put them where they are. At first I shrugged off that theory as an alibi. After a month of closer listening, however, I would suggest that any error is in the direction of understatement. In addition to the bums who are

certain that women put them on Skid Row, there are others who unmistakably were driven there by women and don't realize it.

To clear up that last statement first: Policemen all over the country told me to look for the derelict who had been the "youngest son." He was not hard to find. He was, in fact, everywhere. He was the boy who had stayed home with Mother while the older brothers went out and got themselves set in business. When Mother died, the youngest was finally forced into a competitive world. Perhaps he started at the age of forty-about 22 years too late.

He stands alone, bereft of his mother's comfort and with a tight silver cord still tied around his hands and his brains. Whisky, he soon discovers, erases his fear, his confusion, and his humiliation. Soon he is on Skid Row. Quite frequently he is supported by checks from his older brothers who ask only that he stay to hell away from them.

He himself believes that he's on Skid Row because he couldn't get along with his family back in Des Moines. He's there, of course, because his mother didn't give him the same break she gave his brothers.

"Too Much Mama" May Harm Son

A slight variation of the youngest son who stayed home with Mama is the case of the only son who did the same thing.

The Yale Plan Clinic is in the throes of conducting a survey which is not yet nearly complete. But the figures which have so far been compiled carry a tremendous impact. Mark Keller of the Yale Group has made the following statement on the basis of what has been learned so far:

"We are making a study on the subject. It is not yet complete but we now have statistics indicating that 40 per cent of alcoholics are either 'only children' or 'youngest.' Also, the more siblings older than the subject, the more likely he is to appear as an alcoholic." Siblings are brothers or sisters.

So much for Mama who is, after all, a woman. The most frequently recurring episode in the Skid Row story goes like this. The Hotel McCoy is the Grand Hotel of Chicago's foul Madison Street Skid Row. It has 800 rooms divided among three floors, each cubicle measuring roughly four feet by six feet. Rates are 60 cents a day except for the rare rooms with windows. With ventilation the price jumps to 75 cents.

A handsome automobile halted before the McCoy and one of the two ladies in it daintily hailed a policeman.

"Officer," she said, "we're afraid to go in there but we would like to see

SKID ROW - U.S.A.

By WILLIAM J. SLOCUM

Within our cities there is a world of living dead where
Lonely, despairing
Americans seek escape from themselves

The author of this two part article traveled 8,000 miles to get a close-up of Skid Row, U.S.A. Every city and town with a population of 5,000 or more has its own human jungle. Crumbling tenements and filthy alleys mark the end of the road for thousands of Americans. Part 1 dealt with the way vagrants go about getting a drink, a flop or an occasional stake. But what is society doing to rehabilitate these men?

CONCLUSION

A weird little tale was recently unfolded in Chicago that somehow managed to encompass everything that goes to make up Skid Row, U.S.A. A bum was found dead in the Madison Street jungle and they carted his body off to the morgue. His pockets were crammed with identification, so officials were able to notify a Wisconsin family that their father had departed this world. The wife and a couple of daughters came on and identified the remains.

The body was taken back to Wisconsin and buried with full American Legion honors. A \$1500 insurance policy was settled and all went well for two weeks. Then the family received a peremptory note from the morgue giving them 48 hours to claim Father or he would go to potter's field. The family, baffled by this development, came running to the Desplaines Street police station, which has jurisdiction over the Madison Street Skid Row.

Captain Joseph Graney quieted the woman and told them the morgue had originally made a mistake in concluding the body was that of their father, and the family had compounded the error by identifying the strange corpse. While the Captain was talking to the ladies, however, they showed him a picture of their father, taken a decade before. Captain Graney looked at the picture and bellowed, "I saw this same guy last night in front of the Star and Garter. He was plastered. Wait here a minute."

Graney hopped into a squad car. In five minutes he was back, dragging behind him a very live and reasonably sober gentleman. It was, indeed, Father himself. As soon as the initial shock had worn off Father spoke. "Fooled you, didn't I?" he gloated. "You thought I was dead, eh? Sorry to disappoint you." With that he made a vulgar noise in the direction of his wife and requested the captain's permission to return to the peace and quiet of his flophouse.

The possibility of intended fraud is remote and unimportant to this grisly anecdote which capsules so much of the Skid Row story. Father did not merely

dislike Mother. He hated her. Father's respectable family and his war record suggest he had not long been an anonymous alcoholic. Father had recently been "jack-rolled" while drunk and it is reasonable to suspect that the man who later died was the one who had picked his pockets. That would explain how Father's identification papers were found on the corpse.

One drunken derelict preying on another, sudden death and the completely broken family, these are Skid Row-the American jungle.

In New York, a Bowery tavern owner named Sammy Fuchs made an effort to do something to help the bums who wanted their relatives to be notified in case of death. From them he accepted envelopes which the bums numbered and sealed. Inside they put the names of their next of kin. Sometimes papers to be forwarded were included. The bums in turn carried little notes on their person reading: "In case of death tell Sammy Fuchs to open Envelope 17." Or Envelope 11, or whatever the identifying number would be.

"I sent off dozens of telegrams," Sammy told me. "I never looked at anything except the address. I know one envelope contained papers which were supposed to secure a big estate for a Skid Row woman's illegitimate son. She told me about it before she died and I hope the kid got it. I sent one telegram to a rich Pennsylvania banker to tell him his son rolled off an East River pier and drowned."

Early this year burglars broke into Sammy's saloon and carted off the safe which held the envelopes.

Sammy runs a Bowery saloon that has a dual personality. From 8:00 A.M. to 8:00 P.M. it is just another Skid Row dive. From 9:00 P.M. to 4:00 A.M. it becomes a sight-seeing mecca for thrill-hungry out-of-towners. The hour between eight and nine is used to clean the place up and create atmosphere by lining up prop Bowery characters. After nine o'clock ancient entertainers sing with great gusto, and a benevolent old man, well into his sixties, plays the meanest piano I've heard in a long time.

Experiments in Rehabilitation

Sammy has made an interesting experiment in rehabilitating Skid Row characters the country over. He straightens them out, buys them clothes, pays a month's rent and gets them a job. He estimates it costs him about \$350 per man to do a complete job. He has experimented thusly 18 times and claims four of his rehabilitation projects are still off Skid Row.

"You can't let `em live on Skid Row and expect `em to stay sober when they see all their friends drunk," says Fuchs.

Another Fuchs theory-"The only ones who have a chance to straighten out are the young ones"- is an opinion universally shared by policemen and judges

all over the country. The scientists at the Yale Plan Clinic, where the problem is being studied carefully, confirm that they young are not beyond redemption, but in measured academic tones Yale suggests that Sammy, the cops and the judges are nuts. "A young alcoholic has very little reason to want to sober up," they point out. "He has never experienced the rewards of a normal life-family, children and a job."

According to Dr. Robert V. Seliger, first-rate psychiatrist and executive director of the National Committee on Alcohol Hygiene, Inc., 30 to 40 out of every 100 alcoholics may be helped back to health by modern psychiatric treatment. They are sick in the same way that a man may fall ill of pneumonia, or smallpox, or diabetes.

As Dr. Seliger points out, alcohol itself does not cause alcoholism. To the millions of Americans who drink regularly or occasionally without letting alcohol interfere with their lives, liquor is a refreshment, a part and a symbol of gracious living. But most alcoholics drink to excess seeking escape from emotional ills.

Missions do what they can to help the sick and despondent on Skid Row. They are everywhere there, beckoning all with signs of gold and blinking neon. But to the men on the rows, they represent only a place a man can get a soup, coffee and bread.

I entered a mission on Sunday afternoon. Services had started, but I was greeted by a preacher. "Welcome, brother," he said. "Get yourself a book."

I got a hymnal and took my place among 20 other men. Fifteen were Skid Row bums, clean, hung-over, shaking and miserable. The other five were well-dressed by any standards. Four were businessmen who had been saved from Skid Row. One was a visiting clergyman who had come to listen to the sermon.

We sang three hymns. Then the businessmen rose in turn to tell their stories. A sermon followed this, and when it was ended, the preacher asked whether anyone felt called upon to speak up. The room was redolent with the aroma of hot soup and coffee, and the hungry men were concentrating on that. There was no thought of talk.

We sang three more hymns and then it was time for grace. The minister said it, trying not to look self-conscious as he gazed down at the bowed and frowsy heads of his sick and hungry congregation.

After that the men rose and formed a line for a tin cup of soup, a half cup of coffee and a slice of bread. They gulped the food and left hurriedly.

Alcoholics Anonymous Gives Aid

Hard-working members of Alcoholics Anonymous are another force for good

along Skid Row. Faith is especially mentioned in six of the 12 steps of the program for recovery the organization uses.

Alcoholics Anonymous is everywhere, in the jails, the courtrooms and the hospitals. Sometimes A.A. members are received with open arms by officials, sometimes they are brushed off as tiresome nuisances. They keep insisting that a drunk doesn't belong in jail, and that, when he does get to a hospital, he should receive the same care he might expect if he were a well-to-do citizen.

New York City is a case in perfect point, illustrating the conflict in official attitudes. At Bellevue Hospital A.A. are sometimes brushed off by some busy and impatient doctor. "I didn't spend half my life studying medicine merely to take care of weak-willed drunks," he will complain. But at Kings County Hospital in Brooklyn, run by the same City of New York, A.A.'s are welcomed. Its members and interested doctors sit in joint committee to see how they can better cooperate in helping the penniless alcoholic.

The district attorney of San Francisco bows a reverent head in the direction of the "South of Market" chapter of A.A. which works in Skid Row. In Los Angeles, A.A. teams of two patrol the Lincoln Heights court 24 hours a day and any Skid Row bum who needs a cup of coffee or a double-header of rye to stave off the d.t.'s gets them and no questions. The "Alinon Club" in Newark is fighting the good fight in a rough part of the country. "Alinon" has to its credit the rare case of a woman who spent 16 years on Skid Row and has been "dry" two years now.

In New York City the Twelfth Step House at 53 Barrow Street has turned an apartment house basement into a refuge for any man or woman who is willing to walk the short distance from Skid Row. He can get anything that a group of human beings who are themselves pretty poor can give him: food, a suit of clothes, a job and that precious thing, an understanding ear.

Twelfth Step House was started by an A.A. who wanted to do something for what his group calls "low-bottom drinkers." A "high-bottom drinker" is an alcoholic who has a little money, a home and some friends to help him through his travail. A "low-bottom" is one who has nothing. Last January this man, who is not rich, paid \$50 to cover a month's rent on a basement which had been unoccupied since prohibition.

Other A.A.'s pledged one, two, or five dollars a month to keep it going. It is open from noon to midnight. A Skid Row drunk walks in and he is soon talking to an A.A. who can truthfully top any story of degradation or misfortune the bum can tell about himself. He is given coffee and food, and, if he volunteers a request for help in sobering up, a silk-smooth operation begins.

First he has to "sweat it out." That's a three or four day process during which a man gets sobered up first and then goes through the agonies of the damned, fighting against a nervous system which screams for a drink. While he is "sweating it out," A.A. veterans of the same sort of personal hell talk to him, listen to him, walk with him through the night and even buy him a double-header if their expert eyes tell them his system must have a little alcohol. When sleep comes at last he is taken to a flophouse and his new friends buy him a night's lodging.

When the "sweating out" period is finished, the man gets a suit of clothes and a job. Twelfth Street House has an arrangement with a half-dozen hospitals to hire men it recommends. Since January more than 150 Skid Row drunks have been straightened out and returned to work through its efforts.

A.A. flatly refuses to compile statistics about cures it has effected because its axiom is, "An alcoholic is cured only when he is buried."

Every night 35 to 50 former Skid Row bums can be seen at Twelfth Step House. They sit around talking or listening to impromptu speeches-academic discussions of the problems involved in fighting alcohol. Talk and companionship are the very heart of the A.A. technique.

Everybody helps everybody else. I saw an old man hustle in and survey the room. He spotted a young fellow who was with a group which was heatedly discussing the effects of "sneaky-pete," a generic term for fortified wines. He nodded the boy away from the group and excitedly whispered, "there's a dishwashing job open up on Twenty-third Street. I couldn't take it on account of my bum arm. But I told them you'd be right up. Six bucks." The boy got his cap and was gone in half a minute.

Employed Make Contributions

No working member of Twelve Step ever enters the place without a couple of loaves of bread and perhaps a half bologna under his arm. They all try to contribute to the kitty, but one of the few rules of the place is "No contributions from men working one-night stands. Okay from those steadily employed."

The policeman is the Skid Row bum's mortal enemy; he is as frequently his only friend. My own experience with policemen in the Skid Rows of America ran along the same line. In Chicago, Captain Graney told me, "We don't want you writing about Chicago's Skid Row. But you're going to write about it anyway, so we'll answer every question you ask us. Of course we're ashamed of our Skid Row, but if you can figure out an answer, you're smarter than I think you are. We give the bums all the protection we can. It's not enough, I guess. Still, if you assigned a cop to every bum on Skid Row, the bums would still get in trouble."

In San Francisco, Captain Leo Tackney of the Southern Station glowered at me and said, "I'm not going to tell you anything and neither is any of my men. It's bad for San Francisco. If you go into Skid Row, you go at your own risk. If you take any pictures, you'll do it at your own peril." I told the captain that the pictures would be taken. I also assured him I was going through his Skid Row.

Three separate times I walked all over San Francisco, rated by many as America's most charming city, always with the feeling I was being followed. I lost that feeling only after I dropped in for a chat with District Attorney Pat Brown. The D.A. agreed that Skid Row was bad for San Francisco but he also felt it would be much worse if people stopped trying to do something about it.

I later learned why Captain Tackney was so irate. It seems they are making a movie about Skid Row-U.S.A. and the producer of the film has chosen Captain Tackney's precinct as the locale of the epic. It is a choice with which no man would quarrel.

I tried one more police department. That was in New Orleans. When I had finished my conducted tour in that city, I was stumped.

The first day in town I had asked kind and expert friends to tell me where New Orleans' Skid Row or rows were. They told me and I made arrangements to visit the jungle the next day in the company of a police department expert. However, there was not a bum to be seen anywhere, not even in the jails. Later I visited the same areas unaccompanied and found all the bums I ever wanted to see. I asked them where they had been all afternoon. They said it had been real hot, so they stayed off the streets.

No young man ever took up police work in anticipation of a career that would be spent chaperoning Skid Row bums. It is not surprising, therefore, that those assigned the task sometimes go about their duties with a maximum of muscle and a minimum of persuasion. But for every cop who makes enemies of the men he is supposed to help, there are two like Chicago's Steve Wilson and Los Angeles' William Shurley. And there is the immortal "Book-Him" John McGinnis, also of Chicago. "Book-Him" John is now relieved of his arduous Skid Row chores and works with children, but his name is still revered on the nation's Skid Rows.

When a bum put in a hitch as a gandy-dancer with the railroad-the name traces back to the jiglike step used in tamping down the track beds-and quit, got fired, or finished his unwelcome job, he headed back to Chicago. He might have a couple of hundred dollars in his pocket and the unhappy knowledge that he would blow it all in a night if left to his own customs and habits. So he would seek out McGinnis and turn over the major part of his money to him. "Book-Him" John doled it out until it was gone, and after that John was always good for a touch.

The officer never lost a nickel through these loans. Usually the debtor paid off at the first opportunity. But if he went off on the railroad again or took to the hobo jungles, John would pass the word along that he was in default. The debtor would hear about it from every Chicago resident who crossed his trail. And if he found himself overlong in arrears, he also found himself barred from the mulligan stew, the bottle and the companionship of his fellow hobos or gandy-dancers.

McGinnis was a one-man warrant squad on Skid Row. If any flop resident was wanted, John only had to pass the word. "Tell McCarthy to get over to the station house. Somebody is looking for him." "Somebody" could be a relative, a friend, an insurance adjuster or even a warrant. It didn't matter. If McGinnis sent out the word, McCarthy came ambling into the police station within an hour.

Every morning, when the unhappy contents of a jail's drunk tank were lined up before a judge, McGinnis would stand at the court's elbow. Theoretically he was there to identify the bums, but in practice he would make recommendations. "Ah now, this is a nice lad, Judge," John would say as a shivering hang-over stood before the bench. "A nice lad. He's been working and only been on Skid Row a couple of days. Let him go, Judge."

The next might hear, "Judge, this fellow's a nice lad but he's been laying around six months. He needs a doctor, Judge. Send him away for a while."

But John's favorite expression and the basis for his nickname was, "Now here's a lad been laying about drunk for six months. But a nice lad. Let me take care of him, Judge. I'll book him." John would wave the man aside until the court recessed. Then the man, along with several colleagues, would be shepherded to a group of railroad labor representatives and John would persuade them to book the derelicts for gandy-dancing jobs.

Chicago's Steve Watson is in the McGinnis mold. He's in court every morning with his advice. 90 per cent of it compassionate. I did hear him say to Judge Edward Pluczak, as one man came up for sentencing, "Judge, this is one of the best thieves this side of the Mississippi." The man got the equivalent of 30 days when he sullenly refused an offer to rebut Watson's estimate.

Steve walks his beat amid an endless salvo of greetings. When his charges attempt to shake hands, as they frequently do, Steve shows them his gloved hands and begs off with some excuse about a skin ailment.

I saw a young man laid out cold on Madison Street. He looked dead to me. Steve bent over him, applied some pressure behind his ears, and bloodshot eyes opened in an ashen face. The man managed a pathetic smile, "Hello Steve," he said. "Please help me up, will you?"

In Los Angeles, William Shurley has earned the confidence of his charges. He will say to a man, "You're pretty bad off. I want go to go in. Stand over by that lamppost until the wagon comes by." The man will stagger to the lamppost and wait until the patrol wagon, making its endless rounds, appears.

Out-of-Bounds for Bums

Most cities have off-limits areas for bums. The Skid Row resident who crosses Texas Avenue in Houston does so at his own peril; or he can expect a good clout if found panhandling around New York's Times Square. He is supposed to stay "south of the slot" in San Francisco; and in Kansas City he passes the Kay Hotel at his own risk. Boston cleans out its Skid Rows by making periodic promises of a year in Bridgewater for vagrants and drunks who are apprehended.

Some police departments attempt to enforce a "keep-moving" policy. I heard a crippled beggar, of extraordinarily handsome features and cleanliness, plead with a judge to let him off. "I've got relatives in Detroit and I'm going back to see them."

The judge said, "You're not going back to Detroit and you know it. If you do, Hitler and Mussolini will get you." The men who were lined up behind the cripple smiled. The cripple himself grinned one of those "you-ain't-just-talking-judge" grins. "Hitler and Mussolini" are a couple of Detroit policemen who have dedicated themselves to keeping Detroit's Skid Row population as fluid as possible.

No city overpatrols its Skid Row. Most municipalities seem to ignore their jungles. There is a universal theory among law-enforcement men that there is little or no crime on Skid Row. They couldn't possibly be more wrong.

The major criminal is the "roller," "jack-roller" or "mugger." He is the same man operating under a different name in different parts of the country. He steals shoes, shirts, pants, and even the underwear of his victims. Usually prey is too drunk to know, but sometimes he attempts to resist and is hurt. I staked a battered old wreck in Kansas City, but when he saw me go to my pocket he said, "I'll meet you around the corner. If those guys see you give me anything, I'll get jack-rolled."

Almost any man found dead in Skid Row without a bullet or a knife in him died of "natural causes" so far as the cops are concerned. Public statistics keep tab on murders and since police efficiency is judged by those statistics, the cops try to avoid any additional unsolved homicides among the nonentities of Skid Row.

Before going into the details of how murder is committed on Skid Row, it is

necessary to understand that the resistance and physical condition of most alcoholics is tremendously substandard. They hurt easily, they cure slowly and assistance comes tardily if at all. Nobody knows whether a man curled up in the hallway is suffering from too much sherry or a cracked skull.

Fist fights are common on Skid Row. Bottles make excellent weapons and they are everywhere. Bartenders and flophouse bouncers are busy men who frequently have only enough time to practice a bit of rudimentary jujitsu to invoke order and then "leave `em lay." And of course the "jack-roller" takes many a life for a pair of shoes or the nickel and three pennies to be found in a bum's pocket.

Police Keep Watchful Eye

In most cities a patrol wagon, manned by policemen called "ragpickers," makes regular rounds collecting the pugnacious and the man so drunk he may stagger into a moving trolley car or truck. Bums who are sleeping it off are rarely bothered, unless they have bedded down in front of the chamber of commerce. New Orleans sends out the wagon on call. The Second Precinct there, covering the beloved French Quarter, speaks proudly of an elderly client who regularly telephones and says, "Sergeant, send the wagon for me. The usual corner."

New Orleans and Los Angeles give the pick-up bum a chance to sleep it off before subjecting him to formal arrest. He gets a flat six hours. If he can make the 5:00 A.M. "kick-out" line and sign a false-arrest waiver, he is freed. In most other cities he must face the judge.

The police, the magistrates and the victims all agree that this is an expensive and useless procedure excused only by the fact that a man in the drunk tank is less likely to be injured.

Drunk tanks are the same the country over and they are shameful. Most of them have no facilities beyond bare, cold floors. The police claim they would be delighted to install cots and rudimentary plumbing, but the condition of the prisoners makes such sharp and unyielding objects a serious menace.

When court convenes, the night's haul is herded into a special corner of the room. The non-Skid Row citizens who seek justice are separated and their cases, usually domestic quarrels and landlord-tenant disagreements, are heard first. Then the Skid Row group is lined up before the bar.

The air of frustration that hangs over the courtroom defies description. The long weaving line of hang-overs is wrapped in hopelessness; the judge is baffled; so too are the prosecuting attorneys and the police. Everybody is licked and knows it.

Names are called and men answer. The old-timers—a history of 200 arrests calls for no undue interest—are resigned; the youngsters are frightened; and the rare gentleman from the proper side of the railroad tracks is confident he can talk himself free, even though he looks about apprehensively in fear that he may see an old acquaintance, such as his wife.

A few of the old-timers shrug, plead guilty and hope for the best. Most of them give it a bit of battle: "I've got a job waiting for me, Judge," or, "I'm getting out of town tonight, Your Honor," or "I'm a hard working man, Judge. I just slipped a little last night." If the judge has enough interest, he will ask the hard worker to show him the palms of his hands. Calluses will support his story.

Frequently a man says, "Please, Judge, give me 30 days." Invariably it is to get hospital treatment for wounds or infections. Occasionally it's a desperate effort to get sober or something to eat. But generally the men are frantic to avoid jail.

It's a dreary procession spotted occasionally with high drama. I heard the father of a young newspaperman plead with a judge, "We have \$15,000 to assure my boy complete medical and psychiatric treatment, Your Honor."

Before the Judge could answer, the boy spoke, "Father, please. You know and I know it's just a waste of money." His father left, weeping, as the boy took another 30-day sentence.

A twenty-one-year-old ex-G.I., hungover and petrified, answered all questions in a quavering voice, his head hanging. He was asked what kind of a discharge he possessed. His head came up, he straightened and his voice was firm as he answered, "An honorable discharge, sir."

In Los Angeles the court told a young woman who had been picked up several times, "I'm going to send you to jail to sober up."

"No, Judge, please don't do that," she begged. "I'm in Sister Essie's show tonight. I've got a big part. I'm a very important angel." The important angel was freed to take her place in the religious pageant at Sister Essie's Skid Row mission.

Judge Edward Pluczak, of the Desplaines Street Municipal Court in Chicago, looks like a tough Army sergeant, but he is surprisingly gentle. He told me, "I'm sick and tired of meeting boyhood friends, college pals and members of the Chicago bar whom I once idolized. Sending these people to jail doesn't do any good. What I need is a non-prison farm where they could go to sober up. Nobody ever gave up liquor in a cell block."

San Francisco's realistic district attorney, Pat Brown, is in complete agreement with Judge Pluczak. Brown's theories are particularly apropos

because his bailiwick is the drinkingest city in the United States, according to surveys published by Brown's own office. "I want a half million dollars to set up a rehabilitation center that is not a jail," Brown told me. "I want to stop the practice of tossing alcoholics in jail or freeing them to get stiff all over again. We won't straighten out very many, but if we can rehabilitate 10 per cent, the experiment will be cheap." All four of San Francisco's newspapers support Brown. Alcoholics Anonymous, Stanford and California universities are behind him, too.

Brown laughed and said, "I'll probably never be elected dogcatcher after saying this, but they're doing a magnificent job across the bay in Oakland."

Brown isn't the only one with an eye on the Oakland project. They are watching it at Yale, too. And they are watching it wherever municipal officials do not feel that Skid Row is something that should be kicked under the rug and ruled out of public discussions.

California Experiment Promising

Alameda County, which is Oakland, has rented an unused military installation for \$1 a year. It is called the Santa Rita Rehabilitation Center and covers 3,300 acres. Alcoholics are given a choice of jail, or the Center. It is not as obvious a choice as you might think, because at Santa Rita there are 550 acres of vegetables under cultivation and that means hard work for the physically fit.

Most of the inmates are sent there for 90 days but it is not a jail. When a man gets himself straightened out and healthy he can leave in less than 90 days. Alameda County Sheriff Jack Gleason says, "We give them psychiatric assistance, work and an opportunity to build up their health. I won't say how well the plan is working because it's too new. Give me two years. But it looks pretty good, so far."

To spare their sensibilities, the Skid Row patients at Santa Rita were separated from other inmates. The Skid Row group complained against this discrimination. "We're as good as they are," they argued. Now all mix together, and psychiatrists and policemen agree it is better that way.

Raymond McCarthy, executive director of the Yale Plan Clinic, thinks Oakland is on the right path. He told me, "The punitive approach to the Skid Row problem accomplishes nothing beyond making a city look neater.

"But," he added, "the majority cannot be helped by treatment on an out-patient level. They must be isolated for medical and psychiatric study. Jail is no good. Prison farms are just as bad. The Skid Row bum, to be saved, must have supervised freedom." McCarthy admitted "supervised freedom" is a top-notch contradiction in terms. "The sad fact seems to be," he said, "that these men and women must be institutionalized in an institution that



I have discovered more history since posting this question. Please add this memo to the question. On page 315 - 318 of Pass It On, written by Bill W. as the documented history of Alcoholic's Anonymous there is more information related to the history of African Americans in Alcoholic's Anonymous. The indication, especially the last paragraph on pg. 317-318, is that Barry was doing desk duty at the club house on 41st St. The (black) man came to the door...He was an ex-convict, a vagrant, his hair was bleached blond and he had on make up; and he told us he was a dope fiend (heroin addict)...Apparently, it was Bill W. that was consulted by the group conscience, because Barry and the elders did not know what to do.

Bill W. apparently questioned, "did you say he was a drunk?" "Oh yes," Barry replied. "There's no question about that. He's certainly a drunk." "Well, I think that's all we can ask," said Bill.

Additionally, it appears from page 142 in the Twelve and Twelve that Bill W. responded, at some point, "What would the Master do?"

"The prospect was invited into the meetings." Additionally, in the Twelve and Twelve, there is the allusion, "Overjoyed, the newcomer plunged into Twelfth Step work. Tirelessly he laid AA's message before scores of people... Those scores have since multiplied themselves into thousands."

The appearance when you look at Pass It On and Tradition Three, combined, is that this gentlemen, assisted Jim, the founder of the first predominately black AA group in his work of spreading A. A. There is a reference to Jim's Story from Page 483 in the 3rd edition of the Big Book of Alcoholic's Anonymous. On page 317 in Pass It On, "...Jim S. a physician, was called the originator of A. A.'s first black group. ("Jim's Story" appears in the second and third editions of the Big Book).

The indication is that the predominately white A. A. groups used Jim S. (who was assisted by "the man with the other addiction" to spread A. A. into the black community.

Additional understanding and historical documentation is solicited. Please post this inquiry and allow the fellowship to educate itself regarding the history of black outreach from Alcoholic's Anonymous.

Thank you for your interest as, "A A History Lovers" in all the history of Alcoholics Anonymous.

Sincerely,

Larry W.

a small restaurant on Bay Street in Toronto. Other diners noticed nothing extraordinary about these men. They included a lawyer, doctor, insurance man, flier and a broker.

However, there was something unusual about this group, each man was a confessed alcoholic. The dinner meeting was help for the purpose of founding the first Canadian branch of Alcoholics Anonymous, an organization which has over 200 branches or "clubs" in the states with over 8,000 members.

If there is anything less anonymous than the average alcoholic we would like to know it. But the reason for anonymity of members of Alcoholics Anonymous appears to stem from the delusion of every alcoholic that very few people know that he drinks to excess. He would not be induced to join a club that flamboyantly proclaimed itself to be a band of alcoholic for fear of the effect this might have upon his business connections if he has any left.

Alcoholics Anonymous are ex- alcoholics who ally themselves for mutual support in remaining "ex's" and to aid helpless alcoholics who desire their aid, to overcome their uncontrolled thirst.

In no sense a temperance society, crusaders against liquor or backers of anti-alcohol campaigns. Alcoholics Anonymous have nothing to offer the controlled drinker nor the slightest desire to influence these to abandon their drinking.

Prominent doctors and psychiatrists state that while there are many kinds of alcoholics, they all have one symptom in common; an allergy to liquor which after the first drink or two, places the overcoming of desire for additional drinks entirely beyond their mental control. This does not mean that in every instance, the alcoholic, having taken the first drink is going to end up in drunken stupefaction, but that, having taken the first drink he cannot control the length of time he continues drinking. It might be ten minutes or ten days.

Many doctors believe that the alcoholic craving is limited to this class. These allergic types can never safely take even one drink. At a party, the alcoholic, no matter how good his abstemious intentions is not at ease until he gets hold of one of those drinks, drinks he sees his friends taking with impunity and then he is off to the races.

Many alcoholics, look at the one's you know, are keen and competent with strong wills and sound judgement in other spheres. But parallel with their ordinary sound reasoning will be so insanely trivial excuse for taking the first drink. And their allergy to drink, once they take the first one, entirely eliminates their will power, responsibility and standards of value. This allergy is a disease. Condemnation, haranguing and arguing had so far failed to cure any known disease. Treatment of an alcoholic along these lines by relatives, holier-than-thou or controlled drinkers who do not

understand the alcoholic's problem, not only fails to help him but in many cases sets up a resentment, probably due to his sense of frustration in his own attempts, which frequently leads to additional indulgence.

But there is one kind of person to whom an alcoholic, with a desire to stop, usually will listen to, another alcoholic. The other speaks his language, he has been through the mill.

Members of Alcoholics Anonymous are thus in a highly strategic position to help the alcoholic who desperately wants to stop drinking, but has found after many futile efforts on his own part, that he is unable to do so. They help him with non-moral, straight, practical advice. Their system works. Many of the worst cases, men who have been in and out of hospitals and institutions for alcoholics for years have proven them successful. Thousands of so called hopeless cases have been completely cured.

Alcoholics Anonymous is not an organization in the strict sense of the word. Rather it is composed of autonomous groups in various cities and towns, over two hundred at this writing. There are no dues or fees of any kind. There is no alliance with any religion or creed. The passkey to become a member is the recognition and admission on the part of the prospective member that he is an alcoholic and possession of an honest desire to stop drinking.

Besides the club in Toronto, which has about 100 members, there are branches of Alcoholics Anonymous operating in Victoria and Montreal. As in the states, each club is autonomous. Additional clubs are now in the process of formation in Winnipeg, London, Hamilton and Ottawa.

Alcoholics Anonymous appear to have developed a form of applied psychology somewhat similar to the theme expounded in Lloyd Douglas' "Magnificent Obsession." To a degree, their good deeds are anonymous, but instead of operating singly they have adopted the convoy system. An explanation of this appears in a brochure entitled "Impressions of A.A."

"Finally it became manifest to us that as a part of our regeneration, assistance to other alcoholics who sincerely wished to be rid of their affliction was necessary. We have found group association to be of inestimable assistance. Only the alcoholic can understand and sympathize with the other alcoholic's problem. Especially in the beginning do we lean heavily on each other."

"Probably the most emotionally satisfying part of our program is the aid which we have been able to give to others. Much of this program is not easy for all. But the feeling of elation each of us has enjoyed in the knowledge that we, and in most cases only we alcoholics, can aid other alcoholics is deeply gratifying. Everyone of us who has had the experience of assisting a fellow alcoholic in the solution of his problem has been definitely strengthened in the conquest of his own problem. The gratitude and

"Jim's Story" isn't there, but I have written the committee to include the reprint errors as needed for its timely review this year.

PERHAPS OUR RESPONSIBILITY AS ARCHIVISTS AND HISTORIANS MIGHT REQUIRE AN EXTRA ENDEAVOR TO EDIT, WHEN NEEDED, BUT CAUSE NO HARM...

Yours in the Fellowship,

Rick T., Algonquin, Illinois

Delegate Area 20 Historian

From: WCompWdsUnl@aol.com

To: AAHistoryLovers@yahoogroups.com

Sent: Wednesday, March 19, 2003 9:51 AM

Subject: [AAHistoryLovers] Fwd: Tradition Three, The man with the "problem other than alcoholism."

=====

+++Message 884. Re: Fwd: Tradition Three, The man with the "problem other than alcoholism."
From: J. Lobdell 3/19/2003 2:39:00 PM

=====

On p. 142, as I understand it, the oldest member is Bill W., at that time in Akron, the incident took place in Akron, and the one who asked "What would the Master do?" is Dr. Bob. This antedates the Barry L. event in NYC by nearly a decade. -- JL

>From: WCompWdsUnl@aol.com
>Reply-To: AAHistoryLovers@yahoogroups.com
>To: AAHistoryLovers@yahoogroups.com
>Subject: [AAHistoryLovers] Fwd: Tradition Three, The man with the "problem other than alcoholism."
>Date: Wed, 19 Mar 2003 10:51:26 EST
>
>I have discovered more history since posting this question. Please add this >memo to the question. On page 315 - 318 of Pass It On, written by Bill W. as
>the documented history of Alcoholic's Anonymous there is more information >related to the history of African Americans in Alcoholic's Anonymous. The >indication, especially the last paragraph on pg. 317-318, is that Barry was

>doing desk duty at the club house on 41st St. The (black) man came to the
>door...He was an ex-convict, a vagrant, his hair was bleached blond and he
>had on make up; and he told us he was a dope fiend (heroin
>addict)...Apparently, it was Bill W. that was consulted by the group
>conscience, because Barry and the elders did not know what to do.

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>Bill W. apparently questioned, "did you say he was a drunk?" "Oh yes,"
>Barry replied. "There's no question about that. He's certainly a drunk."
>"Well, I think that's all we can ask," said Bill.

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>Additionally, it appears from page 142 in the Twelve and Twelve that Bill
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>that this gentlemen, assisted Jim, the founder of the first predominately
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>

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>black community.

>

>Additional understanding and historical documentation is solicited. Please
>post this inquiry and allow the fellowship to educate itself regarding the
>history of black outreach from Alcoholic's Anonymous.

>

>Thank you for your interest as, "A A History Lovers" in all the history of
>Alcoholics Anonymous.

>

>Sincerely,

>

>Larry W.

>Member of Alcoholic's Anonymous

>Kansas City, Kansas/Missouri

><< message5.txt >>

As far as "black outreach" is concerned, some in the Fellowship retrospectively (and much too idealistically) view AA as being elevated above the social problems of the times. Prejudice seems to have been as much a challenge within AA as outside it. Pass It On (pgs 315-317) speaks openly about the challenge (prior to the info you cite). On pg 316, Bill states, "In all the South and in most of the North, whites refuse to mingle with blacks socially."

Blacks predominantly had to start out with black groups or were invited to groups as "observers." Later Bill states, "As I long since learned that no man can dictate to an AA group, I tell each fellowship to abide by the wishes of the majority of its members. And if a group refuses Negroes socially, it ought to make a superhuman effort to help every single colored case to start a group of his own and permit him access to a few open meetings as an observer."

Blacks started their own groups principally due to prejudice not preference. That might raise a howl or two within AA as being inconceivable. There certainly would be exceptions but there would be no compelling reason to presume members of AA were any different from the society of which they were a part (other than with booze). I'm still uncertain on how much the racial divide has been breached. There clearly has been progress but demographics are difficult to come by other than the membership surveys. They don't seem to probe very far into the matter.

Cheers

Arthur

----- Original Message -----

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Additionally, it appears from page 142 in the Twelve and Twelve that Bill W. responded, at some point, "What would the Master do?"

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Thank you for your interest as, "A A History Lovers" in all the history of Alcoholics Anonymous.

Sincerely,

Larry W.
Member of Alcoholic's Anonymous
Kansas City, Kansas/Missouri

To unsubscribe from this group, send an email to:
AAHistoryLovers-unsubscribe@yahoogroups.com

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the field. The nation's 44,000,000 persons who use alcoholic beverages include 2,500,000 termed "intemperate," and a "chronic alcoholic" fringe of 600,000. Considering the comparative recency of the group's origin, it is the nucleus of a force which may eventually set 600,000 addicts free.

Alcoholics Anonymous was pioneered less than ten years ago by a once wealthy stockbroker who had been ruined by rum, a friendly, gangling man, now known to thousands of reclaimed drinkers as "Bill." At the end of 1934 he found himself homeless and penniless, deserted by all but his family.

"Alcohol was my master. Ahead loomed asylum or cemetery," said Bill. Strangely enough, that admission proved an astounding ally, and started him on the road to recovery, for simultaneously he recognized the need of help from a power greater than himself. Bill turned to God.

"God comes to most men gradually," wrote Bill later in his memoirs, Alcoholics Anonymous, a history of the movement. "But his impact on me was sudden and profound."

The experience was so startling that Bill promptly visioned "hallucinations" and rushed to his doctor for a sanity test. The physician was equally mystified but urged Bill to "hang on to it. Anything is better than the way you were." The same doctor, Bill reports, has since seen many men who have had similar experiences. He knows they are real.

Acknowledgment of alcohol's mastery over the victim, and recognition of need for spiritual aid, regardless of the individual's personal concept of God, are the first steps in reclaiming a chronic alcoholic, in the Alcoholics Anonymous "twelve steps" to recovery. Correspondingly important is "helping others similarly afflicted," as Bill explains.

"The average alcoholic is a bankrupt idealist," Bill wrote. "He has been frustrated in reaching for something high and has fallen back on liquor to forget about it. Reforming someone else, making a man useful again, suits his idealism. He won't drop back into his old habits."

Bill had occasion to test his axiom during the early stages of his own come-back campaign. While on an important business mission in Akron, Ohio, he found himself almost succumbing to an impulse to take "just one drink." A single drink, experience warned, would undo the good accomplished by months of abstinence. Bill set out to find another alcoholic.

Inquiries led him to a prominent Akron physician who was losing a lucrative practice through unrestrained drinking. Bill found him in the throes of a periodic bender and related his own lurid record. The doctor was responsive. They worked together; each helped the other. Bill's desire for "one drink" passed, and Alcoholics Anonymous had its second member. The movement was on.

Early progress was slow. Members of Alcoholics Anonymous are neither evangelists nor crusaders. They do not solicit "salvagees" or thrust themselves on likely candidates for redemption. They have nothing against drink because of their own unfortunate allergy. Many, as a matter of fact, maintain well-stocked "bars" for their guests who can drink in moderation.

Consequently, over a period of many months following the meeting of Bill and the drinking doctor in Akron, Alcoholics Anonymous comprised the few men and women who came in personal contact with one of them.

But the disciples, in turn, spread their influence, and membership expanded. Eventually, Bill penned his memoirs, and reviews of the book accelerated interest in the movement. Many Alcoholics Anonymous testify to recovery induced by merely reading the book Alcoholics Anonymous itself.

Then, in March, 1941, an inspiring tribute to Alcoholics Anonymous by Jack Alexander appeared in The Saturday Evening Post. Membership skyrocketed. Now, three years later, inquiries occasionally dribble in, in response to The Post piece.

Alcoholics Anonymous is unique, not only because of its phenomenal job of saving human beings from alcoholic misery, but also because it is not a formally "founded" organization. Bill began it as a one-man reclamation project to save himself. From there, it just grew. Bill now devotes virtually all of his time to the cause, but Alcoholics Anonymous continues without constitution, charter, by-laws and dues.

The movement is still in its infancy, but its influence spreads rapidly, even invading the prisons. In California's San Quentin some time ago, a group of inmates who had held alcoholism responsible for their incarceration obtained permission from the warden to organize a unit. Soon, other alert penologists were following San Quentin's lead.

Because the Alcoholics Anonymous thoroughly understand their allergy which makes the first drink "fatal," they refer to their redemption as "recovery" and not "cure." A "cure" pre-supposes ability to drink again.

Recovery in itself follows no predictable course or period. For some men and women it is joyously sudden and lasting. Others find it a slower, harder path, beset by discouraging lapses. But it is a tribute to the sincerity and determination of these men and women that the majority eventually come out on top.

The chief stumbling blocks to a chronic alcoholic's recovery, it is said, are the victim's reluctance to admit that "liquor is boss," and corresponding reluctance to ask for spiritual aid. Invariably, an alcoholic employs every possible subterfuge of self-deception before admitting that "booze cannot be beaten without help of one greater than myself." Finally,

Among problem drinkers these qualities have been described as "defiant individuality" and "grandiosity." Inwardly the alcoholic books no control from man or God. He, the alcoholic, is and must be master of his destiny.

It is easy to see how the person possessing the more or less constant presence of these character traits, has difficulty in accepting God and religion. Religion demands that the individual acknowledge the presence of a God and so challenges the very nature of the alcoholic.

But if the alcoholic can truly accept the presence of a Power greater than himself, he 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.

Wilson states that the success of the group with any alcoholic depends upon the degree to which the individual undergoes a conversion. His own experience was of the sweeping, cataclysmic type which lifted him out of a slough of despond and transported him to heights of ecstatic joy and happiness where he stayed for some hours. This state was then succeeded by a feeling of peace, serenity and the profound conviction that he was freed from the bondage of liquor.

He states that roughly 10 percent enter Alcoholics Anonymous on the strength of such an experience. The remaining 90 percent who stay dry achieve the same result by developing slowly and much more gradually the spiritual side of their nature through following the various steps in the program already outlined.

What then is a spiritual awakening? Here the personal experience of Mr. Wilson is again informative. A man of energy, drive and great ability, in his thirties, he found himself completely bogged down by drink. For at least five years he fought without success the downhill process that was going on in him.

He was desperate, depressed, with all the fight knocked out of him. He was willing to try anything because he knew that the alternative facing him was a state hospital and a life of permanent insanity.

Suddenly in this agony of spirit, he cried aloud, "If there is a God, let Him show himself now." And with this plea his religious experience started. He points out, and I think rightfully, that it was not until he became utterly humble that he could and did turn to God for the help that was there.

In other words, in the light of Mr. Wilson's own experience, a religious or spiritual awakening is the act of giving up one's reliance on one's omnipotence. The defiant individuality no longer defies but accepts help, guidance and control from the outside. And as the individual relinquishes

his negative, aggressive feelings toward himself and toward life, he finds himself overwhelmed by strongly positive ones such as love, friendliness, peacefulness and pervading contentment, which state is the exact antithesis of the former restlessness and irritability. And the significant fact is that with this new mental state the individual is no longer "driven to drink.

Further insight into the phenomenon of spiritual change came from a patient whose case I now wish to cite. He is a man in his early forties. From a family of wealth and the youngest of several children, he was the pampered darling of a neurotic, hypochondriacal mother.

Drinking began in late adolescence. Almost at once he learned to rely on liquor to help him meet social situations, and as the years rolled on, this reliance became more pronounced.

He proved to be an exceedingly responsive patient, readily acknowledging his alcoholic tendency, and quickly becoming interested in Alcoholics Anonymous. After about a month, he was convinced that he had the problem in hand. Within a short time, however, nipping set in and four months later he returned after some weeks of steady drinking.

Again he showed himself responsive to interviews, but it now became apparent that there was a real battle ahead. The traits already described reared themselves as insuperable barriers to therapy.

During the weeks that we were discussing these obstacles the patient began to nip on the sly and finally went off on a full-fledged spree. As is usual with all alcoholics, as he sobered up he was filled with remorse, guilt and a tremendous sense of humility.

The defiant personality was licked by the very excesses of its own behavior and, in that mood, he was utterly sure he would never take another drop. On the third day of his recuperation, however, he informed me during an interview that I had better do something about it, and when I asked him what "it" referred to, he replied, "My old feeling is coming back over me; I just feel myself closing in from you and all that has just happened."

The indifference to his problem, the aggressive sureness, the utter lack of any real sense of humility and guilt, all the character traits which he had come to identify with the frame of mind that led to drinking were returning and crowding out the feelings, the thoughts, almost the sensations which filled him as he came out of his drinking bout. He knew that if these returning feelings again took hold of him sooner or later he would go on another alcoholic spree. He realized that somehow he must cling to the attitudes at the end of the bout.

The next day he began his interview with the statement, "Doc, I've got it."

He then went on to report his experience of the previous night. This experience I label for want of a better term, "a psychological awakening." What happened was a sudden flash of understanding about himself as a person. This occurred around eleven o'clock, and he lay in bed, wide awake until four o'clock in the morning fitting his new insights and understanding to his knowledge of himself.

It is not easy to reconstruct the events of that five hour period, yet those events constitute a major experience in the life of that patient which gave him a basic appreciation of himself as an alcoholic. Moreover, for the first time, he could see himself as he had always been, and in addition he could sense the sort of person he must become if he were to remain sober. Without being aware of it at the time, he had switched from a completely egocentric, subjective point of view to an objective, mature understanding of himself and life.

In retrospect, it is apparent that the patient became aware of his basic egocentricity. For the first time he was able to penetrate behind the facade of his rationalizations and defense reactions and to see that always hitherto he had put himself first.

He was literally unaware that other souls existed except insofar as they affected him. That they, too, might have separate existences, similar yet different from his, just never had taken on the aspect of reality.

Now he no longer felt himself the omnipotent being who viewed the world only in relation to himself. Instead, he could see himself in relation to the world and could realize that he was but a small fraction of a universe peopled by many other individuals. He could share life with others. He had no further need to dominate and to fight to maintain that domination. He could relax and take things easy.

His new orientation can best be described in the patient's own words. As he put it, "Why, Doc, do you know I've been a fraud all my life, and I never knew it. I used to think I was interested in people, but that wasn't really so. I wasn't interested in my mother as a person who was sick. I didn't realize that she as a person might be suffering; I only thought what will happen to me when she is gone. People used to point me out as a dutiful son and an example, and I believed it. But there wasn't anything to it. I was just anxious to keep her near, because she made me feel better. She never criticized me and always made me feel that whatever I did, I was O.K."

New insights illuminated his previous relationships with people. With respect to this point, he remarked, "Do you know, I'm beginning to feel closer to people. I can think of them sometimes. And I feel easier with them, too. Maybe that's because I don't think they're fighting me, since I don't feel I'm fighting them. I now think maybe they can really like me."

(Great Britain)

FIRST ARCHIVES ROAD SHOW

Archivists' Workshop - Shire Hall, Hereford,

September 7th, 2002

Third Workshop

Collections and Classification of Archives

Paper presented by Peter J.H.

Avon South Intergroup

and South Midlands Regional Archivist (Alternate)

The collecting of AA archives was started by our co-founder Bill W. less than twenty years after the founding of our Fellowship. Bill had the foresight and the vision to see we needed to preserve an historical record of our movement's origins so that "myth does not predominate over fact."

It is possible to trace this back to June 1949 and chart correspondence between Bill and Jack Alexander, the author of the famous 1941 Saturday Evening Post article. Bill wanted Jack Alexander to do a follow-up article in order for him to record the rapid changes then happening in the Fellowship. Jack was unwilling to do this so soon; only nine years since his last look at AA. Jack thought not much had changed to justify another look: that the psychology of drinkers was the same, and AA's method of dealing with alcoholics was also unchanged. Bill disagreed and told him that with the introduction of the 12 Traditions, Alcoholics Anonymous was like no other society on earth; that there was much new material for him to consider, albeit most of it was still in Bill's head, but that there was enough new material there to form the basis for a new article.

But even before this time Bill was aware of the need to record events as he encouraged Lois to keep a journal and a copy of all their correspondence. However, it was from 1950 that Bill and Nell Wing (his secretary) really concerned themselves with obtaining and preserving historical records. While from 1950 to 1954 Bill was writing the 12&12 he was also collecting oral histories from old-timers in Akron and Cleveland. Bill would travel out West specifically to record these people something which shows how much importance he gave to archival work. He also set about recording the recollections of the Trustees, the members of staff at the office like Ruth Hock and the non-alcoholic clergymen who had played such a vital part in establishing AA.

As an example on the 23rd of February 1955, Bill wrote to Clarence S. in Cleveland asking him to record his recollections, and this gives an accurate insight into the methods and purpose of archives.

"I would like to have you make a tape recording about your recollections of the old days. There isn't any rush about this as the preparation of a history will have to be done carefully and gradually over the next 2 or 3 years. I have though made a couple of trips to Akron and Cleveland and have already interviewed quite a lot of the old folks, so as to be sure and get the record straight. You can get a good running start at the history by retelling your own personal story how AA came to your attention; what your first impressions were and how it developed in the first few years in Cleveland. I hope you can dwell at length on the difficulties as well as the humour of those years, relating as many anecdotes as possible. You can say anything you like being assured that nothing will be published without your consent. The preliminary investigation shows that it isn't hard to prepare a fact, what happened, that is dates when people came in, groups started and so forth. The hard thing is to lay hold of the atmosphere of the whole proceedings and the anecdotal material that will make the early experience live. When I first set out to gather material I ran into a little resistance. I pointed out to them that if the old-timers in Akron and Cleveland wouldn't go on record as to what happened, how in God's name could I or anyone else tell an accurate story for the future. Clarence, I feel that you should be one of those very best sources. So think it over. Make an outline of topics that you want to talk about and go to it at any length at all -- recording tapes are cheap. So ransack your memory if you will."

In 1955 Bill appointed Nell Wing as Archivist and as the oral histories began to pour into the office between 1955 and 1960 Nell found herself with just one of many ongoing projects she had to do. In 1965 she did manage to make a small beginning on classification but it was not until after Bill's death in 1971 that Nell really got down to serious archival activity. In particular, she received encouragement from a member down in Florida, Tom S., who kept encouraging her to keep going when others thought she was creating a monster. It seemed now the time for archives had finally come and an Archive Committee was formed in 1973. In 1975 an archive office at GSO was officially opened by Lois and it is worth remembering that even archivists are not perfect as nobody that day thought to record Lois's words.

In 1980 at the World Convention in New Orleans two English members came away from Nell's early morning workshop on archives determined to start something similar in England. On return they obtained a copy of the guidelines and contacted the General Secretary in London and their local Intergroup inviting them to join with them in this new form of service but there is no record of a reply being received. So they set up a small archive committee within their own group. Its remit was simple: to see what was out

there, and if anything, was it worth recording?

What happened next was amazing! They were given Press cuttings and photographs of AA in the West Country from the early days. A member loaned the committee over a 1000 letters written by Sackville detailing many of the important events and of people in England's history. For instance, did you know Sackville convened an AA public meeting in Cardiff in 1950 after first refereeing an International sports match?

The little committee then received an audio tape from probably the first Al-Anon member in Europe who's husband had been an early AA member in the West of England. The tape charted the first AA meetings at Mickleton, Evesham, Cheltenham and Bath during the

first 15 years. They then received a tape of the founder of AA in Bristol which led to even more valuable research being done in that City. It is worth remembering that two of the oldest and most active members in the West Country both got sober in the same group

in Washington, DC.

In 1985 Nell Wing came to the Bristol Reunion and convened an archives meeting. Staff from service offices in Britain and Ireland attended, something which became the launch pad for them to display their own national archives. One last thing about Nell; she was a great one for encouraging oral histories and she said: "as archivists we should never go anywhere without tape recorders..." .

Bristol is fortunate to have had an exceptional member in its groups who had the foresight to record what was happening in the Fellowship at home and abroad, particularly from 1968 onwards through the unofficial AA journal, Bristol Fashion: dates of events, conventions, workshops, gatherings etc., the opening of new groups, recording the deaths of old-timers, articles and observations on our AA life, all written by members themselves and with plenty of anecdotes to liven things up. It also makes up something of a "spiritual soap opera" due to its length of publication and the fact that it became a means for keeping members in touch with each other from around the world. Bristol Fashion is as yet an untapped primary source of information on the growth and depth of our Fellowship.

It was through an idea given by one of the readers of Bristol Fashion that led to the First European Convention of Alcoholics Anonymous in Bristol in 1971 and convened by the South West Intergroup, SWIG for short! Most of the earliest members in Britain and Europe attended this event as did a whole host of GSO staff and Trustees from New York and London. It also brought AA to the attention of the Vatican through the attendance of Archbishop Enricci as a guest and who was afforded a full diplomatic welcome to the City for the express purpose of attending the European Convention. Another often

overlooked fact in England is the role of clergymen in helping to establish AA. This is an area that needs much more research.

The exceptional Bristol member had the foresight also to keep all his correspondence with the early members in England and some in North America. The archive contains something like 15000 items of correspondence worth preserving: something approaching 500 tapes, on which all the talks have actually been heard in person: there is information on the formation and work of the service structure in England over the last four decades. Also in the archive is a library of AA books: all Alcoholics Anonymous hard back books known as "the family books," mostly first editions, many subsequent editions inscribed by a few authors/editors, AA friends and AA archivists past and present. There are early printings of four first editions of the Big Book, Alcoholics Anonymous, which the archive has either inherited from the owner or has had donated. There is regret in our Region that the 2nd edition Big Book inscribed by Bill himself to Frank of Calne could not somehow have stayed in the Regional Archives. Yet on further consideration, having this particular treasure securely housed in the National Archives is the very safest place for it.

There is also a huge contribution of alcoholism-related books written on psychology, medicine and spirituality. The library contains in all approximately 560 books as well as numerous booklets and early pamphlets.

You may ask the question, should we as AA archivists collect anything other than AA documents? Bill answers this question in a letter to Milton Maxwell who first drew Bill's attention to the story of the Washingtonians. "I am extremely glad that such a thorough going study as yours has been made available. Here and there I have noted other attempts but nothing at all comparable to what you have done. I wish every AA could indelibly burn the history of the Washingtonians in his memory. It is an outstanding example of how and how not we ought to conduct ourselves. In a sense AA has never had a problem seriously threatening our overall unity. Yet I notice some AAs are complacent enough we never shall. You have certainly done your bit to rectify that condition."

In the archive is an original Hansard copy of an Act of Parliament, put through from a Private Member's Bill in 1986 by Sir Bernard Braine, M.P. who was a good friend of Alcoholics Anonymous. This Act was needed to keep AA within the law of the land, because at the time it found itself in breach of a new Charities Act, by adhering to our Tradition of self support, through not accepting nor soliciting outside contributions, which, with its charitable status, it was obliged to do. So rather than change Alcoholics Anonymous in any way, AA had the wisdom and the courage to have the law changed instead. This all provided our Fellowship with lots of good and incredulous attention from the media.

A part of the archive includes extensive records and much memorabilia of a

particular group which has been in continuous existence for over thirty years and many of the items on our National Committee Chairman's list of collectables are in fact already in this group archive. This is because although the founder died some twelve years ago, the first secretary of the group -- a veritable magpie -- is still alive and attending meetings in the very same venue and apparently has never thrown anything away! One of the ways this group has chosen to carry the message is to reconvene in 1981 the annual convention, known as the AA Reunion in Bristol. Here again there is a detailed record of speakers and the organization and of each Reunion and especially of how much fun they always have. In their files is a balance sheet of each event, a copy of which was always lodged at GSO right up until the current era began in the early nineties. This is very impressive and was very much in line with the openness and availability of the Reunion records and accounts.

As regards ownership of the Archive which has been in the possession of the archivist for many years, it is considered that all straightforward and factual items, such as the original material covering the start of Alcoholics Anonymous in the West Country, including the diary of Bristol's founding member, together with a copy of an original 24-hour meditation book which has notes at the back on the formation of Bristol's second group, "belong to AA" as we say. Some of the "family books" and three of the four first editions of the Big Book would fall into this category as well, two printed in the States and one in England! Reunion files and much else besides would also "belong to AA." Three current members of the original archives committee have been invited to act as trustees and custodians of the Archive to fulfill the role of AA in the event of the archivist's death. All other items, that would never ever be displayed would become the property of the Archivist's grown-up children but would remain in the archive and under the custodianship of the trustees. Two stipulations have been made, however. Firstly, that the Archive is never to be broken up and, secondly, that whatever happens to it and whatever the custodians wish to do with it (for example, whether to close the archive or continue working on it) all five trustees must be in unanimous agreement.

The current work on the Archive has been to build on what has already been there for over twenty years and the hope and expectation is that others will come along to help continue the work. My job over the last three years has been to fulfill the late Barbara T's request that the archive be indexed and to classify what there was. This was not difficult as the nature of the material makes for its own classification. The way ahead is having to scan everything onto disc in order to preserve it. Over time pages are fading especially Jim H's diary entries of the first couple of years or so of the start of AA in Bristol. The archivist's home group also helps out on a regular basis and the Intergroup has voted a nominal sum per month for archive work, it is hoped shortly to be received.

Though very rewarding, it is time consuming work and not many people as yet

By Father Ralph S. Pfau

and Al Hirshberg

I woke up in a room completely devoid of furniture except for a chair, a table and the cot I was lying on.

"Do you want some breakfast, Father?"

I blinked my eyes. Standing in front of me, with a breakfast tray in his hand, was a brother.

"Where am I?" I asked.

"You're at the Alexian Brothers Sanitarium, in Oshkosh, Wisconsin."

"How did I get here?"

"You drove."

"What day is this?"

"Friday."

I had left Indianapolis on Tuesday.

The brother set the tray down and left, closing the door behind him. He didn't lock it.

What happened? Where have I been? I was headed west. How did I end up here?

I remember a letter from the bishop, removing me as pastor of St. Ann's parish and ordering me to the sanitarium at Oshkosh. I remember a drinking session with a friend in the parish house. I remember loading my car and leaving Indianapolis and drinking along the way.

Only, I was going to drive to the West Coast.

I never found out the whole story to my strange odyssey. A nephew of mine, who was stationed at an Army base in Milwaukee, later gave me a fragment of information.

It seems that I phoned him from Chicago and told him I'd be in Milwaukee the next day. And the next evening, we had dinner and a few drinks together. He said he knew I'd been drinking, but had no idea that I'd blacked out. I had seemed perfectly rational in everything I said. I had told him nothing about myself except that I was on a trip.

The rest of the trip is an absolute blank to this day.

As I lay on my cot in the sanitarium, I tried to recall what had made me change my mind about going to the West Coast.

I didn't want to come here. And I don't intend to stay. This solitude is oppressive. I've got to get out of here.

I dressed and went into the administration office, and told the brother that I wasn't going to stay.

"Of course, legally, we can't hold you," he said. "You're free to go. Naturally, that would result in your suspension."

If I stay, I may never get out. If I leave, I'll be suspended.

"Do I say Mass?" I asked.

"Oh, no. You don't say Mass. The rule of the sanitarium is you do not say Mass until our bishop gives you permission."

"Will I be allowed to go out?" I asked pettishly.

"With permission," he said. "You may go into town once a month if one of the brothers is with you."

"What about my car?"

"You are not to use it. Your bishop has given orders that you are never again to drive a car without his permission. We can sell it for you," he said, "or if you prefer, you may designate a friend to sell it."

The rest of the day is a blank, but I remember the night. Somewhere along the latter part of the evening, my mind cleared considerably. I was deeply resentful, and almost all of my resentment was directed at the bishop of Indianapolis.

He's the cause of everything. He sent me here. He'll keep me here. He won't let me say Mass. He won't let me drive my car. He won't let me live a normal life. He won't even let me be free. I've lost my parish, my friends, my car, my liberty, my self-respect-everything. And it's all the bishop's fault.

I paced and sat and lay down and looked out a darkened window and smoked and stewed and worried. And, gradually, as the night progressed, my resentment turned to self-pity.

It's my own fault. I knew I wasn't worthy of being a priest when I was a

seminarian. And I've proved it a thousand times ever since.

I blamed everything in the world for my troubles-everything but alcohol-with the resentment aimed, in the last analysis, at myself.

By dawn, I was hopelessly convinced that there was nothing anyone, anywhere, could do to straighten me out.

Later that morning, a doctor came to visit me. Once again, I recited the long unhappy story of my career. All I had to do was say aloud everything that I had been repeating to myself only a few hours earlier. The longer I talked, the more I seemed to break with reality.

This is not me. This is somebody else-some other Ralph Pfau. It is he-not I -who needs help. I feel very sorry for him. He has lost everything. I wish I could do something for him.

I kept on saying one thing and thinking another. The words were automatic, coming from the mouth of a stranger; the thoughts were the real me.

When I came to the end, the doctor said, "Father, there were 12 full bottles of liquor in your bag. Do you drink much?"

Twelve full bottles? That other Ralph Pfau left Indianapolis with 12 bottles. How much more liquor did he have to buy to fill the bag with fresh bottles?

"Not much," I said.

"I'm telling the truth. It's the other Ralph Pfau who does all the drinking.

"Did you ever drink to excess, Father-ever in your life?"

No, Doctor. Not ever.

It was somebody else who sat all morning, waiting for 12 o'clock to come so he could have his first drink, somebody else who headed for the West Coast with a case of whisky in his bag, somebody else who blacked out from drinking on the way.

I was detached from everything. I had nothing to do with this man who was asking me questions.

"Father," the doctor said, "I think you're a schizophrenic."

"Is that so?"

I had never heard the term and I didn't want to know what it meant. I was

afraid that it meant something very bad.

"Yes," the doctor said, "but I think we can help you. We're going to try shock treatments."

And I said, "Fine, Doctor."

The following day, I was taken to another hospital-the Winnebago State Hospital for the mentally ill.

After I had been admitted, a big male nurse handed me a shapeless white garment and said, "Take off your clothes, Father, and put this on. I'll be back for you in a few minutes.

He returned shortly and took me to another room. This one was small -about 10 feet by 12-and, because of the equipment and all the people in it, it looked smaller.

There was a table in the center, similar to an operating-room table, but wider and heavier. Within easy reach, with wires sticking out of them, were two attachments that looked a bit like earphones. They swayed gently back and forth. A doctor stood at the head of the table, with a woman nurse beside him. Halfway down the table were two of the biggest, most powerful-looking men I ever saw. I was petrified.

This story was written for publication with the permission of Father Pfau's ecclesiastical superiors.

"Father, lie down on the table, please," the doctor said.

I stretched out, putting my head on an uncovered pillow. Somebody rubbed grease on my temples, and somebody else reached for the attachments that hung from a box on the table. They were fitted over my head, one on each side.

They're going to electrocute me. Oh, God, get me out of here.

I tried to get up on one elbow, but I couldn't move. One arm was pinioned by each of the burly attendants. I tried to move my feet, but they wouldn't budge either. The male nurse was leaning on them.

Terrified, I looked up into the eyes of the woman nurse. I tried to say something, but the words stuck in my throat. She was coming at me with something big and wide and white. It moved closer and closer to my face; I tried to pull away from it, but there was nowhere to go.

"Open your mouth!" The nurse spoke sharply, as she poked the white apparition at me. "Now bite!" I clamped by teeth together. I felt engulfed

in a blinding white flash that seemed to consume me, inside and out, from head to foot. That was the last thing I knew.

I was sitting on a cot in a darkened room when I came to my senses. I shook my head for a few minutes, then looked around. The woman nurse was standing beside me.

"How do you feel, Father?" the nurse asked.

"I guess I'm all right. Only, I don't remember anything."

"It will all come back," she assured me.

Gradually, in the next few days, practically everything came back into focus except the shock treatment itself and the events immediately leading up to it. I didn't recall those details for months.

After about three weeks, when the shock treatments were over, I was given permission to say Mass again. But it was many more weeks until my nerves quieted down to a point where I could look on life objectively. I realize now that I had had a narrow escape from what amounted to complete oblivion. This was my fourth nervous breakdown.

For the rest of the summer and early fall of 1943, I lived a quiet, relaxed life at the sanitarium. And in October, I was released, with an order from the bishop to report to Indianapolis directly to the chancery office to see him.

"How are you, Ralph?" the bishop asked, quietly.

"Fine."

He sighed. "I wonder how long you'll stay that way. Well, I'm going to give you one more chance. You can go to St. Joan of Arc parish and live there a while." "Frankly," he added. "I think you're hopeless."

It was not until years later that I realized that the bishop was trying to shock me into positive action. But at the time.

Hopeless. I can't win. What's the use of trying. So I didn't try. One week later, I blacked out again—from drinking.

For the first time in my conscious thinking, it slowly began to dawn on me that maybe alcohol was my primary problem. I knew that I had other problems too, and I felt they were more important. However, I now began to think that perhaps I should try to get the alcohol problem straightened out first.

I forced myself to carry out my parish duties. I longed for a drink, yet did

not dare to take one.

If I take a drink now, I might blackout again. But I've got to have a drink.
How long can I keep this up?

I couldn't sleep at all one night. Finally, I got up, went over to the window and stared out at the sleeping city. I was standing there when the rectory phone rang. It was two o'clock.

"My husband is dying, Father. Can you come right over? My son will pick you up in a few minutes."

I went back to my room, dressed, got the Holy Oils and went out the front door. As I closed it behind me, a car pulled up. A young man pushed the door open. I got in, and we drove off.

"What happened?" I asked.

"My dad-I'm afraid he dropped dead. The doctor's on the way."

As we got out of the car in front of his house, another automobile pulled up behind us. The boy led me to the front door.

"Please go in, Father. I'll hold the door open for the doctor."

When I walked into the bedroom, a woman was weeping. Her husband, fully dressed, was stretched out flat on the floor. I thought he was dead.

"Excuse me, Father."

Behind me, the doctor already had his bag open and was filling a needle from a bottle. I moved aside to give him room. He felt the man's pulse, rolled up his sleeve, splashed on some alcohol and shoved the needle into an arm.

For a minute nothing happened. Then, to my amazement, the man sat up and looked around.

"Just as I thought, Father," the doctor said. He's had too much liquor and barbitals. He'll be all right.

"I-thought he was dead."

"He will be if he doesn't change his habits."

Without a word, the man got up, went to the bed and began to undress. His wife, badly shaken, thanked us both, and the doctor left.

My head was spinning. I wasn't listening to the woman. In spite of what I

had just witnessed, I wanted a drink.

"--called you at this hour, Father. We appreciate your kindness in coming."

I followed the woman. As I walked through the living room, a book on the mantel caught my eye. I picked it up and riffled the pages.

"May I borrow this?" I asked.

"Certainly."

The name of the book was Alcoholics Anonymous.

I had never heard of Alcoholics Anonymous. I didn't know there was such an organization. The book, which expanded its principles, its aims and the significance of its 12 steps to sobriety, intrigued me. I finished reading it before dawn.

The following day, I read the book again, and, almost unconsciously, I memorized the 12 steps:

"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 awakening as a result of those steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs."

It's the kind of thing that can be applied to anyone, no matter what his religion. I'll bet it helps a lot of people—particularly those who may have lost their awareness of God. It's a good program, for alcoholism.

But I'm not an alcoholic. I'm a priest. I haven't lost my awareness of God. This program is not for me.

But I couldn't keep my hands off that book. Day after day, I picked it up and read it. After three or four weeks, I knew it from cover to cover. And during that entire period, I didn't take a drink.

One evening, several weeks after I began reading the book. I noticed some pamphlets on a side table in the vestibule of the rectory. On the top pamphlet were printed the words "Alcoholics Anonymous." I asked the pastor who had left them.

"Doherty Sheerin," he said. "He's a fine man. I think he's the president of A.A. here in Indianapolis."

I read the pamphlets. They told stark, simple stories of despair and hopelessness and terror and defeat, and suddenly I came to a decision.

I looked up Doherty Sheerin's phone number and called him. He was at the rectory 15 minutes later. I liked him on sight. There was strength of character and leadership in his rather square face, and I felt almost a compulsion to put myself in his hands and let him steer me any way he wanted to.

This man will help me.

"What's on your mind, Father?"

"Well, I understand you're president of Alcoholics Anonymous here in town."

"I'm not president. We don't have any such thing as president. Alcoholics Anonymous is just a group of individuals all faced with the same problem. We only recently began the Indianapolis group, and I happened to be the first member of it."

"I see," I said. "I wonder if you can help me. I have some personal

problems. Of course, mine isn't really an alcoholic problem. I never drank very much. I'm not an alcoholic."

His smile never left his face.

"I know what you mean, Father," he said gently. "All I can do is pass along a few ideas; then perhaps you can help yourself. We don't teach anything in A.A. We don't lecture anyone, or tell anybody whether he is or isn't an alcoholic. All we do is suggest. Take another look at yourself and form your own conclusions."

Why don't you go to a meeting with me?

"Nobody will ever know," he continued. "We don't tell who attended meetings. We only tell about ourselves. We can get up and shout about ourselves from the rooftops for all the world to hear if we want to. But anonymity respects the other members' names. So nobody will know that you are attending the meetings unless you tell them."

I'll just look in as a spectator. These people will think I'm there in my capacity as a priest to help them out. I'll go to one meeting, and if I don't like it, I won't go anymore.

"Our next meeting is Thursday night, Father," Dohr was saying. "I'll pick you up at 7:15."

By Thursday, I had changed my mind a dozen times about going to the A.A. meeting. But promptly at 7:15, Dohr arrived, and I drove off with him.

It was a small meeting—only seven people altogether. None of these men appeared to be in financial difficulties, nor did they look like drunks, or even ex-drunks. From all appearances, this could have been a meeting of the board of directors of a library.

For the next hour, a discussion of various problems of the alcoholic moved back and forth between Dohr and the members. I noticed that, before anyone spoke during the next meeting, he always said, "I'm an alcoholic," and I wondered if I would ever be able to do that—if, that is, I really were an alcoholic. I was still far from ready to admit that.

But I felt better than I had felt in several weeks as we rode back to the rectory. Dohr asked me how I liked the meeting.

"Fine," I said, with real enthusiasm

"That's good," Dohr said. "Now, keep coming back. Some day, everything will fall into focus."

But, later, as I lay in bed, the seeds of discouragement began to grow.

This A.A. is great for laymen. It gives them a new awareness of God, and that helps to keep them away from drinking. But I have always had a strong awareness of and faith in God, and that didn't keep me from drinking. They talked about honesty tonight-honesty with themselves and honesty with other people. I know all about honesty. Honesty is one of the virtues that any priest adheres to as a matter of course. So there are two things-awareness of God and honesty-which are keystones of success in A.A., and I have both, but neither stopped me from drinking. So what can A.A. do for me?

Day after day, I went through the motions of carrying out my duties at the parish. I didn't drink, but I was never free of the vague urge to do so.

Doer called me every day. About all he ever said was, "How do you feel, Father?" and about all I ever replied was, "All right-I guess." But after a few days, I began to look forward to his calls, and our conversations lengthened. My jitters always died down a little after I had talked with him, but it was never long before they returned.

As the weeks and months passed, I continued to go to Alcoholics Anonymous meetings, largely because of Doer. He never asked me if I wanted to go. He simply took it as a matter of course that I was going, and he always called for me.

In general, the other priests in the rectory approved of my interest in A.A.. But they knew me and knew my problem. Whenever I mentioned A.A. to priests outside the parish, I almost invariably ran into opposition.

"No priests should join that sort of an organization," a priest said to me one day. "You should be able to get what you need from your Church."

He expressed the thoughts of the majority. I wondered if he was right. I could derive the strength to stop drinking from my Church. I asked Doer about it later.

"You can, But you won't," he said. "It would be wonderful if you could find the strength to stop drinking from the Church. But the average alcoholic personality just won't. I didn't-and I've always been devoted to my Church. You've not only been devoted to your Church; you've given your life to it. But you still didn't get from it alone a solution for your drinking problem."

"But I must have the Church."

"Of course, you must have the Church. Any good Catholic must have the Church. A.A. without the Church would be less effective for us than the Church without A.A. But, in order to stop drinking, people like you and I

must have both. We need something to help us remove the natural obstacles to grace, something to keep us convinced we can't drink-that we're still alcoholics."

Gradually, I became convinced. It took almost a year for the program to take shape. I began to see how a key principle of A.A. applied to me, reluctant as I was to admit it.

To the alcoholic, the first thing in his life is that he cannot drink. This is basic. It may not be his most important problem. Certainly, my neurotic tendencies, which first manifested themselves at St. Meinrad's Seminary, before I had ever taken a drink, were more important. If an alcoholic has a deadly disease, the disease is more important.

But, regardless of his other problems, the first thing an alcoholic must do is stop drinking. Once he has done that, he can tackle the other problems. But if he doesn't do it, the other problems not only will remain unsolved, but will become intensified.

In August of 1945, I got a letter from the bishop, telling me that my friend, Father Ambrose Sullivan, who had been appointed pastor of Holy Cross parish in Indianapolis, had asked for me as his assistant.

This was first direct contact with the bishop since I had returned from the sanitarium at Oshkosh a year and a half earlier. I had studiously avoided the chancery, for I didn't know how the bishop would feel about my being in A.A. The letter encouraged me. Obviously, the bishop must have heard about it and didn't object, or he would have said something. I was delighted to join Father Sullivan.

At just about that time, I had begun to make Twelfth Step calls. These are visits to people who, faced with the alcoholic problem, called Alcoholics Anonymous for help. As far as I knew, the only purpose in making Twelfth Step calls was to help somebody else try to stay sober. I made half a dozen calls in about three months, but I might as well have stayed homes. I couldn't get anyone to stay sober.

When I pointed out my lack of success to Dohr, he said, "You've stayed sober yourself, haven't you? Insurance against a slip-that's really the primary reason for Twelfth Step calls. When I make one, I say, `Now, look, fella, I don't care if you die drunk. I'm not interested in that. But I do care if I die drunk, and that's the reason I'm here. Now if you want what I've got, I'll take all the time in the world to give it to you. Just give me a call when you're ready."

Dohr Sheerin must have sponsored several hundred alcoholics during the years I knew him in Indianapolis, and most of them made the grade.

"But, Dohr," I said, "as a priest, I've got something to offer that the others haven't. Only, when I go out on calls, people won't accept me as anything but a priest, no matter what I tell them. As far as they're concerned, I'm moralizing."

"That's right, Father," he said. "You can do a lot more good in other ways than any of us. The only question is how to go about it."

The answer was so obvious that I felt foolish because I hadn't thought of it sooner. In the seminary and as priests, we annually made a retreat. A retreat is a period of discussion and meditation that normally lasts from a day to a week end. In a Catholic retreat, there is a retreat master who gives talks on the dogma and practices of Catholicism. There is also a regular period for questions and open discussion. People in all walks of life attend retreats and gain great peace and solace from them.

"How about having a retreat for alcoholics?" I suggested. "After all, the whole idea of a retreat is just to pause and think things over in company with other people having the same idea in mind. We could make it exclusively on A.A. We wouldn't go into the question of religion at all. And we wouldn't confine it to Catholics."

Dohr was enthusiastic about the idea, and so was the bishop when I wrote for his permission. Since I had once served as chaplain for the Little Sisters of the Poor, I asked them for use of their facilities. They told me they'd be delighted. The retreat was a success in all aspects. We had 67 men there, only about 20 of whom were Catholics. The talks were all strictly about A.A. and were well received by Protestants and Catholics.

The one-day retreat was so helpful that the members urged me to arrange a longer one. Our first full week-end retreat was held at St. Joseph" College near Rensselaer, Ind. There were about 90 people there, about 89 per cent of whom were non Catholics.

To this day, we have a men's retreat at St. Joseph's every year. We have retreats for women as well as for men; they are held separately in various places throughout the country. Our average attendance, which varies in different parts of the country, still runs about 65 to 70 per cent non-Catholics.

By late 1945, I had not had a drink in two years. When I arose every morning, I asked divine help in remaining sober for the next 24 hours (as I do today), and every day I remain sober. My nerves were behaving, and my jitters were gone. I was in good physical condition and enjoying more peace of mind and satisfaction in my work than I had ever known.

I had full confidence in the A.A. program, but there was one fact I still couldn't accept completely. That was the theory that alcoholism is a

disease. I suspected it was a moral weakness that had caused me to drink.

I had learned that there are sharply defined differences between an alcoholic and a drunk. I knew that alcoholism had the element of compulsion and drunkenness did not. The quantity of liquor consumed and resulting intoxication might be exactly the same, but the motive is different. The alcoholic drinks because he has to. The drunkard drinks because he wants to. Once the alcoholic starts drinking, he can't stop. The drunkard can stop whenever he feels like it. When the alcoholic drinks, all he can think about is where he will get his next drink. When the drunkard drinks, he wants only to get high and enjoy himself. The alcoholic can't get liquor out of his mind. The drunkard can forget about it at will, if, indeed, he ever gives it much thought to begin with.

When the alcoholic wakes up in the morning, he's got the jitters and an uncontrollable craving for a drink to relieve them. When the drunkard wakes up in the morning, he feels terrible, but the only craving he has is for something to get his mind off his hang-over. The last thing he wants is a drink. If the alcoholic doesn't have his drink, he can't work or do anything else. The drunkard might take something to settle his stomach, but he can always manage to drag himself off to work. He won't have a happy day, but he won't have a craving for liquor, either.

Of course, a drunkard can develop into an alcoholic. Most alcoholics started out as social drinkers. But who knows where the responsibility for his becoming an alcoholic lies? I had been taught that it's his own responsibility. It is the normal reaction of any clergyman to accept this theory.

This was why I, as a priest, found it so hard to accept any other theory. As far as I could see, I became an alcoholic because I drank too much; it was not that I drank too much because I was an alcoholic. It was as simple as that. And, no matter how often Dohr tried to tell me otherwise, I refused to believe him.

I told alcoholics every day that they were sick, but I didn't, I couldn't, believe that this was true.

Not until the day I nearly slipped myself.

When saying Mass, a priest uses wine in the chalice. This, in our belief becomes the Blood of Christ at the moment of Consecration. Although the substance of the wine is changed, the action of alcohol can have the same effect on the human system after the Consecration as before.

I learned early after I joined A.A. that, as a priest-alcoholic, I must take a minimum of wine at Mass. The minimum for validity is about two teaspoonfuls. Medically, an alcoholic would be disturbed if he took enough

alcohol to penetrate his blood stream or brain cells. Two teaspoonfuls of ordinary Mass wine would not bother the worst alcoholic. While, contrary to public opinion, it is a fermented drink, it usually has a very low alcohol content, because the Church does not permit Mass wine to be fortified.

Commercial wine, on the other hand, is well fortified with grape alcohol. It is usually heavier than Mass wine, and can cause a definite reaction if taken by an alcoholic. A few of the heavier-type Mass wines approach this commercial content.

I had always been careful about the amount of wine at Mass, and I never had a reaction from it after I joined A.A. But one morning, at Holy Cross, I knew the moment I consumed the Holy Species that this was not average Mass wine. I felt a sudden urge to keep on drinking, a compulsive craving that blocked out all reason.

When Mass was over, I hurried to the kitchen.

"Was there anything different about the Mass wine we used this morning?" I asked the housekeeper.

"Yes, Father," she said. "A salesman left this sample bottle, and I used it in the cruet."

I looked at the label. The wine, although Mass wine, had an alcoholic content of 22 per cent.

I wanted a drink. I shuddered as I left the kitchen. I wanted a drink.

I was scared-as scared as I had ever been in my life. This was not just a casual desire. This was a terrible, compulsive craving that overwhelmed me.

If I don't have a drink, I'll go crazy. I forced myself to the telephone. With shaking hands, I picked it up and called Dohr Sheerin.

"Hello?"

"Dohr, I want a drink."

"Well, Father," he drawled, "I'm glad you called. What happened?"

I told him. I guess I wasn't very coherent, but he didn't interrupt me. Then, I said, "Dohr, I'm frightened. I've got to have a drink. I can't understand how this happened. It's never happened before. I've been dry two years, and now I feel as though I'd never been dry. A little wine at the Mass-that's all it took."

"A little wine has set off a lot of benders, Father," Dohr said. He was

still drawling, talking in a slow casual manner. "You know," he went on, "You were very wise in calling me. I know just how you feel. You've had a reaction because the wine was too heavy. But you know you're really all right, and you know you'll get over this craving. You've been in A.A. a couple of years now. You know the questions, and you know the answers. And you know you can't take another drink, because if you do, there'll be no stopping. You'll get the jitters and you'll fall apart, and you'll have to get dried out all over again. And you know what that means."

"Dohr, I've got to hang up now. I'm going to get a drink."

"Wait a minute, Father." Dohr's voice was softly, gently persuasive. "Before you hang up, I want to tell you something. I've got a couple of tickets to the Notre Dame game at South Bend Saturday. I want you to come and see it with me. They've got a great team this year, Father-"

"I want a drink."

"Do you remember the shock treatments, Father? Do you remember all the sanitariums? Do you remember Snake Run? Do you remember what you were like two years ago, before you came into A.A.? Do you realize how far you've come in those two years? Do you realize how far you're going? You don't really want a drink, Father-"

"Yes, I do-I do, Dohr. I must have a drink-now."

"NO, you don't, not really, Father. You're too experienced in A.A. to want a drink. You've seen too many people sweating out a living death while they wait for the alcohol to leave their systems. You've been through that yourself a dozen times. You know what it's like. You don't ever intend to go through it again. You're too intelligent for that, Father. Do you remember how you used to insist to me that, even though you told others that alcoholism was a disease, you really thought it was a moral fault that could be controlled? Now what do you think, Father?"

"Keep taking," I said. My throat was dry and my voice cracked and little rivulets of sweat were gushing out of every pore in my body.

Dohr kept talking. HE jumped from one subject to another, stalling me off from leaving the phone. And I listened. Then he said, "Father, it's been 10 minutes since you've said you wanted a drink."

"Keep talking, Dohr."

So he talked for 10 minutes more.

"Now it's 20 minutes, Father. Do you want to talk?"

"Twenty minutes-yes-yes, Dohr, I want to talk." I could feel the saliva in my mouth and throat, and I wasn't perspiring so much.

"What about the next retreat, Father? Is everything all arranged?"

Now I talked for 10 or 15 minutes. Dohr asked me all sorts of questions, and I answered them.

Then, I said, "I'm all right now, Dohr."

"You don't want a drink anymore?"

"No, Dohr, I don't want a drink."

"All right, Father. Call me if you need me."

We both hung up. I looked at my watch. We had been talking nearly two solid hours. And now I knew that alcoholism was not exclusively a moral problem. Now I knew it was a disease. If I could stick to this conviction without ever rationalizing the "need" for the first drink. I knew my alcoholic troubles would be over.

In 1946, I was asked to give the talk at an A.A. meeting in Cincinnati, by a man who had attended one of our retreats. There were more than a hundred people present, filling the little meeting hall to the doors. I gave a talk on the spiritual side of Alcoholics Anonymous. There was nothing personal in my talk. When it was over, the chairman opened the floor for questions.

A little fellow in the back of the room got up and said, "Father, that was a fine talk. But, Father, what do you know about this problem? Are you an alcoholic?"

I swallowed. This was the moment I dreaded. Then, in a voice I hoped was steady, I said, "Yes, I'm an alcoholic."

"Well," the man said, "tell us about it."

So, for the first time, I told the story of my alcoholic life in an open meeting. I told of my first nervous breakdown, my first drink, my subsequent breakdowns, the fluctuations of my alcoholic appetite, my experiences in various hospitals and sanitariums, my frequent troubles with the bishop-everything, in fact, that I could think of. I talked for about half an hour.

After I sat down, I felt a deep relief, a relief from all the doubts that had assailed me ever since I first joined A.A., as though, with the first full admission before other alcoholics, I had removed the last of the blocks that seemed to separate me from them. There was nothing more for me to hide,

either from them or from myself. Now, at last, I was one of them.

The next time I was asked to speak at a meeting, I stood squarely on my feet, looked around at the expectant faces in front of me and said firmly, "My name is Father Pfau. I am a member of the Indianapolis group of Alcoholics Anonymous, and I am an alcoholic.

I have been telling my story to alcoholics all over America ever since. I will venture to say I have delivered it 500 times.

In 1947, the new archbishop of Indianapolis sent for me. "I have heard about you work," he said. "How would you like to be relieved of your pastoral duties so that you can devote full time to Alcoholics Anonymous? Of course," he continued, "the big factor here is the financing of your own living."

"That might be a problem, because A.A. is not really an organization," I said. "It specifies that it has no dues or fees. It is not allied with any sect, faith or denomination. It has no interest in politics, and it neither opposes nor endorses any causes. The only requirement for membership is an honest desire to stop drinking. Our primary purpose is to stay sober and to help other alcoholics achieve and maintain sobriety. If I were to give full time to A.A., I would have to do so as an alcoholic, as just another member of A.A."

"But, as a priest, you would have the respect of others," the archbishop said. "And I feel that your retreat work is important enough to people of all faiths throughout the country to warrant your giving full time to it. When you have thought it over, let me know."

Dohr was delighted when I told him about it. "Don't worry, Father," he said. "We'll find a way to finance you."

The next day, Dohr and I went to see A. Keifer Mayer, a close friend of Dohr's. He was then vice-president (he is now president) of the Kiefer-Stewart Drug Company, a large wholesale house in Indianapolis. Mr. Mayer is neither a Catholic nor an alcoholic. But he was a friend of both the archbishop and his predecessor and had always had great admiration for what Alcoholics Anonymous had done for Doherty Sheerin. Dohr explained the situation.

"You came to the right person," Mr. Mayer said. "This is the finest idea I've heard for a long time. I'm all for it." He reached for his checkbook and wrote a check to cover my expenses for the first year.

The archbishop released me from my parish duties on Christmas Day, 1947, and I started mapping out plans for retreats beginning in June. Dohr urged me to take a vacation before they started. The more I thought about the idea, the better I liked it.

In April, I decided to go to Los Angeles. The night before I left, Dohr gave me a copy of the A.A. directory, a book that lists groups in various parts of the country. I packed it in my bag.

It was a beautiful spring day when I left Indianapolis, but by the time I got to Texarkana, on the second day, the weather was hot and sticky. It was even hotter driving on to Fort Worth. Texas was in the throes of a dust storm. Driving was uncomfortable, and to make it worse, I discovered that, miles back, I had taken the wrong road.

I drove on to a place called Wichita Falls, Texas, and checked into a hotel. The room was flecked with dust, and the bellboy advised me to keep the window closed.

What a day! What a miserable day! Here I am more than a thousand miles from home. I'm tired, dusty, uncomfortable, hungry-and thirsty. I "need" a drink. I'll have a cocktail before dinner. I haven't had a drink in nearly four years. I know I'm O.K. now I'll have just one, and I won't tell a soul about it, not even Dohr.

I took a cold shower, and all the while, I thought of the drink I would soon have.

One drink-one drink-one drink.

I opened my bag for clean linen, and the first thing I saw was the A.A. directory. There was a Wichita Falls group listed. I called the number and a man answered.

"I'm a stranger in town," I explained. "Do you have A.A. meetings here?"

"Yes, indeed," the voice said. "We're having one tonight, and you are welcome."

I'll go over and meet a new group of people. I'll see how A.A. works here, and if they want to know, I'll tell them how A.A. works in Indianapolis.

I forgot all about the drink. It was my last near slip. From that day to this, I never again had a desire for a drink.

A speaking tour in 1948-49 took me to California, Arizona, New Mexico, Texas, Louisiana, North and South Carolina, Florida, Alabama, Georgia, Mississippi and Tennessee. I dovetailed the talks so that no one group would have to bear a heavy burden of expense. There are no fees in A.A., and I have never accepted any. Each group has always been free to give whatever it could afford toward my over-all expenses. No minimum is ever set. I accepted support from Mr. Mayer for two years. After that, I usually managed to

balance out, although I have returned to Indianapolis in the red several times.

My travels have brought me many friends. They have also brought me many adventures: some of them amusing, some sad and many deeply satisfying.

One night in Los Angeles, I called the A.A. number that was listed in the directory. The man who answered invited me over to the clubhouse. I did not identify myself as a priest. When I arrived, he was ice cold.

"I'm an Orangeman," he said. The Orangemen, who come from the North of Ireland, oppose Catholics.

"That's all right," I said. "You are a member of A.A., too, aren't you? Well, so am I."

"You mean you're an alcoholic?"

"I'm an alcoholic."

That night, at the meeting, he stood up and said, "If my folks in Ireland knew what I am about to do, they'd blacklist me forever. But that doesn't bother me. I think maybe this is one of the wonderful things about A.A. Denominations mean nothing as far as the program is concerned. We aren't Catholics or Protestants or Jews - we're all just alcoholics. So, it is with real pleasure that this Orangeman introduces a Catholic priest, to give us a talk."

While my work consumed most of my energy, it did not resolve an old problem. For years, I had had deep-seated doubts about the validity of my ordination into the priesthood. I had never consulted anyone. I was afraid to seek an expert opinion, for fear that my priesthood might really be invalid. One day, I mentioned the matter to Dohr.

"I've always doubted it," I told him. "I'm not sure I wanted to become a priest in the first place. And I was under tremendous pressure when I received the diaconate. I don't think anyone can validly receive major orders when he is under pressure."

A canonist is a priest well-versed in cannon law—a sort of ecclesiastical lawyer. When Dohr and I went to see Father Donovan, I told him the whole story of my doubts and fears at the time of my diaconate.

"I'm really concerned about two things," I told Father Donovan, "whether these pressures caused invalidity of my diaconate, and-if this is so-whether my priesthood is invalid too."

"Did you have pressure and anxiety before your ordination to the priesthood,

or only before the diaconate?" Father Donovan asked.

"Only before the diaconate."

"You have nothing to worry about, Father," he said, smiling. "Even if the diaconate was not valid, the ordination to the priesthood was. This is the law of the Church. You are perfectly all right."

I may never be sure whether I wanted to be a priest, but now I can be sure God wanted me to be a priest.

I took up residence at the Good Shepherd Convent in Indianapolis in 1950. Little did the good sisters there dream what the next few years would bring. Today, the convent is a beehive of activity. Typing, printing, filing and answering telephones are now part of the daily routine for three of the Magdalen nuns. They do their work in a large office and a printing room.

My one room living quarters serve as my private office by day and my bedroom by night. Two private telephone lines lead into this room, and both can also be switched to the Sister Magdalen's office. Calls come from all parts of the world-and at any hour of the day or night-from alcoholics, people interested in alcoholics, and friends. Some of the callers are sober, some are sobering up and some are not sober. A few years back. A lady not quite sober called me from Paris. She just wanted to talk-at \$12 for three minutes. It took her three-quarters of an hour to tell me what was on her mind.

When I am away from Indianapolis, a nun. My secretary, answers the phone. She is acquiring a postgraduate education and is adding many words to her vocabulary, some good, some not so good. At night, she turns the phone on automatic answering.

Each day brings an average of 50 pieces of mail. Each year, the demands on my time at the office have grown to such an extent that I have been forced to gradually cut down on the number of speaking engagements. There are hundreds of invitations from groups I do not have the time to visit. I plan to continue my retreats as long as I am physically able to do so. However, I also want to give more and more time to my writing and to my own people in and around Indianapolis.

In 1953, Doherty Sheerin died. I think about him often, and have said Mass for him many times. I seldom give a talk that I do not mention my debt to him.

I have traveled nearly 750,000 miles in 10 years of working with alcoholics. I have spoken before nearly 200,000 members of Alcoholics Anonymous at retreats, meetings and conventions, and personally discussed their problems with more than 10,000 alcoholics. Many ask me if A.A. is the only avenue of

recovery open to alcoholics.

This is what my experience has taught me: The approach of the Twelve Steps, used in an appropriate group, constitutes the best means available today to give sobriety to the alcoholic. However, I feel that the present structural setup of Alcoholics Anonymous is very imperfect. It tends far too much to organization, and this, in dealing with spiritual entities, could prove disastrous. To me, the greatest security for A.A. is in the preservation of its autonomy down to each member. Authority in A.A. would be fatal.

Many people have asked me how they can tell if they will develop into alcoholics. That's not an easy question to answer because so many factors are involved. The person who drinks for pleasure today may be drinking tomorrow because he must. The person who wakes up with a hang-over and wants no part of alcohol this year may wake up with a craving for liquor a year or two from now. But, by the same token, the person who drinks for pleasure now may be drinking for pleasure for the rest of his life. He may wake up with a hang-over every morning, but never become an alcoholic, because he can stop drinking whenever he feels like it and can also moderate his drinking when he chooses to.

My experience, dealing with alcoholics both in passing and under intimate circumstances, is that the only static factor is the element of increase. If a person who has been drinking at least three years (a shorter period cannot give a conclusive result) finds that he is drinking increasingly more alcohol increasingly more often, he is probably on the road to alcoholism. On the other hand, if a person got drunk three times a week ten, five or three years ago, and he still gets drunk three times a week, the chances are he's not, and never will be, an alcoholic.

If you are an alcoholic, you cannot discipline yourself into moderate drinking. This is why we in A.A. avoid the first drink. When we succeed in doing that, we stay dry.

Why did I ever drink? I don't really know. I don't believe any alcoholic knows.

Will I ever take another drink? Again, I don't really know. Only God knows the future. I don't think I will ever drink again, and, at present, I have no desire for a drink.

There is a saying among some Alcoholics Anonymous groups that "A.A. brings about an expulsion of a compulsion by a Higher Power-by Almighty God."

I am sure of only one thing—all that I am, and all that I have achieved, is from God. I had nothing to do with it. God did it all. So, too, my future is entirely in His Hands; mine is only the footwork.

Garrity smiled softly. "Just one little drink."

"I got my orders," the bartender said.

"For old times' sake," Garrity begged. "I'm a good customer here."

"You owe \$400 here," the bartender said.

Garrity took his foot off the rail and straightened up with a poised dignity, "I happen to be the attorney for this establishment," he said. "And the trifling sum of \$400 would certainly be considered a modest retainer for a man of my legal talents."

The bartender smiled coldly. "Yeah, that reminds me. The boss said he didn't want to have no lush for a lawyer anymore."

"I'm not a lush!" Garrity said angrily.

"Then what the hell are you?" The bartender turned away.

Garrity followed him down the bar. "Please Jack," he whined, "you've got to give me a drink."

"No," the bartender snapped. "No."

Garrity stood there limply, his hands extended palms upward. He was a pathetic-looking figure, and the image of himself in the mirror showed it. Suddenly, with great violence, he hurled his whiskey glass against the mirror, cracking it in a zigzag pattern.

"You'll have to pay for that, Mr. Garrity," the bartender said calmly.

"Sue me!" Garrity roared, and with great haughtiness he pushed out into the street.

The stranger looked up. "What's wrong with him?"

"Just another drunken bum," the bartender said.

That night Garrity paced through the streets restlessly. The bars were all closed, but he still craved a drink. He had no money, so he could not go to an after-hours club. Suddenly, he paused at a street corner and his face lit up in happy thought: perhaps he had left some money back in his hotel room; perhaps he had hidden it for just such an occasion as this; perhaps he had even hidden a bottle. There's no telling, he decided how clever Gregory Garrity was when he put his mind to it. As he hurried toward his hotel room, he began to chant: When Gregory Garrity entered the bar.

But his song stopped as he frantically rummaged his room. He opened drawers, shook out pillows and emptied pockets. But he could not find any cash. He looked on the top shelf of the closet, under the bed and outside the window ledge. But he could not find a bottle.

Garrity slumped down on the edge of his bed, holding his head in his hands. His throat was dry, his body quivering. He needed a drink now, he felt, more desperately than he had ever needed one before in his life. He had to have a drink or he'd die. But how? Where could he get money at this hour of the night? "Of course!" He snapped his fingers. "The office." He reached into his pocket and felt for the key. It was there.

Momentarily, his conscience rebelled. The office wasn't his. His own office, like most of his practice, had long since slipped away. The office belonged to an old friend, who allowed him to use it on the rare occasion when he was meeting prospective clients. But whose office it was, he decided, was not important. The important thing was to get the money for a drink-immediately. He ran from his room, scampered down two flights of stairs, and hailed a taxi in the street. "Hurry!" he told the cab driver, "Hurry!"

It was after four o'clock when he pulled up in front of the downtown office building. He told the cab driver to wait.

The night watchman took him up on the elevator.

"Working overtime?" the watchman asked.

"Yes," Garrity said. He mumbled something about an "important case" and walked away from the elevator, across the marble-topped floor.

The key slid into the office door easily and the lock snapped back. Garrity flipped the lights on. He rifled through the drawers of the secretary's desk until he found what he was looking for—the petty cash box. Thirty-four dollars were in it. He took the money and stuffed it into his pocket. He signed a voucher for it, adding the notation, "entertainment expenses." Then he replaced the box in the desk, locked the door, and walked from the building to the waiting cab.

In the gray half-dawn, he entered an after-hours club and, with a sigh of relief, ordered three whiskey sours. He gulped them down quickly. This is more like it, he thought, settling down to some steady, serious drinking.

By morning, when he finally staggered out of the club, he was loaded. But he still had enough money left to pick up a bottle of brandy in a liquor store, to have around as "a pick me up." Then, when most people were heading toward work, he returned to his hotel room.

Now he tried to sleep. But when he got into bed, sweat began to roll off his body. He kicked off the blanket. Soon his feet became cold, and he began to shiver. Then he thought he heard voices outside the door. He could not distinguish what they were saying, but he knew they were talking about him. He rushed to the door and opened it. There was no one there. In terror, he slammed the door and stood with his back to it, his heart pounding. He was convinced that someone wanted to break into his room and kill him. Frantically he barricaded the door, piling up every piece of furniture in the room before it. Then he downed half a tumbler of brandy to steady himself.

When he returned to bed, he still could not relax. His head ached terribly and he was nauseated. He held out his hand and watched its tremblings. Then the room began to spin. It whirled about him in a dizzy confusion. "Stop! Stop!" he cried out. But the room only spun faster. The furniture seemed to be coming straight at him. He held up his hands as a shield before his face. It was unbearable. Abruptly, the spinning stopped, and he began to sob, his teeth dug into the pillow, his big body shaking like a baby's.

He was full of remorse over his petty cash theft; it went against all his concepts of morality. Never before had he sunk so low. He hated himself with a bitter loathing. He cursed himself vehemently for drinking. He did not really enjoy alcohol, yet he could not stop drinking. If only he could stop. Tonight, I'll go on the wagon, he promised himself. Then he laughed sardonically. How many times had he tried to stop? How many times had he told himself that he had the will to do it all by himself, taking the pledge, only to slip again? His life was just a steady downhill roll. Because of drink, he had lost his family, his home, his career. Above all, he had lost his self-respect. And there seemed to be no way out.

Gregory Garrity was a very sick man. He was one of the estimated 4,000,000 potential sufferers of alcoholism in America. Alcoholism is both a physical and mental disease. The victim suffers from a physical susceptibility to alcohol and, at the same time, he has a compulsion to drink. Whereas, most of us, when it comes to drinking, can take it or leave it, an alcoholic can't. For him, one drink is too many and a thousand aren't enough. He is like a diabetic who must constantly eat sweets.

However, on that day, April 17th, 1952, Gregory Garriety, by the commission of a simple act, found a way out for himself. He picked up the telephone and dialed an old law school buddy who, he knew, had once faced a similar drinking problem. This friend, somehow, had managed to stay on the wagon for over three years.

"Hello, John," Garrity said into the phone, "I want you to tell me something."

"Sure thing," John replied.

"How in the world did you stop drinking?"

"I joined Alcoholics Anonymous."

"Oh, I see," Garrity said slowly. "I'd like to stop drinking. But I don't think I'm really an alcoholic, so I don't see what good that outfit would do for me."

"Well, look in at a meeting anyway," John suggested. "In fact, I'm going to one tonight. Can I drop by and pick you up on the way?"

Garrity looked about his disordered room. "No, don't bother," he said. "Well, let me give you the address and you can come along by yourself if you want to."

Garrity copied down the address and hung up. Hell, he decided, I have nothing to lose. I might as well go to that meeting. He also decided that he might as well have the last drink for the road. He poured a stiff one and gulped it down-before he left his hotel room he had six more.

That evening he showed up at the designated Alcoholics Anonymous meeting place; it was a church basement. He expected to find a bunch of Skid Row derelicts assembled there. Instead, he found a group of sober, clear-eyed citizens. A pert young blonde approached him. "Is this your first meeting? She asked.

Yes, she nodded.

"Then perhaps you'd like to see some of our literature." She handed him several pamphlets.

"Thank you," Garrity said and took a seat in the back of the room.

A vivid sign, in ornate lettering, hung from the speaker's lectern:

"God grant me the Serenity to accept the things I cannot change,

"Courage to change the things I can,

"And the wisdom to know the difference."

Garrity noticed that most of the people present were about his age, in the late 30s. They all seemed to be chain-smokers.

His friend John slid in beside him. "Didn't think you'd make it Greg," he said.

"I'm just curious," Garrity told him.

"Sure," John said. "I understand."

"After all," Garrity said, "I'm not an alcoholic."

"If you say you're not an alcoholic, then A.A. can't do much for you," John explained. "But if you admit that you are one, A.A. can do a great deal for you." He picked up one of the pamphlets that lay in Garrity's lap. "Ask yourself these ten questions. If the answers are yes that's a good indication that you are an alcoholic."

Garrity felt uncomfortable when he heard the word "alcoholic" used in reference to himself. It had a repulsive sound, and he did not like being identified with it. But he read the questions:

- 1) Do you crave a drink at a definite time daily?
- 2) Do you gulp your drinks, and sneak extras?
- 3) Do you drink to relieve feelings of inadequacy?
- 4) Do you drink to escape worry and dispel the blues?
- 5) Do you drink when overtired to brace up?
- 6) Is drinking affecting your peace of mind?
- 7) Is drinking making your home life unhappy?
- 8) Do you prefer to drink alone?
- 9) Do you require a drink the next morning?
- 10) Do you lose time from work due to drinking?

When Garrity tallied up the score, he almost choked. It was a perfect 100 per cent. He felt like leaving the meeting, but at that moment, a tall muscular man, stood up at the lectern and pounded away with a gavel. As chairman of the group, he called the meeting to order.

"Welcome to our weekly open meeting," he began. "I see some newcomers here, as well as many familiar old-timers. Let's all get to know each other because misery loves company. Would you each please shake hands with the person sitting next to you.

"For the benefit of the newcomers, I'll explain that in A.A. we hold two types of meetings-open and closed. The closed meetings are for alcoholics

only. There we sit around a table and discuss our own individual alcoholic problems. Those are private. But at an open meeting everyone is welcome, and, of course, your anonymity is protected. It's a funny thing about alcoholics. We never used to mind staggering around town obnoxiously drunk. But when we're cold sober we're a little uneasy about our alcoholism. Because, you see, we're no further away from our next drunk than our next drink.

"I used the expression 'oldtimer' before. But there really isn't such an animal in A.A. All of us are just drunks-that is if we drink."

"Our disease is alcoholism. It's a progressive illness and there's no in between. Unless we curb it, most of us will wind up in a mental home or in the city morgue.

"I myself, like most A.A.ers, just try to get by from one day to the next, 24 hours at a time. Every morning when I get up, I say to myself: 'Tomorrow I may go off on one of the damnedest benders you ever saw, but today, with God's help, I'm going to stay sober.' So far, for eight years, I've avoided that tomorrow.

"Tonight we're going to hear from three speakers, each with a different story to tell. Listen carefully to these stories. Because if you keep coming to A.A. meetings, sooner or later, you'll hear your own. It may not happen tonight. But eventually you'll recognize your own pattern of drinking. And sometimes it's only that-hearing your own story from someone else's lips-that can make you acknowledge to yourself that you are really an alcoholic. That's the first step toward recovery.

"One more word for the benefit of newcomers. Here, at A.A., we don't care what your religion is, or if you don't have one at all. But we do like to end each meeting by reciting the Lord's Prayer. It's up to you if you want to join in or not.

"Now for our first speaker"

Each speaker began with a pat introduction: "My name is _____, and I'm an alcoholic." He then recounted his battles with John Barleycorn. Garrity expected to be bored, but he wasn't. He often found himself laughing up-roariously. Those gin mill graduates really knew how to spin a yarn. Listening to their speeches, Garrity was also touched by their honesty. They spoke openly about what he had long considered to be deep dark drinking secrets. They spoke completely without shame, yet with a sure-footed understanding. And they all seemed to be happy individuals. A sense of challenge began to well up within Garrity. If they can stop drinking, he thought, then I can too. I'm no less a man than they are.

After the meeting, when coffee and cake were being served, Garrity told

John: "I'd like to give this A.A. stuff a try."

"It won't be easy," John warned.

"Drinking isn't easy either," Garrity said.

"Then I'll be your sponsor' if you'd like," John volunteered. "I'll explain the A.A. program to you. I'll try and help you get over the rough spots; any time that craving for a drink becomes too much, call me, night or day, and we'll talk it over. Don't forget, I'm a drunk myself and I understand."

"Oh, I don't want to put you out any," Garrity said.

"You won't." John grinned. "You'll just be helping me keep sober too. That's the way A.A. works."

As he walked home from the A.A. meeting, Garrity was convinced that he had an earnest desire to stop drinking. But almost automatically, he found his way into a saloon. Before he knew it he had ordered a whiskey and was raising it to his lips. One drink won't kill me, he thought. But then he reconsidered: If I'm going to give this A.A. stuff a try, I might as well go about it whole hog. He placed the whiskey down on the bar and walked out. He was mighty pleased with himself.

However, the feeling of self-satisfaction soon wore off. Later that night, as he tried to sleep, the old urge for a drink became overpowering. He reached for the brandy bottle. Then he recalled John's suggestion. And instead of taking a drink dialed his number.

"Hold the fort," John begged him. "I'll be right over."

Garrity was miserable as he writhed on his bed. The sweat rolled off him and he had the shakes.

Within a half-hour John, and a fellow A.Aer, whom Garrity recognized as one of the speakers he had seen at the meeting, were at his bedside.

"Here, have some coffee," John said, handing him a container. "By the way, Greg. This is Jim Carroll."

"I don't envy you any," Jim sympathized. "these first few days are rough. But I'll tell you something, Greg. You have more sense than I had. I was too ashamed to even call my sponsor. So I went out on a four-day bender, and it took me two months before I had the nerve to show up at an A.A. meeting again."

The two men stayed with Garrity for over an hour, until the crisis passed. Then Garrity went to sleep, for the first time in years, without the benefit

of a night-cap.

During the next few months Garrity attended numerous A.A. meetings. There, he found enjoyable companionship and comradeship. Sometimes his old gin mill cronies rebuked him for not drinking, but Garrity didn't care. Staying sober, he discovered, made his life a happier one. It wasn't always easy though. The craving for a drink still remained. But his sponsor, John, was always at hand to help him.

Then Garrity became cocky. He hadn't touched a drink for over six months, and his law practice had begun to boom. One day as he was leaving court, after winning a \$15,000 judgment, his client insisted on a little celebration.

"All right," Garrity broke down. "Just one."

He forgot that as an alcoholic, he was powerless to limit his intake of alcohol. The one drink became several drinks. And before he knew it he was off on a bender.

He woke up two days later, twisting and squirming in a bed. He had no idea where he was or how he got there. He sniffed the air and smelled paraldehyde. Then he realized that he was in the alcoholic ward of a hospital. He called over an orderly and gave him John's phone number.

When John arrived Garrity apologized for his pitiful condition. "I'm sorry I let you down."

"You didn't let me down," John said. "You let yourself down. But don't take it too hard. Many of us have a slip or two and backslide. We try and stand on our own two feet and fall flat on our face instead. It's not easy to admit to yourself that you're simply helpless when it comes to alcohol. But it's the truth. I'm that way. You're that way. And it's nothing to be ashamed of."

Several days later, Garrity left the hospital. He hasn't touched a drop of alcohol since. "In that hospital," he recalls, "I finally realized deep inside of me, that I was an alcoholic-but there was nothing morally wrong about being one either. I faced the facts about myself squarely. I couldn't stop drinking by myself. But through A.A. I could. And, with God's help, I would.

Garrity is typical of the 200,000 alcoholics who find a mutual strength in their common weakness. Fifty per cent of the men and women who join A.A. achieve sobriety at once. Another 25 per cent become sober after some slips similar to Garrity's. The remaining 25 per cent show, at least, some form of improvement. These statistics are not rigged. For no one is denied membership simply because he or she is a "hopeless case."

In the strange confraternity of Alcoholics Anonymous are state supreme court justices, well know major league ball players, celebrated night club comedians and distinguished college professors. There is even one group composed entirely of clergymen. They all try to help themselves by helping each other.

It was this principle that resulted in the founding of A.A. back in 1934, in Akron, Ohio. Bill W., an engineer, and Dr. Bob S., a surgeon, were in the last stages of alcoholic disintegration when they first met. Happily, they discovered that, as two long-suffering and desperate drunks, they understood each other implicitly-both knew every trick and alibi in the alcoholic's book-and were able to help each other get "on the wagon."

By the end of that year, they had recruited a third convert. The following year the membership increased to 15. And by 1938, there were 60 members, all anonymous alcoholics, living in Akron, Cleveland and New York.

Then the spotlight of national publicity fell upon the idea and it spread like wild fire. Today, A.A. has 6,300 groups in 60 countries throughout the world. Two hundred groups meet in hospitals, 300 within prisons, and over 200 different groups meet in large cities such as New York and Chicago.

The organization is completely self-sufficient. Every penny of its finances comes from alcoholics themselves. (Outside individual contributions as high as \$10,000 have been declined.)

Far from a quack outfit-A.A. does not concern itself with prohibition or the outlawing of drink-A.A. works hand in hand with both church and psychiatric groups in relieving the plight of alcoholics. In 1949, Bill W., it's co-founder, addressed the American Psychiatric Association. "There seems safety in numbers," he said in describing A.A. "Enough sandbags muffle any dynamite. We think we are a pretty secure, happy family."

A look in at any A.A. meeting is proof of this point. In fact, at one recent meeting, an athletic man with a winning smile was introduced as a highly successful trial advocate "in the very thirsty business" of law. "My name is Gregory Garrity," the speaker began in the traditional A.A. manner, "and I'm an alcoholic.

"Five years ago I became sick and tired of being sick and tired. It began one night when I was standing in a gin mill feeling sorry for myself. And there was this little refrain I used to sing:

When Gregory Garrity joined the bar

At that point a newcomer, who had slunk into the back of the room, looked up and craned his neck forward.

dangers involved is advisable even in the strongest and least susceptible.**

From an article on alcoholism by Robert V. Seliger, M.D., John Hopkins Hospital, which appeared in ALCOHOL HYGIENE, an educational project of The National Committee on Alcohol Hygiene, Inc. (practical practicing medical workers in the field of alcoholism). Baltimore, Maryland.

** By James H. Wall, M.D., Assistant Director, The New York Hospital, Westchester Division, White Plains, New York-an article entitled The Prevention of Alcoholism. Published in Alcohol Hygiene.

BY GRETTA PALMER

Alcoholism has been called out No.4 public health problem by a medical director of the U.S. Public Health Service-and the postwar years, in which drinking always increases, have scarcely begun. In the U.S. there are 750,000 known alcoholics, or one and one half times the number of victims of tuberculosis. In addition to these, there are 3,000,000 "excessive drinkers," many of them approaching the stage of true alcoholism, in which they will require expert help.

Yet alcoholism-which touches almost every family in the country-is not recognized as a disease at all by millions of Americans! Even many wives of alcoholics confuse the malady with "lack of will power" of "failure to face facts" when they discuss their husbands' problem. The medical world itself is remiss in dealing with the disease: only 110 institutions listed by the American Medical Association accept alcoholic patients, and most of these are content to restore the patient to sobriety and "dry him out," with no fundamental attack on alcoholism itself. The public is indifferent; there are no widespread, publicly supported drives to raise funds for an attack on this disease. In our large cities there is almost never a clinic to which the alcoholic can go for such impersonal, scientific help as would be extended if he were suffering from polio or cancer.

Yet the inebriate is as little capable of recovery, without help, as the victim of any other disease. With help, the alcoholic who wishes to get well can be restored to normal living in about six cases out of ten.

Why are we so lax in dealing with the alcoholic?

There are several reasons, according to doctors, psychiatrists and recovered alcoholics who are trying to bring about a change. One reason why the alcoholic is neglected is that he was, until very recently, considered incurable; doctors rejected such patients because they did not know how to help them. Of the four methods of therapy now in wide use, three have been developed in the past fifteen or twenty years. Before them, recoveries were rare and not thoroughly understood even by the practitioners who brought them about.

The fact that the alcoholic can be saved in six cases out of ten is news, and important news, to millions of Americans. But in order to understand the hopeful, recent advances in the field they must first digest the fact, familiar to several generations of physicians, that the alcoholic is a sick man or woman. Knowing this, they can attack the problem realistically.

He is sick. But with a malady whose seat is even now unknown to science. Alcoholism is a complex disease, which may have both physical and psychological aspects. The methods of treatment which are successful are all timed at changing the patient's way of looking at life and liquor; they are, primarily, psychological forms of treatment. But no matter how successful the treatments may be, the recovered alcoholic can never again, with safety, take a single drink. (alcoholics have tried, after five years or fifteen years of strict sobriety, and have found themselves as badly off as ever in a few month's time.) Some students of alcoholism therefore believe that there is a bodily idiosyncrasy present among all alcoholics; what it is they still do not know.

There are about 50,000,000 Americans who "take a drink." Of every 1000 of these, 45 are "excessive drinkers," whose health suffers from their habits; 30 of them seem still able to stop drinking. The true alcoholic is not one of these; he is one of the 15 drinkers out of every 1000 to whom alcohol has indeed become a drug, a psychological necessity so precious that he will cling to it in spite of every appeal to reason and self-interest and his "better self." He has an uncontrollable urge to drink, never experienced at any time by nine out of 10 of our 50,000,000 drinkers.

Over twenty million of the Americans who drink are women: a recent Gallop pole showed that 59 per cent of all our women take a drink at least occasionally, although the percentage is much lower among women older than fifty years. Women's increased drinking may explain why our national consumption of liquor, which was going down before the war, has now increased, so that the 1943 consumption of alcohol in this country was 30 per cent higher than it was in 1940. Americans now drink 1.17 gallons of alcohol a year, on the average, compared with the 4.6 of France, the .93 of Great Britain, Norway's .55 and Holland's .4. Within our own country, the state that consumes the smallest amount is North Carolina (.32 gallon a year per capita); the hardest drinking areas are the District of Columbia (4.09), followed by Nevada and Connecticut. Three of our states-Kansas, Oklahoma and Mississippi are dry by state law, and one third of the whole country is dry by local option.

Much of the dry propaganda has centered around the problems raised by the alcoholic; prohibitionists would attempt to prevent alcoholism by making liquor impossible to obtain except by breaking a law. The political wets, on the other hand, say that such a law is unfair to the 90 per cent of all drinkers who are in no danger of becoming alcoholics and that it is, in any

case, an experiment that has already failed. Sixty-six million American voters are neither wet nor dry; they are the "on-the-fence" spectators, who have an open mind on the problem and who wish to help the alcoholic by whatever method the experts find to be the best.

Women are playing a large part in organizing the new attack on alcoholism as a health problem-as women volunteers have been the spearhead of drives on cancer, tuberculosis and infantile paralysis. The new National Committee for education on Alcoholism has a woman organizer, Marty Mann. She believes women have a special interest in alcoholism; wives and mothers of alcoholics suffer from the social stigma which now attaches to the disease and which would be avoided if it were as matter-of-factly viewed as deafness or rheumatism in the family. And besides that, a large and growing proportion of alcoholics today are women. Before the war the Yale School of Alcohol Studies estimated that one of every six alcoholics was a woman; many students of the subject now believe the figure has changed to one out of four. In Chicago's Municipal Court arrests for drunkenness used to be six men to one woman; the ratio is now one woman out of three. FBI reports on arrests for drunken driving show that women are offenders five times as often today as in 1932. So woman's interest in alcoholism is no longer limited to the puzzled and unhappy curiosity of the alcoholic's family; women nowadays may share the life-and-death interest in alcoholism of the victim himself.

That victim of alcoholism; who is he? How did he get that way? Why is he incapable of drinking like a gentleman? Why do his good resolutions, his promises of moderation inevitably fail? Why is he-reasonable enough in other matters-incapable of seeing the clear fact that his drinking brings him much more misery than happiness, and of sensibly stopping it?

The answer to some of these questions is still a mystery, locked in the dark recesses of the alcoholic's hidden personality. But some facts are known.

The alcoholic does not have a basic personality which varies significantly from that of the average man. Detailed studies of normal drinkers, alcoholics and recovered alcoholics were recently carried out by the Research Council on Problems of Alcohol, of New York. No important differences in fundamental attitudes were found.

But after some years of drinking the alcoholic is set apart from other men; he is especially apt to avoid the responsibilities of married life.

A study made by Dr. Selden Bacon, of Yale, on arrested inebriates showed that less than half of them had ever married-although four fifths of the men of their age and geographical groups were married. Only 23 per cent of the alcoholics were living with wives, compared with 73 per cent of the population as a whole. Of those who had married, 25 per cent were separated and 16 per cent were divorced. Other differences appeared which must make

living with the inebriate a trial for any wife: alcoholics hold their jobs for shorter periods and are more poorly paid than other men of similar background; they amuse themselves either alone or with casual acquaintances, instead of belonging to any group; they do their drinking alone or with members of the same sex, instead of indulging in normal, social drinking.

Such reports give valuable clues to those who would help the alcoholic. But our best guidance comes from the life stories of the alcoholics themselves.

Take the case of Bill, representative of the very large group on "introverted" drunks. Bill was a shy and studious boy, sheltered by a devoted mother. At high-school dances he was often too bashful to ask the prettiest girls to dance; in "bull sessions" he rarely had the confidence to speak out and express his views. Between him and the others in his group their loomed an invisible wall of self-consciousness.

Then Bill discovered beer; he found that if he took three or four glasses of it, he was able to join in the fun. His shyness disappeared. His sense of well-being increased. He began to see himself as a very witty, admirable fellow. The process has been described by Prof. William McDougall:

"Of all the intellectual functions, that of self-criticism is the highest and latest developed, for in it are combined the functions of critical judgment and of self-consciousness. It is the blunting of this critical side of self-awareness by alcohol and the consequent setting free of the emotions and their instinctive impulses from its habitual control, that give to the convivial drinker the aspect and the reality of a general excitement.

Many shy men have discovered, in alcohol, the same welcome release that Bill found, and have still been able to keep its attraction under control. Bill, however, could not do this. Perhaps his longing to be accepted as one of the group was deeper than that of other boys; his sense of his own gawkishness may have been abnormally acute. Perhaps for most of his years on earth Bill had been ill-at-ease, so that his only memories of complete well-being were associated with pre-kindergarten days. Such a boy - if his physical constitution allows him to drink a great deal without becoming sick at his stomach-may use alcohol to put to sleep all his mature, self-critical faculties. He may return, through the various stages of drunkenness, to the state of the young child-the last state in which he found happiness."

So it was with Bill: he drank enough, every time, to make him as helpless as a child. Alcohol, even to a normal drinker, offers a release from grown-up responsibilities. The authors of *Alcohol: One Man's Meat*-Dr. Edward A. Strecker and Francis T. Chambers, Jr.-say "To view the panorama of the various states of intoxication is to witness a progressive psychological descent or repression. Most individuals seem satisfied to regress to some phase of the teen age, which was probably an enjoyable and carefree time, deeply imprinted on the unconscious. Others seem satisfied with a very

slight descent, and still others are never satisfied until they have reached an infantile level in intoxication." Of these is Bill.

Bill's case was typical enough of the average alcoholic; looking back to his college years, long afterward, he decided that there had never been a time when he drank "normally." Like many alcoholics—perhaps most—he used his very first drinking bout as an escape, rather than a means of sharpening experience. When Bill had once discovered that drink was a drug, which would make him forget his shyness, it was not long before he used it to help him escape other worries too. Within a few years he had worked his way into the typically alcoholic pattern of behavior: whenever life became painful, he took enough drinks to be carried back to the state of mind and body appropriate to a carefree four-year-old child. He was now a serious "problem drinker."

Bill passed through the usual steps: expulsion from college with the promise that he could return if he would "brace up"; a job, precariously held for a few years; marriage to a charming girl who believed that he would stop drinking as soon as he had "responsibilities to straighten him up." There were periods when her beliefs seemed justified; Bill obtained jobs and did well, for a time. But sooner or later there came a day when some discouragement made him long for the carefree days when he was a little boy. A few steps to the nearest saloon, a dozen "quick snorts" and Bill was off on another bender.

Now, the vicious and difficult thing about Bill's drinking was this: he did not know that he had a disease. Neither did his wife or his employers or his friends. They thought that will power was what he needed; they imagined that "a good talking to" would help. When Bill promised, in all sincerity, that he would never get drunk again, they believed it. Why not? He believed it himself. Bill was as puzzled as anyone else over why he got drunk; he thought, every hang-over morning, that from now on he would be content to take one or two drinks, as other men did. Even a visit to a sanitarium failed to prove to Bill that he was incapable of moderate drinking, that he was a sick man.

(Eventually Bill found out and admitted to himself that liquor had him bested; this was the beginning of his recovery, but that's another story.)

Bill had started drinking to get rid of his self-consciousness. But Mary, who never had a self-conscious minute in her beau-filled days, also arrived in an alcoholic ward in a big city hospital. Mary belonged to the flapper age. She was a "prom-trotter," in the company of young men who carried hip flasks inside their coonskin coats and who believe that a speak-easy card was a proof of great sophistication. Mary had a lovely time her debutante year: she was the girl with the "hollow leg," the good scout who was always able to drive a car home from a party when the owner was tight. Mary may have been a normal drinker at this period; no one can be quite sure of

whether alcoholism, in its very early stages, has subtle symptoms which some future scientists will be able to detect. But it isn't essential for us to know: for after eight years of apparently normal hard drinking Mary showed symptoms of alcoholism which nobody could doubt.

She became the girl who always managed to have lunch with someone who liked a cocktail first. She was the woman who would say, "why don't we have a second? That one was so small?" She was the girl who found that straight whisky "cured" insomnia and headaches and "braced her up" for any disagreeable chore—from arguing with the butcher over his bill to making a boring visit to her in-laws. For quite a while, Mary's daytime drinking went undetected by her family (she was a great girl for cloves and mouthwash). But every month she increased the size of the nips a little more, until evening found her half intoxicated on several days a week.

Like many alcoholics, Mary scorned the term. "I can stop any time I want," she insisted. And, "Drinking is a part of normal gracious living to my generation. We may overdo it once in a while, but what of it? An occasional bender lets off steam.

This stage of bravura didn't last long; after Mary had been arrested twice for driving while intoxicated, and had waked up with her third black eye, she began to wonder whether she shouldn't "cut down." But it was only after several more years of painful experimentation that she became convinced, in all humility, that liquor was something she could never handle again. Her recovery dated from that admission to herself.

Jake was a self-made man, who had come up the hard way from a childhood in the slums. Self-educated, he had attained success as a trial lawyer with no backing, no encouragement but his own determination to get to the top. His will power was his strongest quality; his ability to win out over every discouragement had been proved through the years. Jake, after several of his greatest triumphs, went on long, expensive benders that ended up in a bleak hotel room filled with empty bottles, in a town he couldn't name. Jake never drank when there were hard problems to be faced: it was only success that sent him off on these strange, frantic bouts.

So Jake stopped drinking; just like that. He did not say to himself. "I am incapable of handling liquor." He said, "I'll stop drinking until I make a million dollars." After ten years, the million dollars was safe in a brokerage account, and Jake reached for the bottle. Inside of a month he was drunk; inside of a year he had lost all his money and was a patient in a hospital alcoholic ward.

Jake-like Bill, like Mary, like the public at large—did not know that alcoholism is a disease and that he had it during all his "dry" years. The man who grits his teeth and fights the desire for drink, as Jake did, has not recovered from the craving (which is the malady). He still looks on

liquor, and the escape it offers as a reward which he can someday win. To Jake, success brought with it the fear of losing it of sliding back into the poverty and misery of his-childhood; liquor helped him to run away from this fear-to run all the way back to the state of helpless infancy, before his baby mind had discovered that such things as failure and success existed. Jake drank to escape from ambition. Until he had learned to view alcohol as a drug (so far as he was concerned) and until he had learned to live without the prospect of ever drugging himself, there was no hope of recovery for him.

Now, doctors and psychiatrists knew many things about the life stories of such alcoholics twenty years ago. But their knowledge did not help them to effect many cures. Psychiatrists helped some alcoholic patients to recover then, as they do today; but psychiatry nowadays has the benefit of the past fifteen years of intensive study of alcoholism on the part of scientists. It has also learned much from Alcoholics Anonymous, the group of men and women who, disgusted with the failure of the known medical and religious approaches, made a daring experiment of pulling themselves up by their own boot-straps- and were successful. It is because of the collaboration of realistic, laboratory-minded scientists with the patients themselves that alcoholism is today a disease from which almost any alcoholic who wants re-covery can attain it.

It was in the early '30's that Dr. Howard Haggard, head of the Laboratory of Applied Physiology, began an intensified program of research on alcoholism at Yale University. His experiments verified the fact that this disease has no apparent physical cause, and that almost no lasting effect of alcoholism can be blamed on drinking alone. Vitamin deficiency occurs among 50 per cent of chronic alcoholics, but only because liquor has crowded out of their diet other food essential to health; 8 per cent of all alcoholics have cirrhosis of the liver, compared with less than 1 per cent of the population at large-but cirrhosis of the liver does appear in teetotalers. Delirium tremens afflicts about 4 per cent of heavy drinkers, but it is only a temporary effect.

Alcohol, of course, has its temporary effects on the nervous system, as its percent: age mounts in the blood stream. Even such small amounts of alcohol as are contained in two cocktails affect the drinker's ability to distinguish pitch and color, to memorize poetry to react to light signals. But these effects are shared by the alcoholic and the normal drinker as well. Physiology alone can give no answer to the question: Why do 15 drinkers out of 1000 become the victims of alcoholism?

Doctor Haggard began casting around among the sister sciences, to see what enlightenment their studies might give. He and his colleagues founded a scholarly publication- the Quarterly Journal of Studies on Alcohol-and assembled on the Yale campus a number of scientists to work in various fields. Here, in the Yale Section on Alcohol Studies, neurologists,

psychiatrists, statisticians, sociologists, anthropologists, lawyers under Dr. E. M. Jellinek tried to crack the age-old questions: What makes an alcoholic? How can he be helped?

By the summer of 1943 the scientists thought they knew enough about the second problem to share their findings with the public. They had studied many alcoholics who had learned how not to drink; they believed that knowledge of this sort should be shared with leaders of the community, who might use the information to attack the social evil that alcoholism has always been. For from 25 to 28 per cent of all crime is associated with alcohol; the costs to society of merely confining and punishing the alcoholic run to a billion dollars a year (and none of that money is used to treat the alcoholic). Our prisons and hospitals and mental asylums would be relieved of a heavy load if alcoholism could be wiped out, as smallpox has been.

To help bring this about, the Summer School of Alcohol Studies was held at Yale in 1943 and every summer since. Men and women representing twenty-five professions have attended in a single season; there were a college dean and a "reformed drunk," a judge and several ministers, a distiller and an officer of the Women's Christian Temperance Union. The course of lectures covers the significant findings of the scientists at the laboratory; they also bring in data from the two Yale Plan Clinics set up to help alcoholics who are sent in by the courts or who come, voluntarily, to seek treatment there.

What are the facts spread before the students at a summer session by this group—which has learned more about alcoholism than any other in the history of the world?

1. Why one man becomes an alcoholic and another doesn't is still a mystery. We know that alcoholism is not hereditary: only 35 per cent of alcoholics come from alcoholic homes, and the children of excessive drinkers, brought up in another environment, have no significant drinking difficulties. Nor can environment be blamed: the men who started to drink with the alcoholic are usually moderate drinkers twenty years later. A longing to escape from reality, and a desire to return to the security of an earlier period of life, is common to alcoholics; but the same desire is shared by thousands of other men and women. Some of these misfits become psychoneurotics or invalids, but never feel attracted to drink; others, for an unknown reason, turn to alcohol.

2. Against these negative results of fifteen years of study, the Yale group can say that there are now four recognized methods of treatment available to the alcoholic who wishes to get well and that, if he is sincere, he has a slightly better than 60 per cent chance of recovery. His alcoholism will not, however, be cured—it can only be arrested. Nothing now known will make it possible for the alcoholic to drink moderately, on any terms, in any

foreseeable future. He must be willing to abandon all forms of liquor, as long as he lives.

3. But the alcoholic can be taught to live happily without drinking; recovered alcoholics rarely feel deprived or resentful of their inability to take a drink. They look upon their disability much as a diabetic resigns himself to doing without sugar.

4. The greatest problem facing those interested in alcoholism now is to reach the alcoholic and his family with the news that help is available - provided that they will look upon alcoholism as a disease. If the public at large once recognized this fact, alcoholism could be almost wiped out in a few years, and at very small expense. The Yale Plan Clinics, for instance, have reclaimed a high percentage of their patients, at a cost of only \$100 per recovery. All the known alcoholics in the country could be given such help for \$75,000,000, or one thirteenth of what we now pay merely to lock up such patients, and punish them, every year.

Now, how did all this progress come about? Was it through the research scientists, the diligent doctors that the problem of helping the alcoholic was primarily solved? No, it was not. The scientists have done much toward re-educating the alcoholic into the ways of happiness and health; but of the four forms of treatment, which have proved successful only one-psychiatry-can help a patient without the help of other alcoholics.

1. Psychiatrists pointed the way- their painstaking, heartbreaking efforts to reclaim alcoholics broke the trail. They discovered the compulsive element in alcoholism and taught us to expect that the man who says, "I only want three drinks," at noon may be reaching for his twentieth at cocktail time. Psychiatrists uncovered the reluctance to grow up which lurks in the breast of every alcoholic. But psychiatry, working alone, had only a very limited success-2 per cent, according to some estimates.

(Psychoanalysis, one form of psychiatric cure, has been carried out on very few alcoholics. The Institute of Psychoanalysis in Chicago, of 1593 patients interviewed, had only 36 classified as alcoholics or drug addicts; only 4 of these were analyzed).

Psychiatrists who have the highest percentage of success with alcoholics today draw heavily on the experience of the three other forms of treatment. By combining their own valuable, specialized approach with one of the other therapies, they have had great success in recent years. In co-operating with the three other forms of treatment, they are accepting the help of recovered alcoholics themselves, who have given tremendous help to the scientists studying the disease in recent years. It was only when the desperate inebriates started pulling themselves up by their bootstraps that things began to hum.

Take a look at the alcoholic, this medical pioneer: he is no "man in white," no winner of Nobel prizes. He is just the village drunk; the stumblebum on the Bowery; the man who broke his mother's heart; the figure of comedy; the improvident father; the helpless recipient of more useless good advice than any other man in history. Take a look at him. It was he who helped the Drys to clinch their argument and legislate 50,000,000 indignant normal drinkers into national Prohibition. It was he whom many sanitariums and private hospitals will still not receive for treatment. This is the alcoholic, half crazed with the shakes, eaten with remorse, up to his ears in debts and disgraceful episodes, the prey of quacks who give him "cures" for just the amount of his family's bank account, and leave him worse than ever—the man weeping wives and ministers and judges brand as "worthless." This was the man who decided something had to be done about himself—and did it.

2. The most popular of the four therapies for alcoholism did not exist when Doctor Haggard began his experiments. It was in 1935 that the founding fathers of Alcoholics Anonymous got together and began to cure themselves. They were extreme cases; even today 80% of A.A.'s have been locked up for drunkenness. These men were desperate in their weariness of being told the wrong things by outsiders who didn't understand. In despair, and fumblingly, they worked out their own form of self-help—a kind of composite of what religion and science could give the drunk that would keep him from wanting to drink. This treatment—the patient's own personal creation—is Alcoholics Anonymous. And it works.

A.A. has spread, with the speed of a chain letter, among the "hopeless" alcoholics of the country. In 1935 there were three members; in 1959, when the book, *Alcoholics Anonymous*, was published, there were 100, most of them in Akron and New York. Today there are 752 A.A. branches, 24,000 members. Some of the chapters have clubrooms, open most days and evenings, where the members can play games, drink soft drinks and exchange experiences—they provide the sociability of the barroom to men still a little unsteady about trusting themselves in the old surroundings. Best of all, they have meetings where recovered alcoholics tell their stories to encourage new members.

Each man or woman begins the talk with the humbling words, "I'm an alcoholic." He tells the funny things he did when he was drunk, as well as the dangerous and cruel things—for he knows that he was the victim of a sickness, and he feels no shame over its manifestations. He tells of the difficulties in making the first, painful surrender of self to some "greater force," and the whole reorientation of values that that entailed—for there is a strong reliance on God in the A.A. program. If the speaker had an early relapse—as some A.A. do—he admits that this came from careless or self-centered thinking. A.A.'s tell the audience that the place to lick the temptation to drink is in the mind, as soon as the self-excusing mechanism begins to work. It is at this moment that the A.A. pleads "Give me the name of an alcoholic who needs help." For it is by showing the way out to other men, in more desperate need than himself, that an A.A. keeps himself "dry."

There is always an alcoholic, somewhere, to be helped; with 750,000 in the country, the supply is never low. A.A.'s in strange cities, when they feel themselves slipping, call hospitals and ask, "Have you a drunk I can come up and talk to?" Others appeal to ministers whose names they pluck from the telephone directory. The first chapter, that of Akron, Ohio, sprang from just such a need on the part of the original A.A., who had to find another alcoholic whom he could help, to save himself from drinking.

The A.A. way is brought to the alcoholic by a former sufferer, and at the right moment-when he is still filled with self-reproach and misery and has a hang-over to humble him. In this period of self-abasement, the drunk is willing enough to take the first step: to admit-as a mere possibility, mind you-that there may be some force in the universe bigger than himself. That admission-combined with a sincere desire to stop drinking-is enough for the A.A. to build on.

"Atheists and agnostics, who stumble over using the word `God', are still able to admit that the universe contains laws and forces broader than themselves," say the A.A.'s One half of their members, indeed, used to scoff at all religion.

Doctors now take the A.A. technique seriously. Philadelphia General Hospital, among others, allows A.A.'s the privileges of staff members, so that they may work with fellow alcoholics outside of visiting hours. Some psychiatrists urge their patients to combine A.A. membership with psychiatric treatment; Dr. H.M. Tiebout, of Blythewood Sanitarium in Connecticut, was one of the first of these.

Of the alcoholics who are contacted by Alcoholics Anonymous, about one half immediately catch on and remain dry. Another 25 per cent are flat failures-they either do not want to stop drinking or are so confused and psychopathic that they cannot be reached. The last 25 per cent go off, after a meeting or two, and try drinking; but they usually return. One of the early founders had no apparent converts at all among the first 75 men with whom he worked; ten years later he found that three had died but that 67 of the rest were members of different A.A. groups throughout the country. When he first talked to them, they were not yet ready to stop. They only "wanted to want to quit," in A.A. parlance.

But there are some men and women who entirely reject the religious approach. To them, two other routes are open.

3. There is the very successful record of the "lay therapists"; these are men who used to be alcoholics themselves, but who have reconditioned their minds, by psychological methods, so that the desire for the first drink can be dealt with before it becomes a real temptation. There are only a few lay therapists in the country. Most of them are graduates of Richard R. Peabody,

of Boston, who wrote *The Common Sense of Drinking* and who taught other men the technique by which he had cured himself of alcoholism. The lay therapists work closely with hospitals and doctors, who help them screen their patients and choose only those for whom this method seems a promising one. Office consultations, once or twice a week for a year, are supplemented by daily psychological exercises. Francis T. Chambers, Jr., of Philadelphia, Raymond McCarthy, of the Yale Plan Clinic at New Haven; and Donaldson Clark, of New York City, are well-known therapists.

The lay therapist accepts only the alcoholic who is honestly willing to recover. One of them tests the sincerity of the patient by asking him, "Do you recognize your drinking as the central problem of your life and the one that must be solved first?" A surprising number of alcoholics who have been fired, divorced and jailed for excessive drinking refuse to admit that they are alcoholics: they drank, they will tell the doctor, only because the conditions of their lives were insupportable. If they were given "the breaks" they could still drink moderately. Alcoholics in this frame of mind are not ready to be helped by the lay therapist. Such patients, when they hint that they can now drink moderately, are usually advised to, by all means, try. A few months or years later the majority of them return, finally convinced that "moderation" is only a mirage.

The patient who once admits that alcoholism is his largest problem, and that he will work toward recovery, has already made a big step forward: for the first time in his life, he has accepted the responsibility for his misfortunes and can set about correcting them. This is a first step out of the old, alcoholic way of retreating from painful experiences. But it is only the first step.

No alcoholic, even after he has begun a course of treatment, is really convinced that he will ever reach a stage of not wanting to drink: only months of mental discipline and suggestion can bring about such a radical change. "perhaps you can make me grit my teeth and determine never to take a drink," the patient will say, "But I'll always want one." He is wrong: when he has recovered, his antipathy to alcohol is so great that, in the words of one recovered alcoholic, "If doctors tomorrow discovered a pill that would enable me to drink moderately, I'd say, 'That's fine-give it to someone else. I don't want to drink.'" Another states the case this way: "NO alcoholic is safe until he can honestly say that if he had only twelve hours to live, with nobody watching him and the certainty that nobody could learn about it later, he still would pass his last day on earth without a drink."

How do lay therapists bring this transformation about? Under their guidance the patient orders every hour of the day, according to a schedule he himself has worked out in advance-and he never departs from this, except in a case of real necessity. In this way he learns to direct his own destiny. He spends a part of every day tracking down his hidden mental reservations about future drinking, or trying to figure out the reason for his benders in

the past. This teaches him to look at alcoholism realistically, without shame or fear.

Most important of all: he trains his mind to associate the first thought of a drink with the painful episodes to which it would inevitably lead him. He learns, like the A.A., to deal with the temptation to take a drink when it is first forming in the mind, and to destroy it there. During a period of at least a year the patient has several sessions a week with the therapist, who helps him over the rough spots and compares experiences from his own past.

Dr. Foster Kennedy, head neurologist of Bellevue Hospital, New York, has said, "I have no doubt that a man who has cured himself of the lust for alcohol has a far greater power of curing alcoholism than a doctor who has never been afflicted with the same curse." Dwight Anderson, director of public relations of the Medical Society of New York, says, "The recovered alcoholic will never give up hope. He cannot forget the numberless times that his friends and relatives gave up all hope for him, to say nothing of the occasions when he had no hope for himself. But when the time was right and he himself was ready, he became accessible."

4) Alcoholics themselves are very skeptical of

they remember how often they said so themselves, with no real intention of taking the step. That is one reason why recovered alcoholics are used as interviewers who greet all patients arriving at the hospitals which give the "aversion treatment"-the fourth method which claims recoveries today.

Arriving patients are warned, by recovered alcoholics on the staff, that this treatment is painful, disagreeable and no good to them unless they are desperate enough to welcome a future in which the mere sight or smell of any drink will sicken them. If they face this prospect without flinching, they are considered for one of the hospitals specializing in this technique; only about one man out of eight who applies is admitted.

This patient is taken, several times a day into the hospital barroom, where various kinds of drinks are mixed in a setting that has the familiar associations of his pet saloon. A spotlight plays upon the bar; ice clinks pleasantly as the attendant, in a white coat, mixes his favorite "poison." It is poison, too; for the patient has been given injections of drugs which make him deathly ill at the exact moment when he swallows the drink. Combined with psychotherapy, and repeated several times in the first year, this method has had success with 65 per cent of cases accepted. It is used at the two Shadel Sanitariums in Seattle and Portland, and at the University of Wisconsin Medical School.

Three of these approaches are new-three of them lean heavily on the sympathetic skill of the recovered alcoholic for their success. All of them claim a record which is twenty to thirty times as high as that claimed by

any method twenty years ago. For in that brief period, alcoholism has become recognized as a disease from which even the most despaired-of cases can usually recover.

But the alcoholics and the doctors cannot do the whole job of helping our 750,000 cases alone; they need the force of public opinion behind them. They need, in every city, a demand for the kinds of clinics which, at Yale, have blazed the trail. They need public recognition of the fact that alcoholism is not a reflection on the patient's character, but is a misfortune for which society is partially to blame. When these facts are widely known, many alcoholics—who have no idea they can be helped—will be restored to lives of health and usefulness. Many families, whose present fumbling efforts are actually driving their sons to drink, will change their ways.

Ignorance among members of the alcoholic's family is very widespread, indeed. Alcoholics anonymous found that they were spending most of their time educating the relatives of prospects, instead of concentrating on the problems of the alcoholic himself. Two years ago a group of them devised a plan for public education on the subject. Marty Mann, an A.A. secured the backing of the Yale University group and launched the National Committee for Education on Alcoholism to teach the known facts to the public. The essential teaching of the committee is three simple facts, as all their literature states: "Alcoholism is a disease and the alcoholic is a sick person. The alcoholic can be helped and is worth helping. Alcoholism is a public-health problem and therefore a public responsibility."

Since the committee was formed, information centers have been established in four cities and permanent committees formed in nine. Clinics will eventually be set up, it is hoped, in every large town in the country; when that is done, the alcoholic will at last have a place where he can go to find his problem discussed without moral indignation, sentimentality or reproach.

Of the need for such a viewpoint, Dr. Selden Bacon recently wrote, "Apathy, secret shame or attacks on scapegoats can be the response of the public to a problem. During the past 200 years the public in this country has reacted in these unrealistic ways when faced with the problems of mental ills, political corruption, venereal diseases. People have reacted the same ways to alcoholism. Stimulation of the public is essential to bring about a new adjustment."

What good can education do? Well, if the public understands that alcoholism is a disease, it will no longer urge the alcoholic to "Drink like a gentleman"; or "Take two cocktails and stop, as I do"; or "Learn your capacity": it will be common knowledge that alcoholics cannot do these things and that moderation is impossible for them. When the public has learned more of this disease, hostesses will not urge "Just a little one" on guests who have refused a drink—they will understand that some people cannot drink at all.

Families would give the alcoholic a better chance to recover early if they realized that alcohol, to the patient, is the only thing which makes his muddled, miserable life at all supportable. The threat that it may be withdrawn appalls him and he will face the horrors of a "dry" future only if he has convinced himself that this present life is even more unendurable. Families who protect the alcoholic from painful experiences may be doing him a great disservice; sometimes it is only the loss of a job or the horror of a serious accident which jolts the alcoholic into a state of mind in which he admits that the barren, frightening prospect of a life without liquor may be better than going on as he is. At that moment he has, as the alcoholics say, "hit bottom"; he is ready to begin.

When the public is better informed, employers, employers and parents will not scold the alcoholic for behavior he cannot yet control; as one of the committee pamphlets says, "The alcoholic knows well enough that he is not fair to his family, that he is losing his friends and endangering his future. He reproaches himself more bitterly than anyone else does." With greater understanding of the subject, no friend will suggest, "Just stick to wine and beer," or "Try drinking only over week ends." The committee says, "If the alcoholic could, he would do all this. He has tried over and over again and has failed. But with expert guidance he can learn to deal with his problems in a normal way and without any alcohol at all."

No man or woman becomes an alcoholic through choice; all authorities agree on that. No alcoholic deliberately and perversely chooses a life that will bring misery on his family. No alcoholic sets out, on purpose, to become a problem to society. His sufferings are real and grim and he is very eager to escape from them, if society will give him the chance.

And if society doubts whether the alcoholic deserves much help or sympathy, it is well to remember this: this is the first malady in history which has been licked by its own victims, when science, without their help, had failed. If Bill, the stumblebum, and Mary and Jake were able to perform some thousands of miraculous changes in their own lives and those of other sufferers, then they have perhaps earned the right to ask society to adopt the only attitude which can ever help the alcoholic back to sanity: to look on him as a very sick man who-now or later-will reach the stage where guidance can help him to recover.

For the Drinker Who Needs Help

ALCOHOLICS ANONYMOUS. Confidential information for the alcoholic in need of help. Will provide address of members in his community or, if necessary, advise him by personal letters. P.O. Box 459, Grand Central Annex, New York 17, N.Y.

NATIONAL COMMITTEE FOR EDUCATION ON ALCOHOLISM. Information for civic minded

living cheerfully to a useful old age. Not only have I cured myself but I have helped many other alcoholics back to permanent sobriety.

Alcoholics Anonymous is responsible for the change.

This 10 year old organization of 18,000 men and women in 425 groups in several score United States and Canadian communities proves anew every day that the age of miracles is not past. BY a combination of common sense, applied psychology, co-operative effort and practical Christianity, Alcoholics Anonymous has transformed 18,000 hopeless drunkards into happy, useful citizens. Its members practice one of the greatest examples of mass therapy in the history of mankind. And their numbers multiply daily. Canada now has organized groups of Alcoholics Anonymous in Halifax, Montreal, Toronto, Hamilton, London, Windsor, Vancouver and Victoria. Canadian A.A.'s (that's what we call ourselves) number in hundreds, where five years ago there were none.

Medicine, the Church and the state have struggled with the problem of alcoholism for thousands of years. Medicine can't cure an alcoholic. The church can seldom reform a drunkard. The state can't legislate him back to sanity. But Alcoholics Anonymous cures 75% of all alcoholics exposed to it. Two per cent was the best ever attained by any other combination of agencies.

My own introduction to A.A. was entirely unexpected. On release from hospital, my last remaining friend staked me to the railroad fare to another city, where in wartime I easily got another job. The armed services would have no part of me. I had "signed the pledge again." "I'd never take another drink so long as I lived. But the same gruesome pattern began repeating. I got drunk for one night, then for two days, then for a week on end. This went on with briefer periods of sobriety and longer periods of drunkenness. I lost that job, got another, and met a fellow to whom I took an instinctive liking. He saw me at lunch one day when I had made it to work, although every muscle and nerve in my body twitched in the agony of a hang-over. He noticed my shaking hands.

"Would you like to stop drinking?" he asked, casually. "I want to more than anything else in the world," I replied, "But I've tried everything, and nothing works."

"I've suffered from your illness for ten years," he replied. "I believe I can show you a way out."

So I went to my first A.A. meeting. I was amazed to find cheerful, animated, well-groomed men and women in a clublike atmosphere. I listened to a visiting speaker tell simply his spectacular story of release from alcohol by following the TWELVE STEPS as laid down in the A.A. program.

I was introduced to many people and many of them told me briefly how they had successfully come back. There was something immeasurably consoling in realizing that I was a sick man and not a bad man; that I had a disease, not a vice; that I suffered from an allergy just as another man has an allergy to strawberries. I was comforted most of all because here was proof that there was a cure. If others could do it, I could.

The first requisite of an A.A. member, I had - I honestly wanted to stop drinking. This time there was no pledge to sign, no swearing off for life. A man who had once begged dimes for beer and is today a prosperous merchant said; "You've signed the pledge a dozen times. We all have. This time just take it easy. Just say; "I won't take a drink today. I won't drink for twenty-four hours." Then say the same thing again tomorrow. Its easier not to drink for a day than to quit for a life. Easy does it, one step at a time. Sobriety is new to you, drink's an old habit. So just don't drink tonight and then don't drink tomorrow."

The second step for A.A. members, he told me, was "to believe that a power greater than ourselves would restore us to sanity, and to decide to turn our will and our lives over to the care of God as we understood Him." The words as we understood Him are vitally important. Most men recognize that there is a power greater than themselves, though definitions differ. I was a nominal Christian, having been baptized a Presbyterian. MY counselor, himself a Roman Catholic, suggested that I pray quietly by myself, for strength to keep sober for the next 24 hours. Observing my hesitation, he said; "It doesn't matter to whom you pray. I pray to God; you suit yourself. But when you get up in the morning, say within yourself, to whatever greater power you recognize: "Please keep me from drinking today." and when you go to bed at night, say "Thank you, but be sincere and mean it."

A.A. NOT PROHIBITIONIST

I was relieved that I didn't have to be "saved" or hit a revival-meeting sawdust trail in order to get into A.A. I never liked that sort of thing. But I could take the prescription offered, as plenty had done before me. I found A.A. non-sectarian, its members including Protestants, Roman Catholics, Jews and agnostics. I was also glad to find that A.A. is not even faintly a prohibition or temperance group. It is not a "gold cure," and there are no pills, no doctors, no clergymen. This knowledge made embarking on the Twelve Step program less formidable an undertaking. I decided to try it.

Operating on the 24-hour plan I totally abstained for three weeks, though it wasn't easy. Then came a bad break in the office, and in my bitterness I fell back on the timeworn technique - get blind drunk and achieve oblivion. I had to drink again the next day and the third day I couldn't get out of my room. I was in the drunkard's uniform - dressing gown, pyjamas, and no slippers - and could hardly lift my head from the pillow when my friend

called for me to go to an A.A. meeting. But he didn't seem either shocked or disappointed, merely remarking, "your not the first to have a relapse, and it isn't necessarily serious." He went out to a drugstore for some high potency Vitamin B1, brought me food, and chatted cheerfully. I felt better before he left, and the next day was able to go to work.

This wasn't the last time I was tempted, but it was the last time I fell. Over and over, when the craving came back, I felt like giving my right arm for a drink. Often my A.A. friend would appear unbidden, almost intuitively, at my elbow, suggesting a movie, a ball game or some bridge. With him behind me I could fight back the urge to drink. For a long while I didn't go to movies alone because seeing anyone on the screen sip a cocktail set up an almost unendurable craving.

This man literally saved my life, but the whole A.A. group helped. This treatment was a form of mass therapy, and this is, to me, the foundation of A.A.'s success. Let me tell you what I mean by the term.

At meetings I met a man who had been reduced to drinking the alcohol he had drained from car radiators, tell how he bounced back to a prosperous place in his city's business life. I heard a physician tell how he drank himself out of a \$20,000 a year practice and had been quite literally yanked out of the gutter by A.A., to fight his way back to sobriety and success. I listened to a workman tell how he had been in and out of jails for 10 years and now held a priority job in a war plant.

All these men had admitted publicly that they were alcoholics, that they could never hope to control their drinking and therefore must totally abstain. The very admission and subsequent discussion, helped us all tremendously. We faced facts we had evaded all our lives. Having been helped by the Twelve Step program, these A.A.'s helped others. For it is the basis of our program that only an alcoholic can understand an alcoholic and help him. The doctor prescribes a hypo in the arm, but he doesn't have the disease. The clergyman probably never drank anything stronger than Aunt Maud's elderberry wine. The wife says, "Think of your family," failing to understand that the alcoholic does think of his family, with the bittersweet remorse. The state says, passing periodic prohibition laws, "Thou shalt not drink," but alcoholics and non-alcoholics alike reply, "Nuts."

But the recovered alcoholic says to the shaking, despondent wreck just emerging from the fog after a frightful bender; "I know just how you feel because I have been there myself. Not just once or a few times. I've had those shakes, those chills and fevers, those sweats, that terrible, awful remorse, that horrible feeling of aloneness, that vicious craving for another drink, that desperation that makes me a liar and a thief and a beggar to get another shot. I've had these not once, but hundreds of times in the past 10 or 15 years. I know what it's all about."

"You're not just another drunken bum. You're not just another moral outcast. You're just a sick man with a disease as malignant, but more easily diagnosed and cured, than cancer. I think I have the cure for you if you honestly want to stop drinking."

The sanitarium treatment for alcoholism, which does not always succeed, is not available for many but the well to do. Many a discharged patient will get drunk on his way home from a three-week hospitalization only for the attainment of temporary sobriety. After that the first step is to take the patient to an A.A. meeting. There he gets the full impact of the mass therapeutic treatment.

Men who understand this disease explain that it's an allergy not a vice. This theory is comparatively new, and it explains why some people can drink safely and some can't, just as some are unmoved by ragweed and others are reduced to agonies with hay fever when exposed to the plant. It also explains why when a man is once an alcoholic he is always an alcoholic. Like the diabetic sufferer who takes insulin, the alcoholic can only hope to arrest his disease. He can stop drinking but he will still be an alcoholic when he dies. All this is explained by sympathetic fellow sufferers, who tell what they and other have accomplished.

The patient must say, privately and to at least one other person: "I just can't take it."

TRAITS IN COMMON

In addition to sharing an allergy, the symptom of which is unnatural craving, alcoholics usually have certain personality traits in common. We are often emotionally immature and burdened by an inferiority complex. The A.A. program helps in this field, too, and the third step requires a frank discussion of problems, and restitution to those who have been wronged. But the past is held to be water over the dam - just take a moral inventory, do the best you can to fix things up, and then go on being sober the rest of your life. I, for instance had always been a "worrier," and often worry literally drove me to drink. But since being in A.A. I have been honest with myself and have stopped worrying.

The majority of A.A. groups meet two or three times a week. There is one public meeting, to which all comers are invited, always addressed by a recovered alcoholic who tells his case history. In the Detroit-Windsor area, for instance, where there are 12 A.A. groups, a joint public meeting is held monthly, attended by some 400 alcoholics. That is an inspiring spectacle. Annually, in both cities, A.A. stages public banquets where the cocktail is tomato juice, and the liquor is demitasse coffee. Windsor, the strongest of the Canadian units, has benefited enormously by association with the able, active A.A.'s in the great Detroit organization.

A.A. has two other types of meetings - the clinical session for A.A.'s only and the social evening. In the clinic the boys take their hair down, tell of their drinking careers and try to analyze what made them drink, and by exchanging experiences help each other permanently ride the water wagon. There is the Saturday night bridge or poker session, when a dozen or more alcoholics rotate around each other's homes. For many of them it's the first time they've ever played poker sober. These activities offer an antidote to loneliness, which has driven many an alcoholic man to the nearest bar.

The patient exposed to this experience in mass treatment is cured in 75 out of 100 starts. Just being together in one large room a group of prosperous, cheerful men and women who once were "hopeless drunkards" has a tremendous psychological effect on the newcomer and old-timer alike.

I went through the A.A. program of admission, of acknowledging a power greater than myself, of taking inventory of my weaknesses and making restitution to those I had injured. But it was in the Twelfth Step - in helping others like myself - that I found the greatest satisfaction and a guarantee of permanent sobriety. A couple of months after I had been in A.A., I got another fellow to join. I thereby wrote myself an insurance policy, I paid the premium by helping myself and others. I drew the dividend of permanent sobriety. For once a man has induced others to join A.A., he'll never be likely to fall again himself. Pride, if nothing else will be his mainstay, for never can he let these men see him drunk. Of course A.A. has backsliders, but those who do slip off the water wagon climb on again with an agility they never thought believable before. It just isn't done to let down the fellow who helped you when everyone else, and all else, had failed.

We had a fellow who had been the "town drunk" for 15 years. Skeptics said, "if you can cure him you can cure anybody." This chap slept in used car lots, bummed dimes on the street, was in and out of jails, and drank everything from leftover beer to shaving lotion. Everytime he got out of jail he was plastered again as soon as he had the money. Yet he really wanted to quit. When he first approached me I was frankly apprehensive. But when we had exposed him to our program, fed and decently clothed him, and got him a job, he was a new man. He hasn't had a drink for 14 months. He's our most spectacular cure and one of our most helpful members.

Another was a lawyer, a man prominent in public life who had been hospitalized in the "best places" a dozen times. But always he found himself back in the same spot - holed up in a hotel room, the living likeness of "The Unhappy Drinker" who wants to stop but can't. He did his drinking on a different level of society than the "town drunk" but he was making an even better job of wrecking himself mentally and physically. He was also tossing a promising career into the ash can. He didn't know I A.A. existed in this city, but he had read of the international organization and wrote to the New York Office of Alcoholic Foundation Inc., and his letter was sent on to me. He hasn't had a drink for 15 months.

I was at an A.A. meeting one night when a man 60 odd years old, and very, very high indeed, stumbled in. He was belligerent and abusive. He'd located the local A.A. group, and he wanted help, but he had to drink himself a little courage to come to see us. We found he had once been a power in the Labor movement, a highly paid union organizer, now reduced to washing dishes in a "greasy spoon." He has totally abstained for 12 months and now has a good job compatible with his intelligence and education.

MOSTLY VOLUNTEERS

But I want to make it clear that A.A. never pesters a man to join. Ninety-nine per cent of the people who join our own group have asked for help. We must first be assured that a man wants to stop drinking before we'll move. If he doesn't want to stop more than anything else in the world then he's not ready for A.A. and unless he's ripe we'd be wasting our time, and might even prejudice him against us. If an alcoholic comes into A.A., attends a few meetings and then drops out, we never go after him. We wait until he's taken another real nose dive, and then we'll comb the bars and joints to drag him back to sanity. That may sound a bit brutal, but we have found that it is best to get a man when he is full of remorse after crawling out of the stupor of a bat, than to try to work on him when he's cold sober and falsely believes he has liquor licked.

Let me make it very clear that Alcoholics Anonymous is for alcoholics only. We want no part of the social drinker, or the man or woman who occasionally ties one on at a party. We define the alcoholic as one who is "powerless over alcohol." Any "morning after" drinker is either an alcoholic or a potential alcoholic. This is the type who'll take a drink when he doesn't want to, when he knows that taking that drink may wreck his future economically. The recovered alcoholic wants to cure others like himself, but he does not want to interfere with the drinking habits of those who enjoy their liquor and forget about it. We don't want to close any bars or cut liquor rations. We recognize that for most people drinking is an enjoyable, harmless social pastime, one that adds a good deal to the gaiety of nations. But we also recognize that it is not for us. A.A. will almost guarantee a cure based on total abstinence, but as yet to turn out a safe social drinker. Many of us firmly established in A.A. serve liquor to others in our homes and clubs, tipping ourselves on fruit juice and cokes. But that is not sound practice for new recruits, on the principle that it's foolish to stick one's head into the lion's mouth. He is wise to avoid temptation.

After I had been in A.A. a while the man who 10 years ago founded the movement spoke one night in a nearby city and I went to hear him. A charming, intelligent man, an able executive and fluent speaker, he could earn \$80,000 a year today, yet he devotes his life to A.A., running the international organization from New York for barely enough to keep him going. Let's call him arbitrarily and to preserve the principle of

anonymity, Davis.

Davis, a New York stockbroker who had a rich and varied drinking career, found himself one day in Akron, Ohio. He was alone, knew not a soul in the city, and was almost stone-broke, and he badly wanted a drink. But he knew that if he took one he would walk the same old path again to torture and eventual hospitalization. Davis had become intensely interested in the problem of alcoholism while paying a visit to a New York detoxicating hospital where he had been a patient. In his Akron hotel lobby Davis looked at a Church directory opposite the bar, impulsively he called a clergyman, although he did not know him, and through the minister he met an Akron physician who was really an advanced alcoholic. The doctor and the broker became friends, and tried to hold each other up on the water wagon. But the doctor fell off. It was on June 10, 1935, that the physician took his last drink. It was a drink given to him by Davis, to pull him out of a hangover. These two became the first A.A. group. In a year and a half they had effected only 10 cures. By the early part of 1939 the number had grown to 100. It was at that time that Alcoholics Anonymous - the A.A. bible - was published. This is a remarkable work, with a preface by the founder, and case histories of a dozen spectacular cures. A.A.'s call it the "Big Book." It is such a powerful piece of simple writing that cures have been effected by one reading of it, and nothing else. It is procurable from any A.A. group or by writing to the head office, Box 459, Grand Central Annex Post Office, New York City.

Since then, groups have been almost self-starting in Cleveland, Detroit, Toledo, Cincinnati, Los Angeles, Philadelphia, Pittsburgh, Toronto, Washington, Montreal, Chicago and some 50 other cities and towns in the United States and Canada. Everywhere they are endorsed by clergymen, doctors and social workers.

About five years ago the movement gained a foothold in Canada. Toronto is the oldest and Windsor is the second oldest group.

NO RESPECTER OF RANK

What has Alcoholics Anonymous got to offer Canada and Canadians? A.A. offers to thousands of Canadian drunks and to borderline cases and potential alcoholics restoration to a happy and gainful place in society, painlessly and without cost. All they have to do is want to be cured. A.A. is really a co-operative, and alcoholics can band themselves together in a co-operative just as can the grain growers of Western Canada or the farmers of Ontario. A.A. welcomes everybody who wants to slay the dragon that has made his life hell-extrovert and introvert, beggarman and thief, lawyer and office worker, banker and day laborer, rich, poor and the suffering white-collarman, society lady and the truck driver.

For one thing, A.A. has taught its members that alcohol is no respecter of

rank or birth or worldly position. I know the head of a war plant who's making money so fast he can't count it. I know a chap who works for this man for forty cents an hour, when he works. They are both alcoholics. One is a well educated, intelligent man, with a charming wife and family. The other is a poor chap who never had a chance to acquire an education, or the capacity to absorb it. They both suffer from the disease of alcoholism, just as they might in other circumstances have tuberculosis. A.A. can, and does, help both these extreme types and all the run-of-the-mill humanity in between.

A.A. groups offer very practical assistance too. Our reputation has grown to be respected by employers and by agencies of the state. We feed and cloth some down-and-outers we think deserving, and get them jobs. Six months ago a large firm wrote me asking if we had in our group a personnel man, for they believed an ex-alcoholic could, by his greater understanding of man and his frailties, handle men better than most other types. The other day I met the head of that firm on the street.

"You know that ex-drunk you sent me?" he enquired.

"Yes, " I recalled, "What's the matter? Did he get drunk again?"

"Drunk, no!" he snorted, "Send me half-a-dozen more like him."

That was one of the most satisfying moments of my life.

Recently a big bruiser of a chap, one of those "fighting drunks," was up in court on the old fighting the cops charge. But instead of sending him to jail this time, the magistrate paroled him to me when I was able to tell the court that the man had been in A.A. for six months and had had but this one brief relapse. I staked my own and the reputation of A.A. on that fellow, and I know I'll win.

And A.A. is for potential alcoholics, too, for the smart operator who's intelligent enough to see where he's heading before he actually musses his trousers in the gutter. We have had more than a dozen of that type join us in the last month.

To answer the inevitable "wise guy," who sees a racket in all human endeavors let me point out that the modest organization maintained by A.A. is financed through the voluntary contributions of recovered alcoholics. There are no dues or fees. At our meeting we contribute to the "kitty" the price of one drink or one bottle, depending on how flush we are at the moment. No newcomer pays a nickel. Each of the groups is completely autonomous. The Alcoholic Foundation Inc., New York, is the central clearinghouse for information and advice, and helps each individual unit. But no group owes money of allegiance to New York. Each can help pay the New York rent or not, as it seems fit. Many don't, but most do.

Depressed, lonely, and apprehensive about what lay ahead, Bill went to visit Winchester Cathedral. Inside the great cathedral, the atmosphere impressed itself so deeply upon him that he was taken by a sort of ecstasy, moved and stirred by a 'tremendous sense of presence.' 'I have been in many cathedrals since, and have never experienced anything like it,' he said. 'For a brief moment, I had needed and wanted God. There had been a humble willingness to have Him with me -- and He came.' In that moment, Bill knew that everything was all right, as it should be."

After leaving the Cathedral, according to Robert Thomsen, Bill thought he would cut through town, find a pub and have a few short beers before returning to camp. But as he started off, his attention was caught by a name carved on a headstone. Thomas Thatcher [sic], died age 26 in 1764. "He smiled, remembering Ebby Thatcher and his brothers in Albany, then he leaned down and read the full inscription. He read it again. When writing the Big Book years later he was able to quote it nearly verbatim."

On arriving at the Cathedral, we went immediately to see the tombstone to which Bill referred in the Big Book. We took some pictures there.

The stone which stands there now is not the one which Bill saw, and the name on the stone is "Thetcher," not "Thatcher." It reads:

In memory of

Thomas Thetcher

a Grenadier in the North Regt

of Hants Militia, who died of a

violent Fever contracted by drinking

Small Beer when hot on the 12th May

1764, Aged 26 years

In grateful remembrance of whose universal

good will towards his Comrades, this Stone

is placed here at their expence as a small

testimony of their regard and concern.

Here sleeps in peace a Hampshire Grenadier.

Who caught his death by drinking cold small beer

Soldiers be wise from his untimely fall.

And when ye're hot, drink Strong or none at all

This memorial being decay'd was restored

by the Officers of the Garrison A.D 1781

An honest soldier never is forgot.

Whether he die by musket or by pot.

The Stone was replaced by the North Hants

Militia when disembodied at Winchester

on 26th April 1802 in consequence of

the original stone being destroyed.

And again replaced by

The Royal Hampshire Regiment 1966

After seeing the tombstone and taking some pictures there, I entered the cathedral. I stopped about half way toward the front, where Bill says he stopped, and offered a prayer of gratitude for Bill's life.

For those who have a chance to visit Winchester Cathedral I would suggest planning to spend a full day. Winchester, and Winchester Cathedral, have an interesting history apart from Bill's visit.

While I did not have the time to spend on this trip, I learned from material purchased there that the Cathedral had its origins in the 7th century, when a Christian Church was first built on the site. It has played a fundamental part of the life of this ancient city and in the history of England ever since.

"The cathedral was begun in 1079 in the Romanesque style. It is at the heart of King Alfred's Wessex and a diocese which once stretched from London's Thames to the Channel Islands. Its bishops were men of enormous wealth and power, none more so than William of Wykeham, twice Chancellor of England, Founder of Winchester College and New College Oxford. The chantry chapels and memorials of these great prelates are a feature of the Cathedral. These influential bishops also developed, re-fashioned and adorned this great Cathedral. There pilgrims sought the shrine of local saints, notably a former bishop, Saint Swithun, whose festival (15 July) was said to set the

pattern for the weather for the next forty days."

The master masons who built the Cathedral faced two challenges. "One was to get the building up in the first place, and the other to create a large internal space which didn't collapse under its own weight. The fact that the building exists proves that both problems were ultimately solved. Construction will have relied on moveable scaffolding to support the walls and roof as they were erected, while mortar set and arches were completed. The builders will have moved along the building from bay to bay so that components could be reused, and each set of specialist skills kept in continuous use. Most components will have been prefabricated. Bringing together the relevant skills, building material, and finance will have been one of the greatest organizational challenges of the day.

"The masons who built Winchester cathedral did not push the limits as much as some others, but they did sometimes over-reach themselves, and encountered two major problems. Firstly, the original tower collapsed in 1107 and had to be rebuilt. We will see that no risks were taken with the replacement, which uses massive, and carefully constructed internal pillars to support a relatively low structure. Secondly, the original foundations of the cathedral were not sufficiently strong. The result was that foundations moved throughout the life of the cathedral, and by the end of the 19th century a great deal of work was needed to secure the foundations, and preserve the building."

The grave of Jane Austin lies in the North Aisle. She died in Winchester, after moving there in the hope that a Winchester doctor could cure her illness. She lived briefly just outside the cathedral close. The stone makes no mention of her writing (although a nearby wall plaque does) The text on the grave reads:

"In memory of JANE AUSTEN Youngest daughter of the late reverend GEORGE AUSTEN formerly rector of Steventon in this county. She departed this life on the 18th July 1817, aged 44, after a long illness supported with the patience and the hopes of a Christian. The benevolence of her heart, the sweetness of her composure, the extraordinary endowments of her mind, obtained the regard of all who knew her, and the warmest love of her intimate connections. Their grief is in proportion to their affection. They know their loss to be irreparable, but in their deepest affliction they are comforted by a firm though humble hope that her charity, devotion faith and purity have rendered her soul acceptable in the sight of her REDEEMER"

"The Cathedral was also the church of the community of Benedictine monks from its earliest days. Elements of the monastic buildings may still be traced through the Cathedral Close. Central to the life of the monks was the opus dei (the Work of God), the regular offering of prayer which they sang in the quire. The discipline of praying regularly for the world is continued today, most notably in the said morning office and the daily singing of

Evensong by the Cathedral choir. Evensong still takes place in the choir of the Cathedral, the choir stalls with their magnificent gabled canopies, elaborately carved with flowers and plants, owls and monkeys, dragons, knights and green men. ...

"The monastery and pilgrimage to its shrine was suppressed by Henry VIII in 1539 and it was then that a Dean and Chapter of Canons took over responsibility for the Cathedral. Outstanding treasures are fragments of sculpture that survived the desecration of the reformers and the Winchester Bible, lavishly illuminated, written in the scriptorium here between 1160 and 1180. The seventeenth century library contains ancient manuscripts and early printed books. Along with the chantry chapels created for the great bishops of the past there are many memorials which tell of this island's story and those who went out from here to serve in distant parts of the world. Here, too, you will find burial caskets containing the bones of Canute and other early kings. Izaak Walton is buried here and, among many who must have provided characters for her novels, Jane Austen.

The famous "Winchester Bible" is housed there.

"The Winchester Bible is the finest of all the great 12th century bibles. A single scribe wrote out the entire bible in the Latin of St. Jerome, and the initials which stand at the beginning of each book of the bible were drawn and coloured by a team of artists over a period of 20 years. The colours, including gold and lapis lazuli are as intense today as they were 800 years ago."

"Once the capital of England, Winchester is literally bursting with historical sites, giving a here glimpse into a bygone age.

"Many of the ancient kings of England are buried in the city including King Alfred."

Sir Thomas Mallory favored Winchester as the site of King Arthur's Round Table.

It would be interesting to know if Bill went back to the Cathedral and spent time studying its history.

Sources:

"Pass It On"

"Bill W." by Robert Thomsen

All quotes not otherwise identified are from "Winchester Cathedral," Text and photographs by John Crook.

was occasionally tempted, also, to exhibit that terrific ego with which so many fellow sufferers cover up their feelings of inferiority.

"Only one who understands from experience the hell these men go through can successfully head a bureau like this. Remember, I am - not was - an alcoholic."

McGoldrick believes alcoholics must never forget they are allergic to alcohol, just as some people are allergic to strawberries or fish. "Once an alcoholic always an alcoholic;" and if they remember that, they are less likely to indulge in casual experimenting after they feel they have the craving under control.

While working on his own cure, McGoldrick helped also with Dr. Gregory's more stubborn cases. To his amazement, he began having success - largely because he discovered that the real secret of alcohol therapy lies in heart-to-heart personal contact. "When I work with alcoholics," he says, "my own example carries conviction and is part of the treatment."

For a broader "clinical" training he went later to the Bowery, where he spent months with drunks and derelicts. Dressed like one of them, he slept in flophouses, ate mission handouts, exchanged confidences with those not too befogged by alcohol.

Early in 1943 McGoldrick decided to give up his law practice and devote all of his time to helping alcoholics. When Mayor Fiorello LaGuardia offered him the post of Assistant Corporation Counsel - an honor many a lawyer would covet - he turned it down. Then he explained his newborn project to the Mayor and found an eager listener. When he left City Hall, he was New York's first alcoholic therapist. The Mayor had promised to back him unofficially for one year. The Alcoholic Therapy Bureau has now been given official status and operates under the Department of Welfare.

"We are not altogether altruistic about this," the Mayor said to me. "Don't forget that 80 percent of the cases in the magistrates' courts are alcoholics. This means a terrific cost to New York."

As the most fertile field in which to stalk the city's alcoholics, McGoldrick picked the municipal lodging-house for the Bureau's headquarters. The entire top floor was turned over to him and he begged chairs and desks from the city's warehouse.

In May 1943, with a staff of two Department of Welfare workers, McGoldrick chose from city prisons, hospitals and courtrooms 100 human derelicts whose drinking pattern covered 15 to 44 years of chronic alcoholism, one of them with a record of 83 arrests. They came from all walks of life. All were accorded the same treatment. Among them were doctors, lawyers, engineers, reporters, actors, salesmen.

Twenty-five of the original human wrecks whom McGoldrick picked up fell by the wayside. But the remaining 75 are now solidly on their feet. Omitting, as not typical, the cases of 25 who started their reformation in the penitentiary, the records show that 36 percent of these salvaged derelicts never took a drink after McGoldrick picked them up, while 22 percent had one relapse and 42 percent had two relapses before winning their victory. All have jobs.

The main steps in McGoldrick's cure are: restoration of faith, removal of fear, encouragement, renewal of social contacts and responsibility. Restitution should also be undertaken at the earliest possible moment; even though it be in tiny amounts, the alcoholic should start repaying those to whom he is in debt. Let's see how these principles are applied:

Bob, now 53 and long an alcoholic, had been working 14 years for a large corporation when his employer met him staggering in, and fired him on the spot. Then he took up drinking seriously. His heartbroken wife and daughter pleaded, threatened and finally walked out. Debts piled up. His friends crossed the street when they saw him coming.

At McGoldrick's suggestion, Bob was put in the general ward - not in the alcoholic division - of Bellevue Hospital until he got over the shakes. Then McGoldrick visited him daily, encouraged him to "talk it out." Like all drunks when they start sobering up, Bob was living in his past, full of his own degradation and shame.

At this stage, criticism of an alcoholic's drinking only fixes the picture more firmly in his mind. He must be taken away from the past.

"Our object is to focus his attention on a healthy, happy future," McGoldrick explains. "One of the greatest blocks to reformation is fear of failure. In every victim's subconscious mind lurks the memory of some failure - either in school, society, love or business. He fears that in making another attempt he may fail again. As soon as he believes that fate is working with, not against, him he has taken the first step toward restored self-respect. But you can't preach religion to him. If he wants God, it helps, but it's up to him."

After Bob was sobered up, the Bureau helped him find a job - one which he could do well without too much effort, one in which he would not fail with the subsequent feeling of having lost his grip.

"At this stage there is an upsurge of self-respect and the patient's moral inventory begins," says McGoldrick. "Alcoholics are -usually trying to escape from something. Once they have faced it, they have nothing to run away from. I know. I found this out myself -and

Bob found it out. He's been going strong ever since."

Tom, a former saloon owner whom McGoldrick had salvaged, talked freely of his past and present.

"I haven't fallen off the wagon in nine months," Tom said. "I couldn't drink again. Not because of myself alone, but because of others. I'm coaxing four alcoholics along now. One is my brother. They might all go down without me."

His clear brown eyes were serene. "I don't have to fight myself when I pass a ginmill today. I never felt that way before. I'm staying sober because I want to. When you see an alcoholic like McGoldrick on his feet you think, 'Maybe I can to it too.'"

I asked McGoldrick if an alcoholic's family could cure him. He shook his head. "Only under the most exceptional circumstances," he said. "The relatives of an alcoholic suffer a special brand of humiliation, both before the public and in their own hearts. If, however, they have enough love and perseverance; if, instead of condemning him, they encourage him to analyze his drinking as he might analyze a disease, if they can make him realize how much they are depending on him; and if, above all, they are there when he needs reassuring, there's a chance of a miracle. But if the average alcoholic's family had the patience, compassion and realism to do this successfully, they probably would have saved their black sheep long ago."

In the early stages of their cure the men seldom go outside the Bureau building without being accompanied by McGoldrick or one of the other cured alcoholics. Later, when he is on his own, if a man feels an impulse to drink he puts in a telephone SOS to McGoldrick or else rushes back to him. Seldom does McGoldrick fail to talk the man out of his desire. After one or more of these crises the patient usually finds himself able to handle temptation under his own power.

I asked McGoldrick if he thought one year was long enough to prove his case. "One month is enough if the alcoholic wants to be cured," he said. "I know so-called reformed drunkards who, activated by fear or some other negative reason, had been on the wagon three to four years yet they were still far from being cured. You can look at my men and know they are not going to drink again - not because they are afraid to but because they don't want to. The cure comes from within, and it doesn't take a year to prove it's working."

The growth of the Bureau has made a separate building necessary and McGoldrick is just opening a three-story, 20-room frame house opposite the cool green of Bronx Bark. It looks like a private home or club. The ground floor has been converted into offices, dining room and kitchen. On the second floor are sleeping quarters - 20 beds - and a large sitting room, with radio, books and newspapers. There's a lecture room on the third floor.

Anybody who wants to know more about Nell's work should get her book, "Grateful to Have Been There," from Hazelden.

We also met her nephew Bill, who has her same last name. Isn't it remarkable that a Bill W. is now looking after her!!!!

Cheers,

Mel Barger

----- Original Message -----

From: Shakey1aa@aol.com

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, March 27, 2003 10:29 PM

Subject: [AAHistoryLovers] more on nell wing

More on Nell Wing.

I thought that you all might want to know that I had a visit Saturday with Nell wing and that she sends her regards to you all. I told her about an upcoming district archives workshop on Saturday, April 5th outside Harrisburg Pa. and mentioned that a number of archivists and archives will be there. I recorded a short message from her to you (all Archivists) on my cell phone. She also asked me to personally say hello to several of the presenters she knows. A relative of hers allowed us to visit her and she reminisced about the old days with Bill and Lois, the many friends she has made and about the important things in life; such as loving one another. I had never met her before and had an opportunity to explain to her that by being an archivist and helping AA to write AA comes of age and pass it on etc., that it allowed me to believe in a power greater than myself and that this program must be God given. The first thing that I noticed about her was the beautiful smile and her aura of peace and serenity. We took some pictures and were invited to come back. On her walls were many of the awards she was given as being AA's 1st archivist as well as the other accomplishments in her life. She recalled working in the office with Bill and entertained us with several amusing recollections of the early days of AA. I showed her some photos of Frank M, as well as some pictures of other members of our fellowship. I left her with an early picture showing Dr. Bob and Anne and Bill and Lois and friends at a picnic. The picture was a copy of one that had been sent to her 30-40 years ago. On the wall there was a picture of Bill and Lois as well as a painting of Bill and Dr Bob. She's not able to attend the workshop but sends her regards to everyone interested in archives and AA. Mike G Sepia Archives

To unsubscribe from this group, send an email to:

Anonymous. And so far as the limited aim is concerned of helping people deprive themselves of alcohol, there seems no doubt that the popularity is deserved.

Where other methods tend to say, "Now you are cured; go back to your life," this voluntary association of 15,000 members is unique in offering not a "cure" so much as a "life." Not drinking becomes in itself an absorbing occupation, providing fellowship, prestige and--in spite of an absurd body of crude medico-religious dogma--a very real communal faith. Obviously no one can give up a symptom without finding at least a partial satisfaction for its cause, which in this case is intricately related to the social structure. It is no indictment of the method itself, therefore, to criticize the kind of life celebrated by AA, or to suggest that what really goes on bears no relation to the blueplate values offered as explanation and inducement. These are not people driven to self-denial because of any deep awareness of interpersonal failure or spiritual emptiness in their lives; usually they have found that alcohol was threatening such real possessions as job, family or the deference paid them by the less addicted. It is hardly surprising if the compensatory social life which they achieve together must be glorified by women's magazine phrases and lodge-meeting principles.

The advantage of the present 300-page pamphlet (disguised as a pulp-style novel) over the shorter booklets distributed by AA, lies in its detailed revelations of group activity. While the formal weekly meetings are devoted to inspirational talks by ex-alcoholics, coffee is drunk in no blue-nose spirit; good fellowship abounds ("You can get that sense of abandon without liquor"). AA members feel a natural solidarity: the way they would "get up and talk at meetings, really let their hair down, made -other contacts seem thin and superficial. Other people shadowy." And while AA insists that it has no ambition to impose sobriety on the nation, its members feel a natural willingness to share their benefits with any applicant. They are "on call," so to speak, day and night, answering requests for aid or enlightenment from strangers or backsliding fellows. Each member is at once both patient and physician: only from a fellow alcoholic can they receive that acceptance, without condescension, which society has withheld. As physician, setting an example to others, they have an incentive toward sobriety, but it seems to me they gain something more valuable as well: the privilege of adult responsibility without its full rigors. They feel free to become a child--a patient--again, whenever necessary. But in practice, of course, this dual role must cause some paralyzing inter-alcoholic confusions--depending on who is treating whom at the moment. Prestige is gained primarily through one's success in not drinking; second, through one's talent for mutual aid. Occasionally an unregenerate member is subjected to social ostracism. ("But probably every field has it lunatic fringe.")

One assumption is that only an alcoholic can understand an alcoholic. Within obvious limits this is true, but the quality of understanding is rather doubtful. Tag-lines of popular psychiatry, which serve as passwords in the

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+++Message 907..... Re: Herbert Spencer
From: melb 3/30/2003 12:59:00 PM

.....

I appreciate the answers I've received about the Herbert Spencer quotation.
Jim Blair's reference to the Seldes quotation book seems close, but we don't
have a real source from Spencer's works.

Mel Barger

----- Original Message -----

From: Jim Blair
To: AAHistoryLovers@yahoogroups.com
Sent: Sunday, March 30, 2003 9:46 AM
Subject: [AAHistoryLovers] Herbert Spencer

In response to Mel B's question on the quotation in the BB attributed to
Herbert Spencer.

I read "Principles of Biology" twice and did not find the quote there.

I searched the reference books of quotations and found a book titled "The
Great Quotations" by George Seldes (1960).

Listed under Herbert Spencer is the following quotation but it is not
attributed to any of his works.

Note: that the wording is not the same as in the BB

"There is a principle which is a bar against all information, which is a
proof against all argument, and which cannot fail to keep a man in
everlasting ignorance-that principle is condemnation before
investigation."

The search continues:)

Jim

.

the abstract probability that a falsity has usually a nucleus of verity, few bear this abstract probability in mind, when passing judgment on the options of others. A belief that is proved to be grossly at variance with fact, is cast aside with indignation or contempt; and in the heat of antagonism scarcely any one inquires what there was in this belief which commended it to men's minds.

Yet there must have been something. And there is reason to suspect that this something was its correspondence with certain of their experiences: an extremely limited or vague correspondence perhaps, but still, a correspondence.

Even the absurdest report may in nearly every instance be traced to an actual occurrence; and had there been no such actual occurrence, this preposterous misrepresentation of it would never have existed. Though the distorted or magnified image transmitted to us through the refracting medium of rumour, is utterly unlike the reality; yet in the absence of the reality there would have been no distorted or magnified image. And thus it is with human beliefs in general. Entirely wrong as they may appear, the implication is that they originally contained, and perhaps still contain, some small amount of truth.

Definite views on this matter would be very useful to us. It is important that we should form something like a general theory of current opinions, so that we may neither over-estimate nor under-estimate their worth. Arriving at correct judgments on disputed questions, much depends on the mental attitude preserved while listening to, or taking part in, the controversies; and for the preservation of a right attitude, it is needful that we should learn how true, and yet how untrue, are average human beliefs. On the one hand, we must keep free from that bias in favour of received ideas which expresses itself in such dogmas as "What every one says must be true," or "The voice of the people is the voice of God." On the other hand, the fact disclosed by a survey of the past that majorities have usually been wrong, must not blind us to the complementary fact that majorities have usually not been entirely wrong. And the avoidance of these extremes being a pre-requisite to catholic thinking, we shall do well to provide ourselves with a safeguard against them, by making a valuation of opinions in the abstract. To this end we must contemplate the kind

of relation that ordinarily subsists between opinions and facts. Let us do so with one of those beliefs which under various forms has prevailed among all nations in all times.

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++++Message 909. Re: Herbert Spencer Quotation
From: melb 3/30/2003 5:52:00 PM

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Hi Tom,
Thanks for your e-mail. I think you have the right idea in that the quote is indeed consistent with Spencer's thinking.
I don't think it was Bill W. who put the quotation in the Big Book. It was included with a First Edition personal story titled An Artist's Concept. That story didn't survive to the second edition, but the quote was used in the section at the back discussing spiritual experience. They've continued to use the quote and it's on page 568 of the fourth edition, still in connection with spiritual experience discussion.

Mel Barger
----- Original Message -----
From: <ny-aa@att.net>
To: <AAHistoryLovers@yahoogroups.com>
Sent: Sunday, March 30, 2003 2:25 PM
Subject: [AAHistoryLovers] Herbert Spencer Quotation

- > The question of the source of the Herbert Spencer quote could go back
- > sixty-some years. We don't seem to have found it yet or, if it has been found,
- > the source has been forgotten again. Just reading the first two paragraphs of
- > his "First Principles" shows to me that the idea of "contempt prior to
- > investigation" is consistent with his teachings.
- >
- > If this is something Spencer said and not just a paraphrase, it still might not
- > be in his major published works. It could have been in a magazine or newspaper
- > article about him or in notes someone took at a lecture. Or it might have been
- > in part of a textbook. Do we even know that Bill was the one who brought it to
- > the Big Book in the first place?
- >
- > Anyhow, happy (continued) hunting to all.

> -----

> En2joy! Tom En2ger

>

> _____ PART OF "FIRST PRINCIPLES" _____

> First Principles (Six parts 1860-62)

> by Herbert Spencer (1820-1903)

>

> Part I

> The Unknowable

> Chapter 1

> Religion and Science

>

> We too often forget that not only is there "a soul of goodness in things evil,"

> but very generally also, a soul of truth in things erroneous. While many admit

> the abstract probability that a falsity has usually a nucleus of verity, few

> bear this abstract probability in mind, when passing judgment on the options of

> others. A belief that is proved to be grossly at variance with fact, is cast

> aside with indignation or contempt; and in the heat of antagonism scarcely any

> one inquires what there was in this belief which commended it to men's minds.

> Yet there must have been something. And there is reason to suspect that this

> something was its correspondence with certain of their experiences: an

> extremely limited or vague correspondence perhaps, but still, a correspondence.

> Even the absurdest report may in nearly every instance be traced to an actual

> occurrence; and had there been no such actual occurrence, this preposterous

> misrepresentation of it would never have existed. Though the distorted or

> magnified image transmitted to us through the refracting medium of rumour, is

> utterly unlike the reality; yet in the absence of the reality there would have

> been no distorted or magnified image. And thus it is with human beliefs in

> general. Entirely wrong as they may appear, the implication is that they

> originally contained, and perhaps still contain, some small amount of truth.

>

> Definite views on this matter would be very useful to us. It is important that

> we should form something like a general theory of current opinions, so that

There wasn't much I missed in the misadventures of advanced alcoholics. I tried to re-enlist but could not make the grade -because of alcoholism. Frustrated, I became involved in street fights and frequently woke up in a jail cell, writhing in the excruciating pain of alcoholic neuritis. Under the usual treatment accorded drunks--such as 30 hours' solitary confinement--alcoholism thrives. All I thought about was getting a drink to blot out the humiliation of the experience.

One night I went to the kitchen to seek a hidden bottle. Mistaking the cellar door for the cupboard, I fell down the stairway. Hours later I returned to consciousness and saw our three cats silhouetted against the open door of the furnace, watching me. I felt ashamed. Their silent, questioning gaze was more effective than the rebuke of any person.

Crisis impended now. The doctor did not have to say, "It's killing you." I knew it. I cut down on liquor one day, only to drink harder the next. I existed in a gray half-world. Somewhere in the depths of my mind there stirred a remote recollection of Alcoholics Anonymous. Grasping at this straw, I wrote that first letter.

When the reply came from AA, it was brief but reassuring: "AA will work if you want it to work." That threw a lot of responsibility right back in my lap. The letter continued: "The requirement for membership in Alcoholics Anonymous is simply the sincere desire to stop drinking, and you certainly seem to have that. We will do all possible to help you, and of course there is absolutely no charge." Wishing me luck, they asked me to write again. I did.

One point from the booklets the organization sent me proved to be the key to the whole plan: "Get up in the morning determined that you will not have a drink throughout the day. Don't say you will never drink. Just concern yourself with this day." It made sense.

Days went by and I was standing fast. But there was more here than a state of mind, and that is where my doctor came in. He used sedatives and thiamin hydrochloride (B1) to steady my nerves and help my appetite.

Still, a tiger stalked me--bitter memories of the past, that only liquor would remove. AA, with its usual discernment, asked me to think this over: "God grant me the serenity to accept things I cannot change, courage to change things I can, and wisdom to know the difference." That impressed me profoundly.

From there on, a message would arrive each day, with something like this: "When `the feeling' torments you, eat sweets. It's good medicine. Alcoholics are used to great quantities of sugar in their systems, and when you stop drinking you cut off that supply."

The battle was not won immediately. I had two slips. But AA and the doctor agreed that a slip is not uncommon at the start, and that gave me heart. They pointed out -that it may be precipitated by any emotional crisis; so I learned to avoid both controversy and excitement. Overconfidence too, I discovered, is dangerous, and AA wrote that I might never be nearer my first drink than when I felt absolutely certain that I had won the fight.

Recently I stumbled upon one of the bottles I had hidden around the house. I put it away hastily. Fascination drew me back to it. I swished the liquor around, held it up to the light, smelled it. I wondered if it would be possible to take one drink, and imagined myself pouring a tumbler half full of the liquor, filling it up with water and sipping it slowly to savor the fragrance and satisfying sharpness. I grew taut as a violin string.

But then the mailman came with a long AA letter. At the end was this amazing paragraph: "Some AAs, after the pressure has been lifted, think: `Well, maybe now I could take just a drink or two and stop there.' If you ever come to this stage, before you take that first drink just sit down and remember! That's all! Remember! One drink is too much, a thousand not enough."

I shuddered to think how close I had been to disaster, and was mystified by the chance guidance which had brought that particular message at the crucial moment.

Letters always were expertly timed, always bright and frequently sprightly. Not long ago, after several bad days, I was frightened, and I wrote AA. The answer was, "In the first place, will you please calm down! By the time I finish reading one of the letters you write when you're excited, I'm fit material myself for a padded cell."

Another time I was wavering on the edge, and AA sensed it. A special delivery air mail arrived: "Don't talk so negatively about this thing taking more than you've got. I thought the Marines never stopped fighting." That one snapped me back, for I'm proud to have been a Marine.

The letters brought results where all else had failed, because AA talked my language: they too were alkies. Kindly argument by my son and daughter formerly had made me ashamed and angry with myself; but then, unable to find a way out, I would drink harder in a desperate attempt to forget it all. Acquaintances and friends had urged me to swear off, to "be a man." They seemed unable to grasp the fact that alcoholism is a disease, that there is no more reason to censure an alcoholic than there is to berate a person for breaking a leg or having cardiac trouble.

The technique of AA, I discovered, was not to push, or even to lead, but to walk with you and offer you something you need--if you want to accept it. There was no argument, no controversy. There was no concern, either, about temperance interests; they are not reformers. Neither are they concerned

with race or creed. They do, however, feel it highly important that you have some belief in a power greater than yourself, because this fact of belief, or something to lean on, makes the fight easier.

"What the hell's the use of all this?" I asked in one of my letters.

"You'll eventually get the answer to that," AA replied. "You've got a lot of years left. Why not make them worth while? There are other people like yourself you can help, and there's nothing like helping others in order to forget yourself."

One day I began thinking about a trip to New York. My AA correspondent encourage me. People in the AA office were as curious to see me as I was to see them.

In our conversations the office people told me that I will always be an alcoholic. Most persons eventually lose the desire to drink and are not tempted in the presence of liquor. But I am one of those unfortunate few who are constantly in danger. I cannot look at liquor, smell it, even think about it. It sets that inner, involuntary compulsion astir. If I were to slip now, I -feel certain I could not fight this battle over again. Drink to me means death.

AA national headquarters have records to prove that 50 percent of those who come to AA with a sincere desire to stop drinking do so immediately; another 25 percent stop after one or two slips; and of the remaining 25 percent some fail entirely, some fail to keep in touch with the organization, and others eventually resume contact and stay dry. Two types cannot be helped by AA: halfhearted persons who merely toy with the idea of becoming dehydrated and those with brain lesions or psychoses.

The New York companionship strength-ened my shield and I was given a keener insight into the importance of the spiritual approach. I am not a religious man, but in the course of my return from the half-world of alcoholism I had begun to perceive the intervention of some outside force working in my behalf. This came to me slowly, during long solitary walks in the country. I began to feel that life must have some design; s o I tried to pray to whatever may be back of all this.

The change which AA helps a man accomplish is close to the religious experience of conversion. Indeed, it is the same if it is genuine and lasts. I see now that most failures result from lack of acceptance of some power greater than oneself. I have found added encouragement not only from everyone in AA but my friends. Once one recovers a constructive approach toward life, self-confidence and a belief in the future, the devil of alcoholism can be conquered. I believe--and my friends assure me--that I have done it.

(2)

THE DOCTOR'S OPINION page xxiii (23)

Convincing testimony must surely come
from medical men who have had
experience with the sufferings of our members and have
witnessed our return to health.

(3)

THE DOCTOR'S OPINION page xxiii (23)

As part of his rehabilitation he commenced to
present his conceptions
to other alcoholics, impressing upon
them that they must do
likewise with still others.

(4)

THE DOCTOR'S OPINION page xxiv (24)

In this statement he confirms what we who have suffered
alcoholic torture must believe -- that the body of the
alcoholic is quite as abnormal as his mind.

(5)

THE DOCTOR'S OPINION page xxvi (26)

The message which can interest and hold these
alcoholic people must have depth and weight.

(6)

THE DOCTOR'S OPINION page xxvi (26)

In nearly all cases, their ideals must be grounded in
a power greater than themselves, if they
are to re-create their lives.

(7)

THE DOCTOR'S OPINION page xxvii (27)

I must stop, but I cannot!

(8)

THE DOCTOR'S OPINION page xxvii (27)

You must help me!

(9)

THE DOCTOR'S OPINION page xxvii (27)

Faced with this problem, if a doctor is honest with
himself, he must sometimes feel his own inadequacy.

(10)

THE DOCTOR'S OPINION page xxvii (27)

Though the aggregate of recoveries resulting from
psychiatric effort is considerable, we physicians must
admit we have made little impression
upon the problem as a whole.

+++++

(11)

Chapter 1. BILL'S STORY page 10

I could almost hear the sound of the preacher's

voice as I sat, on still Sundays, way over there
on the hillside; there was that proffered temperance
pledge I never signed; my grandfather's good natured
contempt of some church fold and their doings; his
insistence that the spheres really had their music;
but his denial of the preacher's right to tell him
how he must listen; his fearlessness as he spoke
of these things just before he died;
these recollections welled up from the past.

(12)

Chapter 1. BILL'S STORY page 14

I must turn in all things to the Father of Light
who presides over us all.

(13)

Chapter 2. THERE IS A SOLUTION page 20

His will power must be weak.

(14)

Chapter 2. THERE IS A SOLUTION page 21

He has a positive genius for getting tight at exactly the
wrong moment, particularly when some
important decision must be made or engagement kept.

(15)

Chapter 2. THERE IS A SOLUTION page 29

"Yes, I am one of them too; I must have this thing."

(16)

Chapter 3. MORE ABOUT ALCOHOLISM Page 33

If we are planning to stop drinking ,
there must be no reservation
of any kind, nor any lurking notion that
someday we will be immune to alcohol.

(17)

Chapter 3. MORE ABOUT ALCOHOLISM Page 43

His defense must come from a Higher Power.

(18)

Chapter 4. WE AGNOSTICS page 44

But after a while we had to face the fact
that we must find a spiritual basis of life -- or else.

(19)

Chapter 5. HOW IT WORKS page 62

Above everything, we
alcoholics must be rid of this selfishness.

(20)

Chapter 5. HOW IT WORKS page 62

We must, or it kill us!

(21)

Chapter 5. HOW IT WORKS page 66

We saw that these resentments
must be mastered, but how?

(22)

Chapter 5. HOW IT WORKS page 69

Whatever our ideal turns out to
be, we must be willing to grow toward it.

(23)

Chapter 5. HOW IT WORKS page 69

We must be willing to make amends where we have
done harm, provided that we do not
bring about still more harm in so doing.

(24)

Chapter 6. INTO ACTION page 73

We must be entirely honest with somebody if we

(25)

Chapter 6. INTO ACTION page 74

Those of us belonging to a religious denomination
which requires confession must, and of course,
will want to go to the properly appointed
authority whose duty it is to receive it.

(26)

Chapter 6. INTO ACTION page 74

The rule is we must be hard on ourself,
but always considerate of others.

(27)

Chapter 6. INTO ACTION page 75

But we must not use this as
a mere excuse to postpone.

(28)

Chapter 6. INTO ACTION page 78

We must lose our fear of creditors no matter how
far we have to go, for we are liable to
drink if we are afraid to face them.

(29)

Chapter 6. INTO ACTION page 79

We must not shrink at anything.

(30)

Chapter 6. INTO ACTION page 80

If we have obtained permission, have consulted
with others, asked God to help and the
drastic step is indicated we must not shrink.

(31)

Chapter 6. INTO ACTION page 81

In fairness we must say that she may
understand, but what are we
going to do about a thing like that?

(32)

Chapter 6. INTO ACTION page 82

Certainly he must keep sober, for there
will be no home if he doesn't.

(33)

Chapter 6. INTO ACTION page 83

We must take the lead.

(34)

Chapter 6. INTO ACTION page 83

We must remember that ten or twenty years
of drunkenness would make a skeptic out of anyone.

(35)

Chapter 6. INTO ACTION page 85

Every day is a day when we must carry
the vision of God's will into all of our activities.

(36)

Chapter 6. INTO ACTION page 85

These are thoughts which must
go with us constantly.

(37)

Chapter 6. INTO ACTION page 85

But we must go further and that means more action.

(38)

Chapter 6. INTO ACTION page 86

But we must be careful not to drift into worry,
remorse or morbid reflection, for
that would diminish our usefulness to others.

(39)

Chapter 7. WORKING WITH OTHERS page 89

To watch people recover, to see them help others, to watch loneliness vanish, to see a fellowship grow up about you, to have a host of friends -- this is an experience you must not miss.

(40)

Chapter 7. WORKING WITH OTHERS page 90

The family must decide these

(41)

Chapter 7. WORKING WITH OTHERS page 93

To be vital, faith must be accompanied by self sacrifice and unselfish, constructive action.

(42)

Chapter 7. WORKING WITH OTHERS page 95

After doing that, he must decide for himself whether he wants to go on.

(43)

Chapter 7. WORKING WITH OTHERS page 95

If he is to find God, the desire must come from within.

(44)

Chapter 7. WORKING WITH OTHERS page 99

difficult thing to do, but it must be done if any results are to be expected.

(45)

Chapter 7. WORKING WITH OTHERS page 99

But we must try to repair the damage

immediately lest we pay the penalty by a spree.

(46)

Chapter 7. WORKING WITH OTHERS page 99

If their old relationship is to be resumed it must be

on a better basis, since the former did not work.

(47)

Chapter 7. WORKING WITH OTHERS page 100

Both you and the new man must walk day by

day in the path of spiritual progress.

(48)

Chapter 7. WORKING WITH OTHERS page 100

People have said we must not go

where liquor is served; we

(49)

IN Paragraph repeated 6 times.....

Chapter 7. WORKING WITH OTHERS page 101

must not have it in our homes; we must shun friends

who drink; we must avoid moving pictures which

show drinking scenes; we must not go into bars;

our friends must hide their bottles if we go to their

houses; we mustn't think or be

reminded about alcohol at all.

(50)

Chapter 7. WORKING WITH OTHERS page 101

must not have it in our homes; we must shun friends
who drink; we must avoid moving pictures which
show drinking scenes; we must not go into bars;
our friends must hide their bottles if we go to their
houses; we mustn't think or be reminded about alcohol at all.

(51)

Chapter 7. WORKING WITH OTHERS page 101

must not have it in our homes; we must shun friends
who drink; we must avoid moving pictures which
show drinking scenes; we must not go into bars;
our friends must hide their bottles if we go to their
houses; we mustn't think or be reminded
about alcohol at all.

(52)

Chapter 7. WORKING WITH OTHERS page 101

must not have it in our homes; we must shun friends
who drink; we must avoid moving pictures which
show drinking scenes; we must not go into bars;
our friends must hide their bottles if we go to their
houses; we mustn't think or be reminded
about alcohol at all.

(53)

Chapter 7. WORKING WITH OTHERS page 101

must not have it in our homes; we must shun
friends who drink; we must avoid moving
pictures which show drinking scenes; we must
not go into bars; our friends must hide their
bottles if we go to their houses; we mustn't
think or be reminded about alcohol at all.

(54)

Chapter 8. TO WIVES page 111

Our next thought is that you should never
tell him what he must do about his drinking.

(55)

Chapter 8. TO WIVES page 113

Wait until repeated stumbling convinces
him he must act, for the more you hurry
him the longer his recovery may be delayed.

(56)

Chapter 8. TO WIVES page 114

But sometimes you must start life anew.

(57)

Chapter 8. TO WIVES page 115

But you must be on guard not to
embarrass or harm your husband.

(58)

Chapter 8. TO WIVES page 115

You will no longer be self-conscious or feel that you must apologize as though your husband were a weak character.

(59)

Chapter 8. TO WIVES page 117

Often you must carry the burden of avoiding them or keeping them under control.

(60)

Chapter 8. TO WIVES page 118

Yet you must not expect too much.

(61)

Chapter 8. TO WIVES page 120

Your husband will see at once that he must redouble his spiritual activities if he expects to survive.

(62)

Chapter 9. THE FAMILY AFTERWARD page 127

The family must realize that dad, though marvelously improved, is still convalescing.

(63)

Chapter 9. THE FAMILY AFTERWARD page 127

But he must see the danger of over-concentration on financial success.

(64)

Chapter 9. THE FAMILY AFTERWARD page 127

We know there are difficult wives and families,
but the man who is getting over
alcoholism must remember he
did much to make them so.

(65)

Chapter 9. THE FAMILY AFTERWARD page 130

That is where our fellow travelers are, and
that is where our work must be done.

(66)

Chapter 9. THE FAMILY AFTERWARD page 135

The others must be convinced of his
new status beyond the shadow of a doubt.

(67)

Chapter 10. TO EMPLOYERS page 141

Suppose an approach is made something like this:

State that you know about his drinking,
and that it must stop.

(68)

Chapter 10. TO EMPLOYERS page 143

Though you are providing him with the best
possible medical attention, he should
understand that he must undergo a
change of heart.

(69)

Chapter 10. TO EMPLOYERS page 144

When the man is presented with this volume it is
best that no one tell him he must abide by its suggestions.

(70)

Chapter 10. TO EMPLOYERS page 144

The man must decide for himself.

(71)

Chapter 10. TO EMPLOYERS page 146

For he knows he must be honest if he would live at all.

(72) Six Dozen

Chapter 11. A VISION FOR YOU page 152

I know I must get along
without liquor, but how can I?

(73)

Chapter 11. A VISION FOR YOU page 153

They will approach still other sick ones
and fellowships of Alcoholics Anonymous
may spring up in each city and hamlet,
havens for those who must find a way out.

(74)

Chapter 11. A VISION FOR YOU page 154

There must be many such in this town.

(75)

Chapter 11. A VISION FOR YOU page 156

Both saw that they must keep spiritually active.

(76)

Chapter 11. A VISION FOR YOU page 159

Though they knew they must help other alcoholics
if they would remain sober, that motive became secondary.

(77)

Chapter 11. A VISION FOR YOU page 164

God will determine that, so you must remember
that your real reliance is always upon Him.

(78)

THE DOCTOR'S NIGHTMARE page 175

I think I must have been thoroughly scared by
what had happened, or by the doctor, or probably
both, so that I did not touch a drink again
until the country went dry.

(79)

THE DOCTOR'S NIGHTMARE page 180

It must be remembered that I had read a great deal
and talked to everyone who knew, or thought
they knew, anything about the subject of alcoholism.

(80)

THE DOCTOR'S NIGHTMARE page 181

But if you really and truly want to quit drinking liquor
for good and all, and sincerely feel that you must
have some help, we know that we have an answer for you.

musty ---page 10

mustn't ---page 101

muster ---page 155

[forms of the word,

not the same definition] not counted

Stories.....

page 293 (2)

page 311 (1) (83) count

MORE ?

#####

Appendices

page 563

page 565

page 569 (2)

page 571 (2)

page 573 (1) (90) count....

^^

96. He lived in Adrian, Mich.

He would tell his sponsees:

- 1) Learn to say "no."
- 2) Control your temper.
- 3) Set boundaries for yourself.
- 4) Don't feel sorry for yourself.
- 5) Don't hold two jobs.

As you can see by Number 5, he apparently thought trying to hold two jobs was worse than not getting a job at all, though of course he would have recommended that too.

We had a great funeral celebration for Vic in Adrian and I listed these items in my own tribute to him.

Mel Barger, Toledo, Ohio

----- Original Message -----

From: Mark Stephen Kornbluth

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, April 01, 2003 9:43 AM

Subject: [AAHistoryLovers] 5 MUSTS???

Someone said last night that in early AA there were 5 'musts' if you joined. One of them was get a job, does anybody know the rest of the list?

Thanx,

Mark

[31] IncrediMail - Email has finally evolved - Click Here [31]

To unsubscribe from this group, send an email to:
AAHistoryLovers-unsubscribe@yahoogroups.com

Your use of Yahoo! Groups is subject to the Yahoo! Terms of Service [29] .

Explanation: It is not enough to admit that we are powerless over drugs, we MUST also admit that our lives had become unmanageable.

6. "We MUST be done with the past and not cling to it." - pg. 28'

7. "Assets MUST also be considered, if we are to get an accurate and complete picture of ourselves." - pg. 28

8. "Although He already knows, the admission MUST come from our own lips to be truly effective. Step five is not simply a reading of step four." - pg. 31

9. & 10. "We MUST carefully choose the person who is to hear our fifth step.' We MUST make sure that they know what we are doing and why we are doing it." - pg. 31

11. "We MUST be exact." - pg. 32

12. "We MUST realize that we are not perfect." - pg. 3 5

13. "Our experience tells us that we MUST become willing this step will have any effect." - pg. 36 (step eight)

14. "We MUST separate what was done to us from what we did to others." - pg. 37

15. "As with each step we MUST, be thorough." - pg. 38

16. "We MUST remember the pain that they have known." - pg. 40

17. " It is said that for meditation to be of value, the results MUST show in our daily lives." - pg. 46

18. "We MUST give freely and gratefully that which has been freely and gratefully given to us." - pg. 47

19. "Our disease involved much more than just using drugs, so our recovery MUST involve much more than simple abstinence." - pg. 53

20. "We MUST give up this old concept and face the fact that reality and life go on, whether we choose to accept them or not." - pg. 53

21. & 22. "When we are prepared, we MUST try out our newly found way of life. We learn -the program won't work when we try to adapt it to our life. We MUST learn to adapt our life to the program." - pg. 55

23. "Unity is a MUST in Narcotics Anonymous." - pg. 60

24. "We MUST live and work together as a group to ensure that in a storm our

ship does not sink and our members do not perish." - pg. 60

25. "We MUST be constantly on guard that our decisions are truly an expression of God's will." - pg. 61

26. "An atmosphere of recovery in our groups is one of the most valued assets, and we MUST guard it carefully, lest we lose it to politics and personalities." - pg. 61

27. "We MUST remember that officers have been Placed in trust that we are trusted servants, and that at no time do any of us govern." - pg. 61

28. "Our Sixth Tradition tells us some of the things we MUST do to preserve and protect our primary purpose." - pg. 66

29. "We MUST first understand what N.A. is. Narcotics Anonymous is addicts who have the desire to stop using, and have joined together to do so." - pg. 70

30. "In order to achieve our spiritual aim, Narcotics Anonymous MUST be known and respected." - pg. 71

31. "To improve ourselves takes effort and since there is no way in the world to graft a new idea on a closed mind, an opening MUST be made somehow." - pg. 75

32. "We MUST relearn many things that we have forgotten and develop a new approach to life if we are to survive." - pg. 77

33. "We realize we MUST do something." - pg. 78 (read the prior sentences)

34. "When we feel the old urges come over us, we think there MUST be something wrong with us, and that other people in Narcotics Anonymous couldn't possibly understand." - pg. 79

35. "We come here powerless and the power that we seek comes to us through other people in Narcotics Anonymous, but we MUST reach out for it." - pg. 79

36. "Recovery found in Narcotics Anonymous MUST come from within, and no one stays clean for anyone but themselves." - pg. 80

37. "if we have relapsed it is important to keep in mind that we MUST get back to meetings as soon as possible." - pg. 80

38. "We MUST totally surrender ourselves to the program." - pg. 81

39. "We MUST use what we learn or we will lose it in a relapse." - pg. 81

40. "We MUST, use what we learn or we will lose it, no matter how long we have

Moreover, although she said her illness was not cured but arrested, she expressed no fear of a relapse. And when I asked her to what she attributed the change, she ascribed it to Alcoholics Anonymous, an organization founded in 1934 by a former drunkard who had successfully reformed another habitual drinker. The organization now has nearly 400 chapters in the United States and Canada and claims a national membership of more than 15,000. Its members are not ashamed of having been sick and are so grateful for their own recovery that they try to help others, offering at their meetings friendship, counsel and guidance.

It was not only what Alcoholics Anonymous did for her but also what it has done for others which influenced Mrs. Mann to undertake her present work. Now, in addition to directing the activities of the national committee from its New York headquarters, she tours the country, giving lectures on the best ways to conquer alcoholism. "The alcoholic," she says, "is a sick person who can be helped and is worth helping. This is a public health problem. Apart from the economic aspect - for the alcoholic is an expense not only to himself and his family but also to the community at large - the humanitarian side is tremendously important.

"Our committee is endeavoring to teach the public that alcoholics must not be shunned but helped. We are getting local programs started throughout the country to make clear the basic facts about alcoholism, the need for a change in attitude towards those afflicted and the best methods for solving the problem through community action. We are assisting in the establishment of local committees, composed of representative citizens, which will act with our assistance in combating the evil.

"We are making available literature on the subject, explaining the treatment of the disease either at home or in clinics, and encouraging the transfer of alcoholics from jails to hospitals. A man should not be jailed for being drunk; he should be sent to a hospital to be cured.

"At the present time there are but two clinics for drunkenness in the entire country; yet alcoholism is as prevalent a disease as either tuberculosis or cancer and one that, rightly handled, is more easily treated. Our committee proposes to play the same part in fighting the disease as the tuberculosis committee does in its field. We are certain that when people in general become aware of the true state of affairs they will help in stamping out this evil. Do you realize that there are few places in the whole country with adequate facilities for the care and treatment of alcoholics?

"In the first place, alcoholism must be correctly diagnosed. One type is the symptom of an underlying mental ailment. This requires the care of a psychiatrist and will not yield to ordinary treatment for alcoholism. To cure it, the mental condition must be cured. On the other hand, so-called secondary alcoholism responds to simple re-education - that is, making the patient realize his illness and convincing him that his physical make-up is such that

it is impossible for him to drink in moderation. This is the method employed by Alcoholics Anonymous. In some cases this re-education must be accompanied by either medical or psychiatric treatment and sometimes even by institutional care.

"Until the clinics are established with experts in charge, all drunkards will be handled in the same way, and there is little chance for their recovery. But in establishing these clinics we must watch one important thing: they must not be too closely allied with courts. They must be places no one need be ashamed to go to, places which do not brand the patients as lawbreakers. One of the principal aims of our committee is to encourage the establishment of such clinics throughout the country and to assist them with all the scientific data on the subject."

As she puffed a cigarette Mrs. Mann went on: "Alcoholism is like greatness. Some people are born alcoholics, some achieve alcoholism and others have alcoholism thrust upon them. I belong to the third class, for it was prohibition that did the thrusting.

"I was born in Chicago and my people were well-to-do. I had everything for which a girl could ask, including a year at school in Florence. When I came back to this country I was in many ways just like other girls in my set. The usual coming-out party, dances and other social events filled my life.

"But America's noble experiment was being tried out and decent young men thought it was smart to go around with hip flasks. In addition, they would take us girls to little places where they must be recognized through a peephole before being allowed to enter. I was young and happy and gay and I thought it great fun to take a drink.

"One thing I did not realize then - I did not learn it until years later - was that I, like three-quarters of a million others who are known and countless others who are not known, may be called allergic to alcohol. We are the unfortunates who are not immune to it. And there is no Schick test as there is for diphtheria, which can determine a person's immunity. One only finds out too late."

She went on to say that there are those who drink in moderation. They enjoy a certain release after a drink or two. Their tensions are eased and this, she believes, is a perfectly legitimate reason for their drinking. But they do not need to drink. A movie, a theatre or a visit to friends serves the same purpose.

As she continued her story it was hard to believe that she was talking about herself. She seemed calm and detached. There was humor in her talk and there was nothing of the "professional dry" in her manner. While apparently a certain emotional urge brought about her recovery. It was not accompanied by the jingle of tambourines or the "step-up-and-be-saved" shouts of the sawdust

trail.

She told of her marriage a year after her debut and the discovery that her husband was an alcoholic. She does not blame him for her drinking, for she had the disease when she was married. But even his example did not stop her. Within a year she divorced him and drank more than ever. Then she went to England to get away from herself.

While she was there her family suffered financial reverses and she had to go to work. At first she became an interior decorator and later became associated with a photographic establishment. And all the time she kept drinking more and more to feel "normal."

"Of course," she said, "like all alcoholics, I made the usual excuses. I kept saying to myself that I could stop it if I wanted to, and I persuaded myself that I was drinking for business reasons. But I was miserable and finally I became convinced that I was going crazy. Strangely enough, I never once attributed my mental state to my drinking, but was sure that I was drinking to calm my nerves.

"Things got worse and worse. I became melancholic. Twice I tried suicide and finally one of my business associates insisted that I go to a sanitarium. I decided to return to America

"By this time I was a confirmed drunkard. For weeks I would stay in my room, too drunk to do anything but lie in bed. Even then I did not attribute my condition to drink. I was sure that it was my brain and that I would end my days in a mad house.

"Finally friends persuaded me to go to a sanitarium in Greenwich. I did not seem to improve much, but one day the doctor handed me a copy of 'Alcoholics Anonymous.' I glanced through it and became angry. I was not an alcoholic. This had nothing to do with me. So in a fit of temper I threw the book across the room. Then something happened which I cannot explain. The book lay open on the floor and as I picked it up my eyes lighted on the words, 'We cannot live with anger.' They attracted me and I sat down with it and began to read. I became interested and suddenly the truth swept over me. I was an alcoholic. I had an obsession of the mind coupled with an allergy of the body."

She wrote to Alcoholics Anonymous and began getting letters of encouragement from them. Then she came to New York to attend their meetings. "Here were decent people," she said, "all in the same boat as I. They did not look down on me nor did they lecture me. They did not say they were cured, but that their illness had been arrested. They did not touch liquor because they knew if they did they would become sick once more. They did not suggest that I sign a pledge. All they did was to advise me to promise myself that I would not drink for twenty-four hours and when the twenty-four hours were passed to make myself the same promise again."

Hi All

I'm getting skeptical on whether the "contempt prior to investigation" quote actually derives from Spencer. At the risk of falling into "contempt after investigation" there are a number of things that appear very odd.

1)

Given the wide academic study of Spencer (economics, theology, social Darwinism, etc.) it's very odd that the quotation's source cannot authentically be established. A reputable AA history web site has had a posting for several months trying to find the reference source.

2)

Many of Spencer's works are on the web and easily searched for key words. After spending two days surfing the net I've come up empty handed. Google advanced search yields hundreds of hits but little information.

3) The hits do reveal that the quotation is widely cited in academic papers, on "recovery" sites, on AA history sites and in commercial advertisements (so little is sacred these days). There are wording variations but, in the main, the citation is as stated in the Spiritual Experience Appendix of the Big Book. Given the 23-24+ million copies of the Big Book that have been distributed, it's not all that surprising that the quotation is so widely known. The oddity though is that its authenticity seems to be premised on a work of AA rather than a work of Spencer. When cited, the quotation is universally attributed to Spencer. However, when a reference source is stated it is universally shown as the Big Book.

4) I've also looked at a number of "famous quotation" web sites. The "contempt prior to investigation" quote is not archived for attribution to Spencer (other than in sites where submissions are sent in by individual contributors who cite the Big Book as their source). This is very, very odd and adds to my skepticism of its factual attribution since it is such a profound and powerful quotation.

There is the possibility that the quotation might be in a piece of correspondence from Spencer rather than in a published work. I'd really love to get to the bottom of this one way or the other. It sure has my curiosity going. Is anybody having any success researching this?

Cheers

Arthur

----- Original Message -----

From: melb

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, March 30, 2003 11:59 AM

Subject: Re: [AAHistoryLovers] Herbert Spencer

I appreciate the answers I've received about the Herbert Spencer quotation. Jim Blair's reference to the Seldes quotation book seems close, but we don't have a real source from Spencer's works.

Mel Barger

----- Original Message -----

From: Jim Blair

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, March 30, 2003 9:46 AM

Subject: [AAHistoryLovers] Herbert Spencer

In response to Mel B's question on the quotation in the BB attributed to Herbert Spencer.

I read "Principles of Biology" twice and did not find the quote there.

I searched the reference books of quotations and found a book titled "The Great Quotations" by George Seldes (1960).

Listed under Herbert Spencer is the following quotation but it is not attributed to any of his works.

Note: that the wording is not the same as in the BB

"There is a principle which is a bar against all information, which is a proof against all argument, and which cannot fail to keep a man in everlasting ignorance—that principle is condemnation before investigation."

The search continues:)

Jim

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AAHistoryLovers-unsubscribe@yahoogroups.com

am, back again, living a normal, happy married life in a Canadian town, loving and respecting that same man.

The average married woman, whose life has been free from the curse of alcohol, can never understand the humiliation, degradation and utter hopelessness of living with an alcoholic. It is a disease that isn't recognized until it has the victim so firmly in its grip that the chances for recovery, until recently, have been about hopeless.

Not only does this disease affect the physical health of the individual, but, worse still, it affects the brain to such an extent that everything becomes warped and the truth is not in him. It is pathetic and frustrating to see the man you love and whom your children adore gradually fall victim to an insidious disease which society considers only a weakness.

Years of pleading, of tears, of threats, were of no avail in the losing battle I waged against alcoholism, and it slowly destroyed everything I held dear.

It all began away back in the early 20s, in prohibition. Perhaps because "forbidden fruits are sweetest" many of our friends and my husband considered it was smart and clever to produce a bottle.

At first I didn't drink because I didn't like the taste of liquor, but when I began objecting to some of the silly antics it was suggested that I was narrow-minded, a prude, and so on. So, I, too, drank a little and found that when I did I was much more tolerant. I never drank much because it made me ill, and deep down I really hated it.

It wasn't long before occasional drinking parties in mixed company appeared to pall on my husband and some of his buddies. They found that they could drink much more without wives around to scold if they drank in their offices.

My husband had a very good position for a young man - manager of a branch business - and had a comfortable office in which he and his buddies would drink in comfort.

It was at this time I began to realize that liquor was beginning to rule my husband's life. Foolishly I scolded, resorted to tears, which only infuriated my husband when he was drunk. Then horrible words were flung at each other, unkind thoughtless things were said, and our love became a bit tattered around the edges.

Like all alcoholics, when my husband sobered up after a bad bout he would promise never to touch the stuff again, and really meant it, for he hated himself and the things he did when under the influence.

In those in-between periods we'd be so happy doing the things we enjoyed; hunting trips, picnics, driving over the countryside with the children. In

that period of happiness I would begin to forget the humiliation of the past. But he was in the grip of something he could not control.

Strange as it may seem I never thought my husband would become involved with another woman. Perhaps it was because he never seemed to be interested in women, and I was often teased about this by his friends. They said, "You need never worry about Bill, he is not interested in any woman but you." This was flattering, but small comfort when I realized that, although he wasn't interested in other women, he had a mistress in a bottle who held first place in his life.

I am sure that if there had been no children I would have left my husband in those early days, but when you have small children you think twice about giving up a home and security.

Even though my husband drank to excess he still managed to do his work. His boss who visited our city periodically, were heavy drinkers too.

Then came the depression of the 30s. My husband's heavy drinking bills, the repairs to cars he wrecked and fines used up any spare money we could have saved. When our salary cut came it meant retrenching, but fast. At first it was a bitter blow, but somehow I thought, foolishly, this would mean that there would be nothing left over for alcohol. But the setback acted as a stimulant and he drank more than ever to forget the depression. I found myself avoiding the butcher, the grocer and the landlord, as we soon owed money to them all.

During this period our six year old son had to have an appendix operation. I shall never forget rushing him to the hospital late at night, and the kind neighbours who drove us, refusing my husband's request to get a bottle and bring it to the hospital for him. The doctor finally persuaded him that he could do no more good there and he was driven home where he proceeded to get drunk.

I stayed at the hospital, and it wasn't until 10 o'clock the next morning that my husband had sobered up enough to know whether the operation had been successful or not.

Finally, on Saturday, we agreed to meet at the hospital around 2:30 P.M. and have a long visit with our son. I got there at the appointed time and said that daddy would be along soon. Each time footsteps were heard in the corridor, our son would sit up and say, "I bet that's daddy now." Then the look of disappointment on his white little face was a knife twist in my heart. His dad didn't arrive and by 5:30 I had to return home, living in terror that my husband would visit the hospital drunk.

I arrived home worried and weary, and after getting dinner for the rest of the family began to feel a knot inside get tighter as the hours went by. Finally

around 10:30 a neighbour phoned and asked me to come and take my husband home, as he was very drunk and was disrupting their party, which he had crashed earlier. After persuading him to return home I found I hated him and wished him dead.

I had long since learned it was useless to remonstrate with him when he was drunk and I tried to be calm and cool, but he would have none of this as he was in an ugly mood and spoiling for a fight. For several hours I listened to his drunken jargon and, finally, in disgust, I started to go to bed. This infuriated him, and he tried to prevent me from going upstairs. Then I struck him. He is a big man and could have crushed me with one blow, but he had never struck me in his life. This night he was a different person. He followed me upstairs, threatening with each step to strangle me for striking him. He yelled, "No one can hit me and get away with it. I'm going to wring your neck."

When we reached the top step I turned and faced him, saying, "There's my neck, strangle me if you wish, it will be one way of getting rid of you for the children's sake." He stared at me drunkenly, his eyes bloodshot and full of hate. Then he spat in my face, turned, and went downstairs.

He was still asleep in his clothes on the couch in the living room after he got up. Then he asked me if he had been obnoxious the night before as he couldn't remember anything from the time he had crashed the party next door.

He wouldn't believe the things I told him and accused me of making it up. Then he became contrite and asked forgiveness and a chance to prove that he could be a decent husband and father again.

I remember when I first realized that the respect in which I held my husband had been supplanted by contempt. He had been drinking very heavily and brought home some strangers late at night. He walked into our bedroom with them, introduced me as I lay blinking at the bright light, and cursed because I refused to get up and get them food. Following this, he went on the wagon, or so he said, for a week or so. Then we were invited to a party by friends who could throw business in my husband's direction.

Before we left home I asked him to watch his step and he agreed. I remember so well what he said: "You keep an eye on me dear, and when you think I have had enough just pinch my arm and I'll not have another drink."

After about an hour I noticed the usual signs: my husband tossing off large drinks too quickly, making repeated trips to the kitchen, our host eyeing him with suspicion. I quietly slipped to his side and gave him the warning pinch, looking into his eyes and silently pleading with him to go easy.

That pinch seemed to act with the suddenness of a match set to gasoline. My husband strolled over to the buffet where several bottles of whisky were open,

calmly poured himself half a tumbler of straight whisky, then turning to catch my eye he tossed it off with an air of bravado.

I shall never forget the feeling of humiliation about half an hour and six drinks later when my hostess took me aside and asked me if I would take my husband home as he was spoiling her party.

Hundreds of such instances occurred during the next few years. Perhaps one of the reasons I stuck on was that deep down underneath I felt some miracle would happen, that basically he was a wonderful husband and father.

At last I got a position in a department store, working from 8:30 to 5:30. Our youngest child was now in school and I felt free to work. My husband lost his job and got another selling on commission.

One bitter experience occurred during the summer holidays when the children were home. My husband had been absent on a drinking bout for i about two days and nights. I had told him after the previous bout that if he repeated it again I would visit a lawyer and arrange a legal separation. He agreed. Yet he arrived home in the middle of the night so drunk that he fell into a stupor as soon as he hit the bed. As I lay there listening to his mutterings and snores, I hated him and actually wondered if I could press a pillow over his face and strangle him. It was such a temptation that I found myself trembling with fear.... and I got up and walked the floor the rest of the night.

He finally got a job in a factory at a low but steady salary, most of which went to pay the back rent. But the heavy drinking continued, partly, I think, to drown his humiliation and frustration.

When he lost the job in the factory after a few months, he decided that he would have to go away to battle it out himself. My health was suffering, not from the work I was doing but from - the worry he was causing. The children avoided him, and when he was sober he realized this and was more depressed. So the break was made.

No one can know the relief it was to be free of worry and the thought of him coming home drunk. A cloud had been lifted from our life; the children felt free to bring their friends around; and by watching every penny I was able, with some money my husband sent to me at odd intervals, to pay off some of the pressing debts.

We corresponded regularly and although his letters mentioned his private battle I knew he was trying. The cheques became more frequent and a little larger each time, so that we were able to face our creditors. However, I was gaining a feeling of independence; and the children were older, one of them working. My heart was numb as far as any feeling of affection for my husband was concerned.

I began hearing of his drunken exploits again, and it was then that I wrote and asked him for a legal separation. He knew I meant it this time. He wrote and asked for a little time to prove he could win his battle against alcohol. I agreed to three months, and the following week he wrote and said he had joined Alcoholics Anonymous. I had heard of this organization but didn't know very much about it, so I was quite skeptical. He wrote glowing letters of the work of A.A. and how he was endeavoring to learn more about it.

When he wrote, after six months, that he was coming home for Christmas I kept my fingers crossed and hoped.

We were delighted in the change in his appearance when he got down from the train. He was much thinner, had lost that alcoholic puffiness, his skin was clear and fresh. We talked for hours that evening about the therapy of A.A. and how it worked and I found my respect slowly returning. But I still had a deep fear I couldn't overcome.

After a few days, just a day or so before Christmas, he asked me if I had any wine or scotch in the house to serve friends. When I said I hadn't he remarked, "Don't worry about me, dear, those bottles are marked poison as far as I am concerned. Because I am allergic to alcohol, doesn't mean that normal drinkers can't handle it."

Fearful and trembling, I saw him come home the next day with a couple of bottles. It was with a sick heart that I saw him pour and serve it to our guests. But he didn't touch it, just quietly sipped a Coke. I couldn't believe it, and still had reservations. I knew he had fought a bitter battle, one of the hardest any man ever had to fight, and yet I wasn't convinced the victory wasn't permanent.

He returned to his job in another city and I carried on with my work. The children were happy with the change in their dad, but when his letters came suggesting we might become a family unit again, I rebelled. The children, now in their teens with the oldest faith in their father. But because I had lived my own life for so long I didn't want to give it up.

My husband had established himself in his own business by this time and was doing well, and working hard to help other alcoholics. If we were to live together again I would have to give up my job, my freedom, and set up a home in another city.

It wasn't an easy decision to make, but after listening to my husband, who had never been a religious man, tell me that he would never have won the battle had it not been for a Power Greater Than Himself. I knew he had won and for keeps.

As a member of Alcoholics Anonymous, my husband would strike out those last two words, "for keeps." It is against the principles of A.A. to say, "I'll

never take another drink." They say instead, "I shall try not to take a drink TODAY."

I shall never forget the thrill of knowing that respect and love for my husband were slowly returning. I will never forget the night when he said, "Each morning before I get out of bed I ask for guidance and help through this day, and each night as I return to bed I say a grateful thanks."

Basic honesty, utter humility and a desire to help others is the foundation of a life of happy and contented sobriety, which I am now privileged to share.

The love and respect which I had thought lost forever have returned with a greater intensity and deeper meaning. Our children again love their father. I have no cause to regret that I came back to live with an alcoholic.

Source: Maclean's Magazine, June 1, 1949.

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+++Message 923. quotations
From: Sally Brown 4/3/2003 12:48:00 PM

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Isn't it odd how some quotations get into the public consciousness and we can never seem to pin them down?

Before Dave and I undertook to write the biography of Marty Mann, I was dragging my heels. I'm the primary writer, but I'd never tackled anything as overwhelming as a big book. It was that old bugaboo FEAR. Fear of failing, mostly. Dave had reassured me somewhat by promising to carry the research load, and I knew what a crackerjack he was. Still I wasn't convinced.

Then we heard a sermon by a friend. We have no recollection of the sermon's content, but one single sentence galvanized me: "God does not call the qualified; God qualifies the called." I got the message. My fears miraculously vanished, never to return. Two months later we were on the road with the first of several research roundtrips across the country.

We used the quotation from the sermon to introduce Part 2 of Marty's story because it so accurately described what happened to her. Dave made a routine phone call to the minister for permission to quote, and to inquire the source. Our friend had no idea where he'd heard it. So then Dave methodically began to search everywhere. Nothing. He did find variations of the quotation cropping up in all kinds of places, even gospel music, but no primary source. Finally, when major local libraries couldn't help, either, he was referred to a national research resource of librarians. Still nothing.

So that's where we had to leave the puzzle. Like the Spencer quote, ours was just out there in the ether. With our friend's permission, we used "his" quote. Someday someone may be able to enlighten us further. Maybe even one of you!!

Sally

Rev. Sally Brown 1470 Sand Hill Rd., 309
United Church of Christ Palo Alto, CA 94304
Board Certified Clinical Chaplain, Ret Phone: (650) 325-5258
FAX: same

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++++Message 924. Herbert Spencer no source
From: Pittman, Bill 4/3/2003 1:00:00 PM

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While working at AA headquarters archives in the early '80's the Spencer quote source was often asked. Frank and I could never give an answer.

One of the great AA historians, Earl Husband, read every published piece by Spencer many years ago. He found no source.

Bill Pittman

"One who works the Steps off the meeting room wall, may be working an "off the wall" Program. One who doesn't Step Sponsor can't Carry this Message, they can only Carry a Mess."

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++++Message 925. Re: Herbert Spencer Quote
From: kentedavis@aol.com 4/3/2003 4:05:00 PM

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I have a book called "The Great Quotations", published by The Citadel Press. It is a second paperback printing with copyrights 1960, 1966, 1983. The quote is a bit different than that stated at the end of Appendix II. In this book it states that the quote is attributable to Herbert Spencer but quotes it as; "...condemnation before investigation."

I don't have any idea what this means, only that there is a another published resource other than the Big Book. The fact that it is slightly different than what is in the big book makes me wonder where the author came up with the the quote. If he had taken it from the Alcoholics Anonymous book, it would

devoted to the study and treatment of alcoholism, and it is manifested in such institutions as the School of Alcoholic Studies at Yale University and in numerous high- grade sanatoria and hospitals offering what the layman calls "the cure." But a growing number of pathological drunks get a flying start on the road to regeneration through Alcoholics Anonymous - "A.A.," as members of the organization refer to it.

Having been born in a home where temperance was actively preached and practiced, I grew up with the conviction that I would never touch liquor. I couldn't foresee high school, however, where I was catcher on the baseball team and left end on the football squad. My buddies were gay and carefree and considered "a couple of rounds" after a game quite manly. At first it was only a few beers; later we began mixing in a slug of whisky.

By the time I finished high school and went to work as a department store clerk I was a steady drinker. Before I ever reached 30, I became a travelling salesman, drinking with my customers and feeling that it made us chummy - that orders came easier. I drank at meals, at clubs, at banquets, in trains, in private homes - everywhere, in fact, except at home, where my wife would not permit liquor.

By a stroke of good fortune I was able to open my own department store in a medium-sized city. It prospered in spite of the fact that I was drifting from bad to worse. I cached supplies of whisky all over the store so I could get a "hooker" without running back to my office. I hid some in the advertising department, some in the receiving room, and more behind stocks on different floors. I was drinking as often as most people smoke cigarettes. If I didn't have a "snort" every hour or so, I'd get nervous and irritable.

At home our social life disintegrated. Not being able to depend on me, my wife stopped planning functions at home and gracefully rejected all invitations elsewhere. That made me feel I wasn't appreciated, that I was grossly misunderstood - a frustration that plunged me further and further into drink.

When the economic depression of the '30s descended, it seemed that all the forces in the world were conspiring against me. As business slumped, I worried, and the more I worried, the more I relied on drink. Every failure to stimulate sales had to be erased from my mind by alcohol.

My daily intake mounted to two quarts and more. I was hitting the bottle continuously, but I thought I was clever enough to conceal this fact from my employees, friends, and fellow Rotarians. Apparently I wasn't, though, because one day, February 8, 1942 - I'll never forget it - a prominent attorney and fellow Rotarian came to see me.

"Come over to the soda fountain and have a cup of coffee with me," he invited. I masked the shiver of revulsion that raced through me at the suggestion, but to be sociable I joined him.

"I want you to come over to my house tonight and meet some friends of mine," he said. "I think we can help you."

I stiffened. "Now look here," I snapped. "I don't need anybody's help, and I'll thank you to keep your nose out of my business."

He smiled indulgently. "You know, that's exactly what I said when I was invited to meeting a group of Alcoholics Anonymous."

You mean you're an A.A.?" I asked.

"Sure, the whole bunch at the house tonight will be. We've all had experiences like yours - and we've all, at some point, decided to quit making life so miserable for ourselves and everybody else. Why not come over and meet the boys and let them tell you about it? It can't do any harm and you're under no obligation to us. What do you say?"

I was staring into my coffee. My mind was whirring. It was true that I had vaguely realized my health couldn't forever withstand the abuse I was heaping on it, and many times when I thought of how unfair I was toward my wife, I caught myself feeling remorseful. And my business - it was skidding, almost out of control.

I forced a laugh as I turned to the attorney and with a feigned indifference said: "Yeah, sure, I'll come, if you insist. What can I lose?"

That night an amazing chain of events began. I went to that meeting breathing skepticism, disbelief, defiance. Like most alcoholics I nourished an inner feeling of exclusiveness, a kind of self-pitying smugness based on the false premise that my case was different, that no one else ever suffered the torments and disturbing influences that drove me to drink. But that group of seven A.A.'s made me feel as feeble as the winner of a booby prize at the Liars Club. They could match - and surpass - every drinking bout I ever had. Every reason I had advanced for drinking, they, too, had experienced. Then they offered others I never thought of.

As they talked I felt my defense crumbling. I began to recognize the sham of my previous rationalization. MY skepticism faded into acceptance; my disbelief turned to credence; my defiance melted into admiration. I thought: "If they could swear off, so can I."

"So when they told me that the only prerequisite for joining Alcoholics Anonymous was a sincere admission that alcohol had me whipped so completely my life had become unmanageable, I readily made that admission.

The very articulation of this truth seemed to sweep a great network of cobwebs out of my brain. Merely stating this fact, about which I had long tried to

delude myself, was like opening a window in my mind and letting in a refreshing gust of clean, invigorating air. For the first time in years I sensed a gratifying relaxation course through my body.

Almost involuntarily I accepted an invitation to join A.A. I was made a member on the spot, and my new friends told me more about the way the organization works. I vowed, as I had vowed before, to quit drinking. But this time the circumstances differed. I had already achieved a state of intellectual humility and I had, in these A.A.'s, living proof that abstinence was possible. Moreover, I was too proud to let myself fail where they had succeeded - and I knew I could lean on them for help if I weakened.

As I fought to release myself from the grip of the obsession that enslaved me, I formed a clear picture of what was happening and what had happened to me during those 40 years of drinking. I was like a small boy passing a cemetery at night. Leaves rustle. His eyes pop and his hair stands on end. The wind shrieks eerily through the shrubs and he breaks into a run. The moving shadow of a swaying bush behind a tomb looks like a sinister zombie. The boy's feet sprout wings and he races frantically on. An owl hoots and he grows panicky trying to coax a few extra miles an hour out of his flying feet.

My rustling leaves, shrieking wind, moving shadows, and hooting owls had been business and social problems, feeling of inferiority, frustrations, worries over personal as well as business matters. To escape each new fear-inducing stimulus I gulped stronger and ever stronger draughts of liquor.

Now, I could see, I was imposing a sound, sensible procedure over this subconscious fear motivation. I had analyzed this 40-year flight from fear and knew the reasons for it. Bolstered by this knowledge, I could say convincingly to myself: "I am afraid no longer. I will stop running and take a deliberate step forward, then another and another. I will quiet this fluttering heart, stop perspiring, and walk out of this alcoholic cemetery with dignity."

That's the way it was. Looking back over my shoulder today and analyzing my salvage, I find that what happened after I joined Alcoholics Anonymous became a story of four parts. Here is the way it developed:

Part I: I admitted to myself my bondage to liquor and my inability to manage my life. This psychological broom swept the dust of deceit and delusion from my mind, preparing it for a readjustment. In a religious sense this was the act of repentance.

Part II: According to A.A. formula, I made a moral inventory of myself and acknowledged my shortcomings and faults to at least one other person. The pious will recognize this as an application of the principle of public confession. To the psychologist it amounts to bringing social influence to bear. Thus, having unfurled his faults publicly, the candidate's conduct will reap either social approval or censure. And being a vain creature, man strains

mightily for approbation.

Part III: A.A. built a foundation of confidence and hope under me by showing me that the liquor habit could be conquered, for every member of this organization was persistent proof that others had won out. That victory was forged by a combination of my own will and outside help, both human and divine. Help was always forthcoming from other A.A.'s themselves, of course. This is one of the strongest pillars in the A.A. structure. Whenever a man feels himself slipping, he calls another member for help.

Part IV: This is the crux of the whole program. The first three parts set the stage; in Part IV the act begins. "Act" is the word, for the principle upon which A.A. works is that the alcoholic must do more than want to quit drinking. He must do something - right now! I am told that this is the practical application of the James -Lange psychological theory, which states that in the formation of habit, one first articulates a desire and then immediately translates that mental intention into physical action. By constantly reinforcing the mental impulse with physical activity, the individual establishes new behavior patterns.

All right, but what does one do? Well, it doesn't matter very much. It might take the form of going for a walk, of taking a drink - of water - or even reducing the number of drinks taken each day. As a follow-up of the Part II moral inventory, action can be taken to make amends to injured people whenever possible. If you've mistreated your wife, you might bring her some flowers or candy; if, when drinking, you've habitually growled at the neighbors, you might stop and say a kind word; if you've gone into debt, you might pay off these obligations - and so on.

And then, after you've won your victory, you have the never- ending opportunity of helping new members, which enables you continuously to reinforce your desire to stop drinking by doing something for another alcoholic. Only one who has himself been through the same experience can administer the proper mixture of sympathy and discipline to pull a patient through trying hours.

Phenomenal though its record is, A.A. does not guarantee to cure an alcoholic's predilection for liquor. About half recover immediately and another 25 percent make it after a relapse or two. Since 1934, when it was founded by a New York broker and an Akron, Ohio, physician, about 25,000 alcoholics have become members of A.A. They are banded together in nearly 900 groups in the United States, Canada, Australia, and New Zealand.

Just to clear up a few points often misunderstood, I'd like to emphasize that we are not prohibitionists. Our sole object is to remove the temptation of that first drink from those who cannot take just one or two and stop there. Many of us actually serve liquor in our homes; yet when we ourselves raise our glasses in toast, ours are filled with soft instead of hard drinks. Another

and have made me the spokesman for their program.

The other group has not appointed me. The other group is not organized. It frequently does not know there is a group.

These prisoners that I spoke of are the alcoholics of America, three million strong.

Many of them are unaware of their own condition; are unaware of its nature; and are unaware that there is anything whatsoever to do about it.

They did not need to appoint men; I belong to that group. I myself shared their condition of being a prisoner until the truth made me free.

First, I wish to speak to you on behalf of the National Committee for Education on Alcoholism. Later, I am going to speak to you on behalf of that other group who needs our help.

The National Committee for Education on Alcoholism is exactly what its name implies. Our objectives are implicit in that title. We are interested solely in giving the public the true facts about alcoholism, its nature and treatment, in order that they may have the weapons of knowledge with which to effect a solution of this terrible and growing problem. We are not dealing here with a minor problem. We are dealing with what an Assistant Surgeon General of the United States Public Health Service has rightly called "Our greatest unsolved public health problem." It is not unsolved because it is a new problem. Indeed, it has been with us from the beginning of time. It remains unsolved because it is a problem we have never faced. It is something we have never even discussed. The majority of people in their ignorance and fear scarcely admit of its existence. Alcoholism has for too long been a taboo subject; just as tuberculosis used to be forty years ago. It has been hidden under a dark cloud of stigma, made darker by fear of that stigma. Any child can tell you that no problem can be solved by refusing to recognize its existence. Equally true is the fact that no problem can be solved while unaware of its nature.

Many groups have been concerned for many years with the beverage alcohol. Millions of words spoken and written on behalf of hundreds of organizations have dealt with this. In the last analysis this concern has resolved itself into a violent tug of war between the "wets" and the "drys." In that tug of war it has been said that the alcoholic has been the rope - and that rope has become badly frayed. No organization until very recently has concerned itself with the plight of the alcoholic or the nature of his dilemma. That is where the National Committee comes in.

The National Committee is not concerned with the problem of beverage alcohol. We take no side in that ancient tug of war. We state flatly in fact that this organization, the National Committee for Education on Alcoholism and all of

its affiliated Committees - eighteen of them at this date - are neither "wet" nor "dry." We go further. We state that this organization shall not concern itself in any activities designed to promote or prevent the sale or consumption of alcoholic beverages. Our concern is with a disease called alcoholism and its victims, those hapless, suffering human beings who are known as alcoholics.

We recognize, as did others concerned with the problem of alcoholism, that practically nothing was known by the general public of this disease. We realize that because of this lack of knowledge, the public attitude ranged from utter ignorance, through apathy and indifference, up to prejudice and active antagonism. The public attitude reflects not only a total lack of factual knowledge, but the presence of a mass of misinformation and falsehoods. Out of this attitude has grown the type of treatment which the citizens of these United States have given and still give to that segment of the population -their helpless fellow citizens - who suffer from this illness. I think you all know what that treatment is as well as I do. It is hostile, contemptuous, and punitive. It is completely without understanding and often without pity.

In most cities in this country there is nowhere to put the alcoholic who is in the throes of this deadly malady, excepting the local jail. We, as a nation, are not wont to treat our sick in this fashion. We are not cruel and barbarous. We are not medieval. We pride ourselves on being enlightened, and we are, on the whole, a kind people. And yet to a great body of very sick human beings we offer only punishment for their illness. We behave as if we were still in the Middle Ages.

This situation must be changed. It is our belief that it will be changed when the public is placed in possession of the facts. That is the challenging task which we have accepted. We wished to make these facts as simple and understandable as possible that they might be understood by every man, woman and child in this country. In order to do that, we adopted three simple concepts which are printed on each piece of our literature, and which our speakers reiterate over and over again throughout the cities of this land. They are simple, these concepts, but they are revolutionary in content., for they embody an attitude which is exactly the opposite to that shown by our actions in the past, and I am afraid I must add, in the present. We believe that when these concepts are accepted into the thinking of the people of America a change in their actions must result. We believe that repetition will help to implant these concepts in the mind of the public, and so they are embodied - in fact, they form the basis of every talk that is given on behalf of the National Committee. The three concepts are as follows:

One, Alcoholism is a disease and the alcoholic is a sick person.

Two, the alcoholic can be helped and is worth helping.

Three, alcoholism is a public health problem and therefore, a public responsibility.

Perhaps these do not appear revolutionary on the surface, but stop and think of the associations we all have been taught to have with the words disease and sickness. We know, for instance, that disease is no respecter of persons; it can strike anywhere, high or low, rich or poor, men or women. We do not punish sick people for being sick; we treat them. We go to great lengths to establish treatment facilities and they are the pride of our communities. We do not blame sick people for their condition, even when, as often happens, it is brought on by ignorance or carelessness or both. Once they are sick, however this came about, we want them to have the kind of treatment that will help them to get well. It would never occur to us to put a man with malaria in jail - as if to say to him, "you see what this does to you - now let that be a lesson to you and don't let it happen again." We know that he is sick, he is rarely capable of self-treatment. We know that he needs help - to overcome his illness. Put these simple associations beside our behavior toward those sick people who are sick with alcoholism and you will see how revolutionary that concept is.

The fact that alcoholism is a disease has been known to science for over 150 years. Many great Americans of the last century recognized this fact, although it was an English doctor who wrote the first modern treatise on the diagnosis and treatment of the disease of alcoholism in 1778.

Our own Connecticut Medical Society recognized alcoholism as a disease requiring special treatment and hospitals for that treatment in a resolution it presented to the Connecticut State Legislature in 1830. I myself was ashamed when I learned these things, and yet it was not my fault, for I had never been taught any such facts. Just the same, it is curious, is it not, that scientific facts well known to science over such a long period should never have become common knowledge? The normal gap, they tell me, between a scientific discovery and its acceptance by the public, before which of course, it cannot be of real use, is twenty years. Why should this gap be so extended? We are late in starting, but we are trying desperately to bridge that gap as speedily and as effectively as possibly now. This, in short, is our primary objective.

Our second concept, that the alcoholic can be helped and is worth helping is a statement that could not have been made even ten years ago from a public platform, because it could not have been proved. Although there have always been alcoholics who got well by one means or another and walked among us as normal human beings, they dared not mention what the nature of their illness had been. The stigma which had been attached to alcoholism was so great that if people knew the truth, these recovered alcoholics might have jeopardized their whole future - their jobs, their family relationships, their places in society, everything that makes life most dear. Not until the creation of Alcoholics Anonymous twelve years ago was there any change in the situation.

Then for the first time, alcoholics began to get well in numbers. They were banded together in groups and together they had the strength to face the hostile world and to talk of this illness from which they had recovered. They talked so that other alcoholics might learn the truth about their condition, and seek help. Their voices were heard. Today, Alcoholics Anonymous numbers more than 30,000 active members; well and happy people; prosperous citizens who have returned to their places in their communities; who are assets - no longer liabilities. These people make good citizens -these same people, who a few years ago were a stone around the neck of everyone who knew them; A care and a burden and a terrible cost to themselves, their families, their employers and their communities. Liabilities in every sense, they represented not only appalling economic waste, but also the most terrible human waste; heartbreak, broken homes and tragedies of very

sort. Yet today they are assets. They can be seen and they are known for their accomplishments throughout the length and breadth of the land. They are the living proof of the second concept. No one any longer can say as I myself once said and as we all were taught, that the drunkard is a bum for whom there is no hope because there is something vital missing in him - he has no willpower, no character - or he would not let himself get that way. These people know that they have a disease of which they need be no more ashamed than if they happened to have diabetes or T.B. On the contrary, they can be proud of the fact that in spite of suffering from a progressive and often fatal malady for which there is no absolute cure, they have learned how to arrest their illness so that they can lead normal, healthy, happy lives.

Our last concept, that this is a public health problem and therefore, a public responsibility, follows inevitably upon acceptance of the other two. This is our job, yours and mine, as citizens and as human beings. We, the people, create public attitudes - and we can change them. Our first job is to change this attitude, for until that is done alcoholics and their families will not seek help. The majority of the estimated 3,000,000 alcoholics in this country fall into the category of what I call the hidden alcoholic. These are usually people who have some family left, and that family will go to any lengths to see that no one knows that the stigma of alcoholism has struck in their midst. In their opinion, the shame and degradation of having this fact become common knowledge far outweighs the welfare of the alcoholic. The alcoholic is "protected," hidden from view, but actually he is prevented from getting help. Not until the stigma is removed and alcoholism is discussed as freely and openly as any other illness, will these people dare to seek help. We must remove this stigma if we are to save thousands from unnecessary deaths.

But we must do more than this, for in many cases there will be no facilities for the treatment of some of these people. All of them may not be suitable for A.A. All of them may not be willing or ready to accept that particular method of treatment, and there are other methods which have also helped alcoholics back to normal life; psychiatry, lay therapy, the conditioned reflex

treatment. Unfortunately the last three are both long and expensive - too often beyond the reach of the alcoholic and his family.

Nevertheless each method has its record of success. None of these methods are infallible. And in this illness it has been found that on occasion a combination of several methods of treatment will sometimes succeed in the most difficult and apparently hopeless cases.

So our efforts cannot stop with a mere change in public opinion. We must organize to change the conditions which that public opinion has brought about. We must see to it that there are other places than jails in which to put these sick people when they are in the delirium of their sickness - acute intoxication. We must set up information centers where individuals and family and friends - agencies that are forced to handle their problems - doctors and ministers who usually see more of it than anyone else -- can go to get the facts on the disease itself, and on the facilities available in that area for its treatment. These centers must ceaselessly carry on an intensive campaign of education in their communities, aimed at uncovering more and more hidden alcoholics and also at providing an environment of enlightened understanding in which the process of recovery will be possible.

Every community will find that there are not many facilities other than the local group of A.A. about which they can give information; and yet other facilities will be needed. Therefore, these organized groups (which we must call local committees of the National Committee) must next undertake the difficult task of persuading general hospitals to open beds for the treatment of alcoholics in the acute stage. This I might add, is a matter of crisis - of extreme emergency - in which the lack of immediate medical treatment all too frequently causes death. Next, they will need a clinic for diagnosis and treatment and later they will need rest centers for those who require long-term care.

It is no longer necessary to say that we believe - we can now say that we know that this program of community action is a beginning toward the solution of this problem which is so appalling in its devastation and waste. We can say we know because we already have eighteen such affiliated committees operating in eighteen cities throughout the country, and the progress they report is more than encouraging. It has convinced us that we can solve the problem of alcoholism in America - and we will.

Now I can go back to my regular method of speaking. I am strictly an extemporaneous speaker; I am not used to reading a speech; but with all the national hook-ups on the radio, I thought I had better.

I want to talk to you a little bit now about the second group which I said I represented. The unnamed, the nameless, the alcoholics. I would say that perhaps ninety per cent of them have no idea what their trouble is. You know, the alcoholic is a part of the public. The attitude that I have described to

you which the public holds is shared in by those people who suffer from this illness. I can tell you this from my own experience. I had never heard the word alcoholic; I had never heard the word alcoholism. Of course, I had heard of drunkards; everybody has. I also knew or thought I knew what a drunkard was. He was that unfortunate person that one saw if one went to the less pretty part of town, shuffling about in rags, bearded, unwashed, sleeping in doorways, in gutters, sticking out filthy hands for a dime for a cup of coffee and you hoped he wouldn't touch you.

If I had given any thought to the subject I would have described that person as a person who had never had a chance, or the opportunity to know the normal way of life, and who, if he had been born to better things, had something missing, something that made him unable to take advantage of his opportunities. I would have said that there was nothing that could be done about it, and if there was he wouldn't be worth salvaging as there wasn't anything there in the first place.

I might have conceded that there were a few localized cases in which some terrible tragedy had driven the person to drink - to drown his sorrows in drink, but I actually that was pretty well confined to the pages of romance literature. That is all I knew about it.

I think you will understand then that when this thing began to happen to me it was simply not possible for me to identify myself with that picture. How could someone with my background, with my upbringing, with my education, how could someone like that have this happen. Oh, no, it couldn't happen here.

Another thing I knew (and anyone who knew me could testify) was that I had been afflicted with a little too much of that commodity known as will power, in my case called willful. I had always gotten what I went out for. I had achieved quite a bit in my life. I had never suffered from any lack of will power or lack of character either. And those attributes were not a part of the picture that I had. This person, this drunkard, had no will power, no spine, no backbone, no character.

When these things began to happen to me, it had to be something else, it could not be that. It had to be some terrible mental collapse since, obviously, I could not even look in that direction. I could not say, "this is me."

There you have the problem with a great many of the alcoholics. How can they admit to this thing with their perverted and prevalent conception of what this thing is? How can a man who still has a job or has only just lost his job through drinking come out openly and say: "I am a drunkard; I have no will power; I have no character; I am a bum?" He isn't and knows he isn't. He is faced with the same dilemma in which I found myself. Why is it that my will power is so strong on every- thing else and has no effect on drinking. Why can't I answer when my friends say to me, "Why can't you be like other people and drink sensibly," "Why can't you drink like so and so; I made every effort

to take one or two and stop; but it was just like butting my head against a stone wall.

That wall was the wall of ignorance and the wall of prejudice. It nearly killed me, and it is killing other alcoholics every day. If we can break that wall down we can reach these people and we can help these people. A program of community action such as I described briefly will do that job. In every one of the cities where this program is in action more and more alcoholics come forward and ask for help. In every city where we have information centers they are coming and asking for this information and their families and friends and employers are coming. They are all asking, "What is this thing, alcoholism," "What can we do about it;" "Where can we go in this city for help?" And centers that have been established and the members of the Committee that set up those centers are aware of their needs and they have the answers for them: what hospitals will take alcoholics; are there any in the community; can we persuade them to take alcoholics in; can we at long last provide something for these desperately sick people. Can we provide medical treatment that will prevent their deaths? Yes, we can, and we must.

I want to establish here before I leave Detroit such a Committee as has already been started. I want to see the attempt made at community action. I believe that it can succeed and I believe that when all of these cities in this Country put this plan into action we will see in front of us the possibility of controlling the disease of alcoholism.

The thing we are attempting to do is not so very difficult - it is not very different from what we had to do on a national scale forty years ago with T.B. That was the primary killer then; that was the stigma then; that was the thing that no family would admit to having. They were so careful that no one should know, that people with T.B. died like flies from lack of treatment. Then an intensified campaign was put on...of education and the setting up of proper facilities. Now the White Plague T.B. is at last under control and we no longer regard it as the stigma it was. We can do the same for alcoholism but we must put not only moral support but financial support behind this effort. We must see that these things are done that will repay us a thousand fold.

I know by virtue of my own position as an alcoholic thousands of men and women who have recovered from this illness. I can assure you from my personal experience that these people make better than average citizens. It is as if they felt they had to make up for lost time. They put themselves into things with twice the amount of energy of anyone else. They work harder at it and they give more of themselves. These people are well worth saving and yet today we are allowing them to die right and left.

We know, for instance, that every year 12,000 people die with alcoholism put on their death certificates as the primary or secondary cause of death. We know also that that must be but a fraction of the actual deaths for we know that wherever the family is still there they will go to any lengths to see

that those grim words are not put on the death certificates. These people do not need to die. That great loss that you heard Dr. Jellinek describe does not need to go on. All of this unnecessary waste we can stop. We can stop it first, by changing our own attitude, next by trying to change the attitude of everyone else we know, presenting them with these simple concepts, asking them to think them over and then to act on them. We can top it by setting up Committees such as I have described and by making great efforts to provide facilities for our cities. Those are the steps we need to take; those are the steps I hope you will take here.

My visit to Detroit has not been just to speak to you gentlemen, as great as that pleasure has been and deeply as I feel the honor of appearing before you as a woman. I understand that is a very rare occasion here. The real purpose of my visit is to put a piece of dynamite under those who are already interested and try to arouse interest in the rest of you to put into effect a program of community action.

It wouldn't do much good if I came and went and you talked about it for a few days and then other concerns came up and you forgot about it. No, We want something to go on; we want continuity in the program; we want results.

I am convinced that we can have in Detroit our most effective Committee for Education on Alcoholism if all of you present will help out.

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From: Jim Blair 4/6/2003 9:59:00 AM

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Life Membership

Medicine Column

The organization of ex-drinkers known as Alcoholics Anonymous last week was rounding out its twelfth year. Taking stock, it found that it had 35,000 members and 1,200 chapters (including outposts in Canada and Latin America). It was picking up new members at the rate of 1,000 a month. In the last few months, A.A.'s stock among doctors and an estimated 750,000 U.S. alcoholics had climbed fast.

AA. was founded twelve years ago by a still-anonymous Manhattan stockbroker, known only as Bill, and an alcoholic Akron doctor. The organization has no officers, no dues, no big funds (its small Manhattan headquarters last year spent only \$35,000, donated by members). Pledged to help other alcoholics,

Second Lieut. Bill W. didn't think twice when the first butler he had ever seen offered him a drink. The 22-year-old soldier didn't think about how alcohol had destroyed his family. He didn't think about the Yankee temperance movement of his childhood or his loving fiance Lois B. or his emerging talent for leadership. He didn't think about anything at all. "I had found the elixir of life," he wrote. Bill's last drink, 17 years later, when alcohol had destroyed his health and his career, precipitated an epiphany that would change his life and the lives of millions of other alcoholics. Incarcerated for the fourth time at Manhattan's Towns Hospital in 1934, Bill had a spiritual awakening--a flash of white light, a liberating awareness of God--that led to the founding of Alcoholics Anonymous and Bill's revolutionary 12-step program, the successful remedy for alcoholism. The 12 steps have also generated successful programs for eating disorders, gambling, narcotics, debting, sex addiction and people affected by others' addictions. Aldous Huxley called him "the greatest social architect of our century."

William (Bill) G. W. grew up in a quarry town in Vermont. When he was 10, his hard-drinking father headed for Canada, and his mother moved to Boston, leaving the sickly child with her parents. As a soldier, and then as a businessman, Bill W. drank to alleviate his depressions and to celebrate his Wall Street success. Married in 1918, he and Lois toured the country on a motorcycle and appeared to be a prosperous, promising young couple. By 1933, however, they were living on charity in her parents' house on Clinton Street in Brooklyn, N.Y. Bill had become an unemployable drunk who disdained religion and even panhandled for cash. Inspired by a friend who had stopped drinking, Bill went to meetings of the Oxford Group, an evangelical society founded in Britain by Pennsylvania Frank Buchman. And as Bill underwent a barbiturate-and-belladonna cure called "purge and puke," which was state-of-the-art alcoholism treatment at the time, his brain spun with phrases from Oxford Group meetings, Carl Jung and William James' "Varieties of Religious Experience," which he read in the hospital. Five sober months later, Bill W. went to Akron, Ohio, on business. The deal fell through, and he wanted a drink. He stood in the lobby of the Mayflower Hotel, entranced by the sounds of the bar across the hall. Suddenly he became convinced that by helping another alcoholic, he could save himself. Through a series of desperate telephone calls, he found Dr. Robert S., a skeptical drunk whose family persuaded him to give Bill W. 15 minutes. Their meeting lasted for hours. A month later, Dr. Bob had his last drink, and that date, June 10, 1935, is the official birth date of A.A., which is based on the idea that only an alcoholic can help another alcoholic. "Because of our kinship in suffering," Bill wrote, "our channels of contact have always been charged with the language of the heart." The Burnham house on Clinton Street became a haven for drunks. "My name is Bill W., and I'm an alcoholic," he told assorted houseguests and visitors at meetings. To spread the word, he began writing down his principles for sobriety. Each chapter was read by the Clinton Street group and sent to Smith in Akron for more editing. The

book had a dozen provisional titles, among them "The Way Out" and "The Empty Glass." Edited to 400 pages, it was finally called "Alcoholics Anonymous," and this became the group's name. But the book, although well reviewed, wasn't selling. Bill W. tried unsuccessfully to make a living as a wire-rope salesman. A.A. had about a hundred members, but many were still drinking. Meanwhile, in 1939, the bank foreclosed on the Clinton Street house, and the couple began years of homelessness, living as guests in borrowed rooms and at one point staying in temporary quarters above the A.A. clubhouse on 24th Street in Manhattan. In 1940 John D. Rockefeller Jr. held an A.A. dinner and was impressed enough to create a trust to provide Bill W. with \$30 a week--but no more. The tycoon felt that money would corrupt the group's spirit. Then, in March 1941, The Saturday Evening Post published an article on A.A., and suddenly thousands of letters and requests poured in. Attendance at meetings doubled and tripled. Bill W. had reached his audience. In "Twelve Traditions," Bill set down the suggested bylaws of Alcoholics Anonymous. In them, he created an enduring blueprint for an organization with a maximum of individual freedom and no accumulation of power or money. Public anonymity ensured humility. No contributions were required; no member could contribute more than \$1,000. Today more than 2 million A.A. members in 150 countries hold meetings in church basements, hospital conference rooms and school gyms, following Bill's informal structure. Members identify themselves as alcoholics and share their stories; there are no rules or entry requirements, and many members use only first names. Bill W. believed the key to sobriety was a change of heart. The suggested 12 steps include an admission of powerlessness, a moral inventory, a restitution for harm done, a call to service and a surrender to some personal God. In A.A., God can be anything from a radiator to a patriarch. Influenced by A.A., the American Medical Association has redefined alcoholism as a chronic disease, not a failure of willpower. As Alcoholics Anonymous grew, Bill W. became its principal symbol. He helped create a governing structure for the program, the General Service Board, and turned over his power. "I have become a pupil of the A.A. movement rather than the teacher," he wrote. A smoker into his 70s, he died of pneumonia and emphysema in Miami, where he went for treatment in 1971. To the end, he clung to the principles and the power of anonymity. He was always Bill W., refusing to take money for counseling and leadership. He turned down many honors, including a degree from Yale. And he declined this magazine's offer to put him on the cover--even with his back turned.

BORN Nov. 26, 1895, in East Dorset, Vt.

1918 Marries Lois B. In 1951 she founds Al-Anon for families of alcoholics 1933 First of four hospitalizations for alcoholism 1934 Takes his last drink 1935 Persuades Dr. Robert S. to stay sober with him. This is the first A.A. meeting 1938 Forms the Alcoholics Foundation 1939 Publishes the book "Alcoholics Anonymous," which includes the 12 steps 1953 Publishes "Twelve Steps and Twelve Traditions," outlining a

embarrassing questions...They just seemed like real friendly guys."

These revealing remarks are quoted in a vivid article in the January-March issue of Federal Probation, "I Think You Guys Mean It," written anonymously by another member of the organization who is a lawyer and the editor of a national magazine, as well as editor of The Grapevine, the A.A.'s own publication. The article describes the A.A. program for probationers, prison inmates and parolees who are problem drinkers. A.A. chapters have been established in more than thirty penal and correctional institutions. Meeting once a week in groups of thirty or forty, under the supervision of prison authorities and chapter members, inmates hear talks by visiting A.A. members, and are encouraged to ask questions, make suggestions, and join in the discussion. New members are carefully screened to make sure of their sincere desire to stop drinking.

In A.A.'s work with alcoholic probationers, the prisoner is placed on probation to an A.A. "sponsor," who is responsible for his supervision. The sponsor introduces him to a local A.A. clubhouse, and goes with him to regular meetings. The new member is made to feel that he "belongs" to the group and is "one of the family."

Now in its thirteenth year, A.A. has 1,200 chapters including outposts in Canada and Latin America, and is winning about 1,000 new members a month, according to the February issue of Time. Supported by donations from members, it has no offices, no dues, no big funds. Members are pledged to help all other alcoholics, but give assistance only when called upon. Anonymity is an important rule of the organization, in order that new members may be encouraged to join.

Of its members, some 50 per cent have stopped drinking entirely after joining, 25 per cent have succeeded after one or two slips. By contrast, all but 5 per cent of alcoholics were formerly considered hopeless of cure, according to the Time report.

Yale Plan

Hopeful news for the nations alcoholics, who now number an estimated 750,000, is the success of the Yale Plan Clinic at Yale University. Eighty percent of those who continue through the full period of treatment at the clinic recover, Dr. Howard W. Haggard, Yale physiologist, declared recently in an address before the Washington Committee for Education on Alcoholism.

The clinic is operated on an out-patient basis, with a small staff consisting of a psychiatrist, a social worker, a secretary, and a part time physician. Hospital facilities of near-by hospitals are utilized when necessary.

The small cost of the treatment given at this clinic - averaging \$68 a case - is stressed in an article in Wisconsin Welfare, written in support of this

become drunk and disorderly, be hauled into jail in a stupor, or wildly belligerent, or just plain sick, and they will be thrown into a cell until they are sober enough to appear in court for a new sentence. And the circle will go round and round until they are dead.

For these men are victims of alcoholism, one of the most vicious diseases known to mankind. And neither they nor anyone with whom they come in contact have any hope for them. Coming from almost any walk of life, they have "hit bottom" as a result of a progressive disease from which some 4,000,000 Americans are currently suffering.

Alcoholism is one of those major diseases that have been nourished by ignorance, misunderstanding and stigma - long the protectors of venereal disease, cancer, and tuberculosis. If it is to be effectively attacked in the communities where alcoholics undergo their rounds of binges, terror, and agonized awakening, the stigma and misunderstanding surrounding it must be lifted. Only then will the "hidden alcoholics" - family skeletons in the closet - come forward and ask for help or be brought forward by their relatives, and only then will community leaders take an active interest in seeing that the proper facilities are available to them.

Happily some dramatic developments within the past fifteen years indicate that the negative attitudes which have long blacked out hope for the alcoholic may gradually be eliminated. Happily, too, these developments augur well for a shift in interest from an emotional controversy over liquor control to a concern for the alcoholic as a suffering human being.

Down through the centuries people have taken sides for or against drinking with a frenzy equaled only by their reactions to politics or religion. But the alcoholic was lost in the turmoil. Those against drinking saw the tragedies of alcoholism and wanted to abolish alcohol. It was a though persons with a knowledge of the discomforts of diabetes were to start a movement to abolish sugar. Those who believed in the freedom to drink fought hard for their freedom and looked down on the man without "self-control." And in "wet" periods or "dry" periods the alcoholic drank and suffered.

Shortly following repeal of the Prohibition Amendment, the air began to clear. A recognition dawned that alcoholism or addictive drinking, is not synonymous with drinking or even drunkenness; that only a fraction of those who drink become alcoholics; but that this fraction is large enough to represent one of the major public health problems in the United States; and that something must be done about it. For the first time attention began to be diverted from alcohol to the alcoholic. Today voluntary groups, states and municipalities throughout the country are working out programs to help the alcoholic get out of his vicious circle of drunkenness, aching sobriety, and drunkenness, into satisfactory, useful living.

WHILE THE MAJORITY of our 4,000,000 alcoholics still swim in a sea of

hopelessness, more and more ropes are being thrown them by groups with a conscientious awareness of their responsibility to help. Among these are self-help groups of former alcoholics; community committees which are setting up information centers, clinics and hospital facilities for alcoholics; research scientists doubling their efforts to learn more about this disease; and enlightened government agencies which are beginning to recognize its public health aspects.

The question of whether or not alcoholism is a disease is still in dispute among some of the groups doing most to combat it, but the dispute boils down to one of semantics, for all are agreed on a single concept: that alcoholism - chronic excessive drinking, characterized by distinctive behavior patterns - is not caused by alcohol alone, but by more or less mysterious psychological disturbances incompatible with the presence of alcohol. The end result is an intolerance toward alcohol as permanent and incurable as the diabetic's intolerance toward sugar. Just as the diabetic must abjure sweets, the alcohol must abstain from alcohol. One drink will lead him to a disaster.

The basic cause is unknown. There may be one or many, and scientists are searching vigorously for clues. Their researches have brought forth the fact that there are many types of alcoholics, variously amenable to treatment. The most reliable statistics indicate that of 65,000,000 drinkers in the United States, 4,000,000 are chronic excessive drinkers - borderline or actual alcoholics. These have been broken down into problem drinkers, compulsive drinkers of primary and secondary types, social misfits and psychotic drinkers. Of these 4,000,000 inebriates, 750,000 are chronic alcoholics or persons whose drinking has resulted in diagnosable physical or psychological deterioration.

THE MOVEMENT TO EXTEND PRACTICAL help to alcoholics sprouts from several seeds, all planted at about the same time. The two with the most dramatic growth were sown independently in different places in the same year. That year, a red letter one for alcoholics, was 1935.

One seed was planted in Akron, Ohio by two habitual drunks. One was a doctor, the other a broker, both of some distinction before alcohol addiction began to ruin their careers and threaten to break up their homes. Intelligent men, they fought hard, but without much success, until they managed to get together in a sober interval. Then they decided that one drunk might help another. Out of this idea grew the now famous Alcoholics Anonymous. In a year's time these two former inebriates had not only achieved continuous sobriety for themselves, but had helped others to the same goal. Today the organization they started has some 85,000 members in 2,400 chapters throughout the country.

The entire membership is composed of alcoholics fighting desperately to help each other stay away from the substance that is poison to them. Many of the members have not touched a drop since they became A.A.'s Others have slipped from time to time, but have returned to the organization to keep up the fight.

Some former members have sunk back into the mire of perpetual drunkenness. But Alcoholics Anonymous, which maintains that 75 percent of its members have achieved sobriety, is generally conceded to present the most widely successful attempt at alcoholic rehabilitation in this country's history. Statistics on "success" are unreliable, for a man who is sober today may be drunk tomorrow - even though his sobriety has lasted over a number of years. Nevertheless, doctors, scientists, social workers, clergymen, public health experts, suffering relatives, and others who have had to deal with alcoholics, have watched the A.A.'s achievements with amazement.

The other seed was planted in New Haven, Connecticut, by two scientists, Dr. Howard Haggard and Dr. Leon A. Greenberg. Director and associate respectively, of the Yale University Laboratory of Applied Physiology, they were carrying on research in the effects of alcohol on the human body. This led them into an awareness of alcoholism as a phenomenon distinct from normal drinking or occasional drunkenness. As they continued their studies they realized that alcoholism could not be studied in a test tube, that too many factors involving disciplines other than physiology were concerned. Accordingly they raised the money to enlarge their staff to include sociologists, psychiatrists, psychologists, economists, and medical men. Today the laboratory's section on alcohol is larger than all the rest of its sections combined and heads up the program of research, education, and treatment that has come to be known the country over as the Yale Plan on Alcoholism.

From these two seeds have emerged the present sturdy sprouts of public and community concern. The A.A. experience has created a growing awareness of the fact that alcoholics are not "weak-willed" or "immoral," but people who need and can respond to the proper kind of help. In a twelve-point program chiefly emphasizing insight, fellowship, work for others, and spiritual faith, A.A. has wrought miracles that no amount of pleading, threats, shame, cajolery or punishment has ever been able to effect. Simultaneously, the Yale Plan has brought to light scientific facts about a problem formerly regarded only with emotion, indifference, or disgust. Largely because the scientists at Yale have insisted upon putting their knowledge to use, communities and government agencies throughout the country are beginning to stir from their lethargic indifference to do something realistic about their alcoholics.

Already thirteen states have initiated programs concerned with alcoholism, while in fifty cities throughout the country voluntary committees are surveying the local problem and taking action to meet it. In addition, a number of municipalities, notably, New York, Washington, D.C., and Oakland, California, are beginning to recognize the fact that the jails are no answer to a public health problem and are experimenting with more effective types of treatment programs.

IN ITS FOURTEEN YEARS OF existence the Yale Plan has gradually enlarged its original test tube focus to embrace six main divisions: Research; Publications; the Yale Summer School on Alcoholic Studies; the Yale Plan

Clinic; the National Committee for Education on Alcoholism; and the recently inaugurated Yale Institute of Alcoholic Studies in the Southwest. Each has a reach far beyond the academic setting where the Plan originated.

The Research Division conducts studies on the effects of alcohol on humans - moderate drinkers as well as inebriates. Currently it is attempting to find the physiological disturbances that scientists feel must accompany the psychological factors in alcoholism - a theory based on the observation that though the alcoholic can be converted to a total abstainer, he can never hope to be a moderate drinker no matter how well adjusted he becomes through psychiatric treatment or other means. Such knowledge, if attained, might not only bring about a revolution in treatment methods, but also a hope of prevention by making it possible to spot a potential alcoholic before he has ever taken a drink.

The Publications Division brings together the findings of scientific research on alcoholism and of medical psychiatric, social, and legal experience with alcoholics. Chief among its publication is *The Quarterly Journal of Studies in Alcohol*, the bible of the field.

In the realization that knowledge in an ivory tower can be of little help to the sinking alcoholic, his harried wife, or terrified children, the instigators of the Yale Plan determined to spread what they learned as quickly as possible to persons who could put the facts to most effective use. Accordingly in 1943 they inaugurated the Yale Summer School of Alcohol Studies, a four week course for persons professionally concerned with alcoholics or education on alcoholism - doctors, ministers, social workers, police chiefs, judges, teachers. The curriculum, which covers almost everything, that is known about alcohol and alcoholism, focuses on alcoholism as a disease and the alcoholic as a sick person who should be treated with kindness, sympathy, and firmness and without resentment or moral judgment. The role of education in prevention is equally stressed, with the emphasis on supplanting "folklore" with true facts - for example the common belief that alcohol is a stimulant with the fact that alcohol is a depressant, or the not unpopular assumption that drinking inevitably leads to alcoholism, with a clear definition between the moderate drinker and the addict.

Some 200 persons have registered at the summer school each year since its opening. In addition, so many others have indicated interest in the course that this year a similar summer school will be held at Trinity University, San Antonio, Texas, under the auspices of a newly organized Yale Institute of Alcoholic Studies in the Southwest jointly sponsored by Yale and Texas Christian University. The new project includes plans for research, a summer school and clinical facilities similar to the parent program at New Haven. It is under the direction of Dr. E.M. Jellinek, biometrician with the Yale Plan since the first expansion from its physiological beginning.

SCIENTIFIC FINDINGS ARE OF little use to the sick unless translated into

treatment. The Yale Plan Clinic, with a staff of two psychiatrists, a physician, a psychologist, and two psychiatric caseworkers, opened in 1944 as a demonstration of an integrated approach to the rehabilitation of alcoholics. Far from an attempt to compete with New Haven's flourishing A.A. chapter, the clinic is an effective complement to the group.

In spite of the relative success of Alcoholics Anonymous a group fellowship program does not answer the needs of all alcoholics - nor even of all who want to be cured. In many persons alcoholism is merely a symptom of some deep disturbance of either a psychological or physical nature. Thus a brain tumor may have its first manifestations in excessive drinking; a psychotic of the manic depressive type may go on bouts in his depressed periods; a person with deep neurotic conflicts may find in alcohol his only release; or an "uncomplicated alcoholic" may cringe from the testimonial or religious facets of the A.A. program.

All these persons need diagnosis and individualized treatment. Only an operation will help the man with the brain tumor. The psychotic will need care in a mental hospital; the neurotic, deep psychotherapy; while the uncomplicated alcoholic may need less intensive psychiatric help in gaining insight into the nature of his affliction, along with some counseling and guidance in regard to employment, domestic troubles, or social interests.

Diagnosis was from the first a major concern of the Yale Plan Clinic, but experience soon demonstrated that if diagnosis was to have any meaning it would have to be followed by therapy and guidance in cases needing treatment not provided by other community services. Since its opening the clinic has received 1,100 alcoholics, 60 per cent of whom have achieved either complete sobriety or markedly lengthened spacing between their drinking bouts. Referrals between the clinic and Alcoholics Anonymous are a commonplace, the clinic getting patients from A.A. and in turn recommending A.A. to persons who seem able to benefit from the fellowship program. Many persons are clinic patients and active A.A. members at the same time.

The Yale Plan Clinic was developed as a model for other communities as well as for experimental purposes. But neither Yale nor Alcoholics Anonymous pretended to be able to tackle the whole cast problem of alcoholism alone. No real dent is ever made in a public health problem until widespread understanding of its true nature develops.

For four years the National Committee for education on Alcoholism, an affiliate of the Yale Plan, has been trying to break down community ignorance and indifference, through field trips, consultation services, the provision of literature, and the promotion of institutes. The fifty communities which have setup local committees for education on alcoholism provide a measure of its success.

These committees are usually composed of persons of some influence in the

community because of their social or professional standing, as well as of persons whose work brings them in close contact with alcoholics or their families - social workers, doctors, clergymen, judges, teachers, and members of Alcoholics Anonymous. As a rule, they begin shooting at three main goals: general public education on the problem and nature of alcoholism; the establishment of an information center where alcoholics, their relatives, and other interested persons can find out more about the disease and where to go for effective treatment; promotion or establishment of specialized clinics, hospital beds, and convalescent homes for alcoholics.

The local committees are in various stages of development. Though the oldest was created in Boston early in 1945, many of them only came into being in recent months, and are still in the organizational stage. Nineteen, however, are far enough along to be operating information centers as well as community education programs; and a few are offering direct rehabilitation services.

One of the more highly developed is the Western Pennsylvania Committee for education on Alcoholism, in Pittsburgh. Organized in 1945, this committee carries on a continuous educational program through a speaker's bureau, institutes, and the dissemination of literature, emphasizing the three points stressed by the national committee; alcoholism is a disease; the alcoholic can be helped; alcoholism is a public health problem. In addition, the committee operated an information center and diagnostic clinic, staffed by a psychiatrically oriented physician and the executive secretary, who is a trained social worker. The center cooperates closely not only with the A.A.'s, but with other community agencies serving alcoholics, particularly Morals Court. The committee has fortunately been spared a problem which looms heavily in other areas, the securing of hospital facilities for alcoholics, for Pittsburgh is one of the few communities where hospital beds are available to alcoholic patients.

How to get a person suffering from acute alcoholism into hospitals is an urgent problem in most communities. Acute alcoholism is often an extremely dangerous state which can be fatal if emergency medical treatment is not provided. The number of alcoholics found dead in their cells after being callously tossed into jail to "sleep it off" probably never will be tabulated, but anyone who has been around jails knows that this occurrence is not uncommon. Good hospital care in the sobering up period may also be crucial to rehabilitative efforts, since the mental and physical pain of the hangover is what frequently drives the alcoholic back to drink.

Few communities, however, have sufficient, if any, hospital beds available for alcoholics, a situation mainly due to the general hospital's disinterest in the alcoholic as a patient. While some municipally owned hospitals operate alcoholic wards, general hospitals more often than not refuse to have anything to do with the alcoholic patient except in extreme emergencies.

Because the lack of hospital facilities has long handicapped their work, many

A.A. groups have exerted special efforts to persuade general hospitals to provide beds for such patients, but without much success. A notable exception is in New York City where the Knickerbocker Hospital has given over an entire wing to alcoholics and put admission into the hands of the A.A.'s. Every person admitted to Knickerbocker's wing for alcoholics is assigned an A.A. sponsor, who visits the patient every day during his five-day stay and is the only visitor allowed. Doctors, nurses, and the A.A. visitors urge the patient to a realization that hospital treatment is only the beginning of rehabilitation and must be followed through by the patient's own efforts if real recovery is to be achieved.

Generally frustrated in their attempts to secure hospital beds, A.A. chapters are welcoming such efforts on the part of local committees for education on alcoholism, in the hopes that these representative community groups may be able to achieve through prestige what the A.A. 's with no pressure group value, have found extremely difficult. A number of local committees already have experienced some success in this direction. Only one, however, the Youngstown (Ohio) Committee for Education on Alcoholism, has managed to secure an entire hospital for alcoholics, which it owns and operates itself. As in the case of the A.A. association with New York's Knickerbocker Hospital, this system makes it possible to screen patients carefully at the point of admission so that the beds are made available to those most in need of them. It also makes it possible to offer rehabilitative service at the time of convalescence when the patient is more apt to be in a receptive mood.

ALCOHOLISM IS CALLED THE FOURTH public health problem in the United States. As such it warrants attention from the public authorities as well as from voluntary groups. Recent actions of thirteen state legislatures in authorizing programs on alcoholism indicate that such attention may at last be forthcoming.

Most of the state programs are headed by legislatively created commissions with varying degrees of responsibility. Some commissions are charged only with providing educational programs. Others, responsible also for surveying the problem and establishing facilities to meet needs, are hamstrung by inadequate appropriations. However, a few have drawn up comprehensive plans for education, rehabilitation, and prevention.

Among the most ambitious state programs is that of the Connecticut Commission on Alcoholism, set up by the state legislature in 1945. With an income of about \$200,000 a year, representing 9 percent of the state's revenues from liquor licenses, the commission plans to operate a network of out-patient clinics modeled on the Yale Plan Clinic, as well as hospitals and possibly convalescent homes for alcoholics. Already three of the clinics are in operation, and plans for opening a fifty-bed hospital in Hartford are nearly completed. The commission benefits considerably from consultation with the Yale Plan staff and has its chairman, Selden D. Bacon, staff sociologist at the Yale Laboratory of Applied Physiology. A joint undertaking with the Yale

Plan Clinic involves special services and research among women alcoholics at the State Reformatory for Women.

Oregon is unique in having developed a rehabilitation program under the auspices of an advisory committee to the State Liquor Control Commission. Here, too, the funds come from liquor licenses, and bring \$115,000 biennially to the state's outpatient alcoholic clinic located in Portland. Plans for expanding the clinic's services to other areas in the state are currently under consideration.

Washington, D.C., has two clinics operating under the Bureau of Mental Hygiene of the District's Health Department, and a third in the offing. The latter, authorized by a special act of congress in 1947, and to be financed by liquor license revenues, will cooperate closely with the District Courts. Under the proposed plan the courts will send men and women to the clinic on probation.

Most clinics for alcoholics have a voluntary arrangement with the courts in their communities. Apparently the judges, weary of sentencing endless lines of familiar drunks to ineffectual jail terms, welcome the opportunity to break the vicious cycle. Usually, however, they refer only those alcoholics who would seem amenable to treatment - newcomers to their courts or persons in whom the repeating pattern has not been long established. The 69-year-old woman who had 124 jail sentences in New Jersey would probably not be considered a good treatment prospect.

In Oakland, California, a court-devised plan for breaking the circle of spree-jail-spree leans heavily on the authority of the court. Its instigators were two probation officers - one a "graduate" of the Yale Summer School of Alcoholic Studies - who persuaded the county judge to let them take a try at rehabilitating police court alcoholics. Accordingly, the judge, who used to sentence the day's line-up of 60 to 100 drunks en masse, views each inebriate as an individual person and fits the "punishment" not to the crime, but to the man's or woman's potentialities for rehabilitation. Those he regards as capable of straightening out without benefit of institutional care he puts on probation, leaving to the probation officer the job of painstaking guidance or referral to other services. Others who obviously need the protection of an institutional setting he sends to the county farm.

The question of the compulsory treatment of alcoholics is still under debate, but opinion seems to be growing that the protection of society as well as of the victims of also holism demands a move in this direction. In New York State a bill drawn up by the State Bar Association, and already introduced in the legislature, would authorize a proposed Bureau for Alcoholics to establish state farms for alcoholics to which persons needing long term institutional treatment could be committed by the courts, either after arrest or at their own relatives request. The bill would not only provide needed treatment facilities, far superior to jails, but would make commitment long enough for rehabilitation to get a good start.

ONE OF THE MOST VIGOROUS opponents of compulsory treatment is a man who through his own experience has devised a unique method of rehabilitation which he tried out on others with considerable success. Edward J. McGoldrick, Jr., director of New York City's Bureau of Alcoholic Therapy, established within the Department of Welfare in 1943, is an individualist among alcoholic therapists for he also holds out against the theory that alcoholism is a disease. The method which he uses at Bridge House, the bureau's convalescent home for selected male alcoholics, is based on theories of will and thought control. Agreeing with the scientists that alcoholism has a "psychic" basis, Mr. McGoldrick has developed a system of personal interviews and group lectures intended to convert the alcoholic from a sense of defeat to a sense of power over himself.

All therapists at Bridge House are former alcoholics who have been rehabilitated through the McGoldrick method. Though the method differs from procedures of Alcoholics Anonymous, the director goes along with them in the theory that persons who have "hit bottom" as alcoholics themselves can more easily help other alcoholics.

Mr. McGoldrick objects to calling alcoholism a disease on the grounds that it adds to the alcoholic's sense of weakness and helplessness, thus giving him an excuse to go on drinking. He opposes compulsory treatment as useless, for it ignores the ingredient of positive willingness which he feels is necessary to reform.

Bridge House, with only twenty beds, serves about 350 alcoholics a year, both on a resident and a non-resident basis. Its record of success, using Mr. McGoldrick's measurement of one year of complete sobriety, is 66 percent - a good record but one not affecting some 200,000 alcoholics in New York City who do not reach Bridge House, nor any of the city's alcoholic women. It is, however, a project being watched throughout the country.

Industry as well as the public has a real stake in combating alcoholism, for alcoholic workers cause a tremendous waste. It has been estimated that the 1,370,000 alcoholic males employed in heavy industry lose an average of 22 days each year from the acute effects of alcohol. Moreover, the alcoholic has an accident rate twice as high as the non-alcoholic. On the basis of such statistics, the Yale Plan Clinic is offering industrial plants a service to help take up the fight against this menace. This involves a survey of the extent of the plant's problem, help in developing constructive personnel policies affecting the alcoholic, the introduction of an educational program and an information service for workers, and help in establishing rehabilitation facilities.

All the efforts so far initiated to help the alcoholic seem infinitesimal when viewed against the size of the problem. But it is encouraging to remember that fifteen years ago practically nothing at all effective was being done in this

I am not an alcoholic. I don't even like to drink. Yet I, and thousands of others in my position, have an alcoholic problem as overwhelming as that of any man or woman who imbibes to excess.

I am the wife of an alcoholic, a member of that vast, unheralded company of persons whose destinies are linked inextricably with those of the intemperate.

A great deal has been written recently about alcoholism. Much of it suggests that the problem is one only for the alcoholic himself. Actually, his problem often is overshadowed by the supplementary problems it breeds among mothers and fathers, wives and children, who find themselves constantly confronted by situations demanding miracles of tact.

Guidance and help have been available increasingly of late to the alcoholic. Doctors have grown more and more concerned with his case; clinics have been established for his care; and, for companionship in trouble and possible cure, he can turn to that wonderfully understanding organization, Alcoholics Anonymous.

But where could those who suffered indirectly from his complaint go with their troubles? Until recently, they could depend only on the uncertain, frequently dangerous advice of friends. Adrift on an uncharted sea, the relatives of alcoholics would find themselves blown one way by passion and despair and the next minute blown just as erratically the other way by hope.

Now, some of them have found a new course to follow. In a number of communities they have begun to form informal organizations of their own, appropriately called Non-Alcoholics Anonymous. At meetings, the members' problems are discussed and solutions suggested. In our town, such a group is now functioning, and is gradually proving its worth to many people who had almost given up in despair.

For the help and solace it may offer to others whose cases are similar to ours, I am giving a condensation of the thoughts and experiences of members of our particular group. Since our meetings are largely discussions of anonymously written questions handed to the chairman, I am making my report in question-and-answer form, covering some of the situations which seem to be common to all of us.

Question: Can a wife or husband "talk" an alcoholic into giving up his drinking?

Answer: No! Nagging, or even a reasonable argument, will accomplish nothing until the alcoholic has made the decision by himself, uninfluenced by another.

This fact is one of the bitterest which must be faced by the mate of an alcoholic. Love does not enter into the situation, for it has been proven innumerable times that no real and lasting reformation can be accomplished

except from within the victim.

The most that a nonalcoholic can do is to maintain a detached attitude as each episode occurs, be ready to deal intelligently with each situation, and to cooperate with the alcoholic's first fumbling steps toward reform. This requires real strength and staying power, to be sure, but it has been rewarded in thousands of cases.

Question: Should we allow our natural fear and worry to be seen by the alcoholic when he is in the first stages of sobriety?

Answer: No. We must show only confidence, no matter how many times our hopes have been shattered in the past. This is not as dishonest as it may sound; having gone through years of lies and subterfuges forced upon us by excessive drinking, we must now use this strength to win and hold tolerance and faith.

Question: How can the mate of an alcoholic stop worrying"?

Answer: First, analyze the situation, putting it on paper to clarify it in your own mind. Then, think of the worst that could possibly happen; accept the possibility that it might happen; and then start constructive thinking about what, if anything, can be done to remedy matters. Usually, this will bring an automatic release of tension and fear.

Question: What is the best attitude to take during the difficult times when an alcoholic is sullen and morose, or just plain bad-tempered?

Answer: These periods usually occur during intervals between "bouts" and indicate the poor adjustment of the personality to daily living, which is intensified a hundredfold by the pressure of abstinence. We have found that keeping busy with our own affairs, leaving the offender gracefully alone and being emotionally objective about the situation are the greatest helps in "riding out the storm."

Question: Should a mate accompany the alcoholic on his rounds during drinking bouts?

Answer: No. Many of us have done this, thinking our presence would reduce his drinking, or protect him from possible disaster as a result of his inability to cope with situations while intoxicated. What we actually do is furnish a "crutch" for him to lean upon. We also supply a basis for the ever-ready comment that we don't seem to mind his drinking--we have even joined him at it. The sooner we refuse to let ourselves be so used, the quicker his recovery.

Question: Is it wise for the mate of an alcoholic to accept or serve drinks while the other is trying to "stay sober"?

Answer: This is a problem which the individual must solve for himself. In some cases, it has been possible for the mate of an alcoholic to drink where other people are present, without having any harmful effect on the alcoholic. It has been the consensus of our experiences, however, that it is unwise for the non-alcoholic mate to drink when they are alone.

If the question arises during a social gathering where it might emphasize the alcoholic's refusal of drinks, it is better to accept a drink than to cause the alcoholic embarrassment.

Question: What is the best handling of the situation when children are involved?

Answer: Until a child is 12, it is preferable to minimize the situation. Pass over it by saying that father or mother is indisposed but will soon be better. Try to avoid contact between drinker and child until the current storm has passed. When this is not physically possible, be alert to act as a buffer between them whenever necessary.

If both parents are working, it is advisable to leave the child with some member of the family or close friend until the responsible parent has finished the day's work and returned home.

When a child has reached an age where he can absorb the knowledge, explain briefly that this father or mother is the unfortunate victim of a disease similar to diabetes; that these people drink too much because they have not yet learned that they have an ailment which can be helped.

Tell the youngster the simple facts about alcoholism--its slowly progressing pattern--and that it is the combined effect of wrong thinking plus a body chemistry which does not tolerate alcohol that makes these people act as they do.

Some readers will exclaim: "How dreadful to tell a young child that his parent does not think rightly!" Is that worse than having the child labor, through misunderstanding the problem, under the shame and disillusionment of having a "drunk" for a parent?

Today's children are wise in the ways of this world, and any mother or father who believes that she or he can conceal drunkenness is acting like-the proverbial ostrich.

These are only a few of the basic problems confronting every man or woman who has an alcoholic in the family. Many more have been discussed, each meeting bringing forward new ones or old ones with a slightly different angle. It would be impossible in one article to encompass the whole of our program.

But to the wife or husband of an excessive drinker, our recommendation is

sobered up an astonishing number of American's heaviest drinkers. This is how they do it.

The Drunkard's Best Friend

by Jack Alexander

Alcoholism is a mysterious and repellent malady, with perhaps as many as a million victims in this country.

When a farmer in Aroostook County, Maine, announces that he is going to bake a cake, he is speaking figuratively. What he means is that he is bored with the loneliness of Aroostook's vast reaches, with the county's most famous product, potatoes, and with life in general; and that, to relieve his boredom, he is going on a vanilla-extract bender. In order to buy liquor he might have to drive as much as a hundred miles, over drifted or rutted roads, to reach a town uninhibited by local option. He tipples on vanilla, which is rich in alcohol, because it is easily and legally obtainable, in quantity, at the nearest grocery store. Grocers in local-option towns ordinarily do a thriving vanilla business with alcoholically inclined agrarians, but of late the strange society known as Alcoholics Anonymous has taken root in Aroostook and a disturbing effect on the vanilla turnover has been observed.

"You wouldn't believe it, Ned," one storekeeper lamented to a drummer on a gray day last November, "but my vanilla sales is almost down to normal."

The impact of Alcoholics Anonymous upon a community is not always that striking, but it is doing quite well at its self-appointed task, which, as almost everyone knows by now, is that of helping confirmed drunks to quit drinking. The help is provided solely by alcoholics who, through adhering to a specified program of living, have managed to arrest their own disastrous drinking habits. (A.A. members never call themselves ex-alcoholics, regardless of the length of their sobriety, the theory being that they are ineradicably alcoholics by temperament, and are therefore always vulnerable to a relapse).

During the past few years Alcoholics Anonymous has extended its influence overseas, and one of its more dedicated workers is the honorable secretary of the Dublin group. A Sandhurst graduate and a veteran of twenty-six years in the British Army, he is still remembered in some portions of the Middle East for his inspired work with the bottle. Now an abstainer, he lives off his major's pension and the profits of a small retail business. Like all faithful members of A.A., he spends much of his spare time in shepherding other lusher toward total abstinence, lest he revert to the pot himself.

The honorable secretary is a man of few spoken words, but he carries on a large correspondence within the fraternity. His letters, which are notable for their eloquent understatement, are prized by fellow A.A.'s in this country and are passed around at meetings. One of his more fascinating communiquis,

received here in October, described a missionary trip to Cork, in company with another A.A. gentleman. The purpose of the trip was to bring the glad tidings of freedom to any Corkonians who might happen to be besotted and unshriven, and to stimulate the local group, which was showing small promise. This was the honorable secretary's chronological report:

8 P.M. The chairman and myself sat alone.

8:05 One lady arrived, a nonalcoholic.

8:15 One man arrived.

8:20 A County Cork member arrived to say he couldn't stay, as his children had just developed measles. .

8:25 The lone lady departed.

8:30 Two more men arrived.

8:40 One more man arrived, and I decided to make a start.

8:45 The first man arrival stated that he had to go out and have a drink.

8:50 He came back.

8:55 Three more arrived.

9:10 Another lady, propped up by a companion, arrived, gazed glassily around, collected some literature and departed unsteadily.

9:30 The chairman and I had finished speaking.

9:45 We reluctantly said good night to the new members, who seemed very interested. In summing up, the secretary said: "A night of horror at first, developing quite well. I think they have good prospects, once the thing is launched."

To a skeptic, the honorable secretary's happy prognosis in the face of initial discouragement may sound foolishly hopeful. To those already within the fraternity and familiar with the sluggardly and chaotic character of A.A. local-group growth in its early stages, he was merely voicing justifiable optimism. For some years after its inception, in 1935, the Alcoholics Anonymous movement itself made slow progress. As the work of salvaging other drunks is essential to maintaining the sobriety of the already-salvaged brethren, the earnest handful of early salvagees spent some worrisome months. Hundreds of thousands of toppers were prowling about in full alcoholic cry, but few would pause long enough to listen.

Six years after it all began, when this magazine first examined the small but encouraging phenomenon (Post, March 1, 1941), the band could count 2000 members, by scraping hard, and some of these were still giving off residual fumes. In the nine years which have intervened since that report, the small phenomenon has become a relatively large one. Today its listed membership exceeds 90,000. Just how many of these have substantial sobriety records is a matter of conjecture, as the movement, which has no control at the top and is constantly ridden by maverick techniques, operates in a four-alarm-fire atmosphere, and no one has the time to check up. A reasonable guess would be that about two thirds have been sober for anywhere from six months to fifteen years, and that the rest have stretched out their

periods of sobriety between twisters to the point where they are at least able to keep their jobs.

The intake of shaky-fingered newcomers, now at its highest in A.A. history, is running at the rate of around 20,000 a year. The number that will stick is, again, a matter of conjecture. If experience repeats, according to A.A. old-timers, about one half will stay sober from the start, and one fourth will achieve sobriety after a few skids; the other one fourth will remain problem drinkers. A problem drinker, by definition, is one who takes a drink for some compulsive reason he cannot identify and, having taken it is unable to stop until he is drunk and acting like a lunatic.

How Many of the Four Million Will Join?

It is tempting to become oversanguine about the success of Alcoholics Anonymous to date. Ninety thousand persons, roaring drunk or roaring sober, are but a drop in the human puddle, and they represent only a generous dip out of the human alcoholic puddle. According to varying estimates, between 750,000 and 1,000,000 problem drinkers are still on the loose in the United States alone. Their numbers will inevitably be swelled in future years by recruits from the ranks of between 3,000,000 and 4,000,000 Americans who, by medical standards, drink too much for their own good. Some of these millions will taper off or quit when they reach the age at which the miseries of a hang-over seem too great a price to pay for an evening of artificially induced elation; but some will slosh over into the compulsive-drinker class.

The origins of alcoholism, which is now being widely treated as a major public-health problem, are as mysterious as those of cancer. They are perhaps even harder to pin down, because they involve psychic as well as physical elements. Currently, the physical aspect is being investigated by universities and hospitals and by publicly and privately financed foundations. Some large business and industrial firms, concerned about reduced productivity and absenteeism, are providing medical and psychiatric aid to alcoholic employees. The firms' physicians are also digging into the alcoholic puzzle. The most plausible tentative explanation that any of these investigative efforts has come up with is that alcoholism is a sickness resembling that caused by

various allergies.

Psychiatry has its own approach to the problem; it is successful in only a small percentage of cases. Clergymen, using a spiritual appeal, and the beset relatives of alcoholics, using everything from moral suasion to a simple bat in the jaw, manage to persuade a few chronics to become unchronic. So does one school of institutional treatment, which insists that alcoholism is solely the result of "twisted thinking" and aims at unraveling the mental quirks.

But the Alcoholics Anonymous approach--which leans on medicine, uses a few elementary principles of psychiatry and employs a strong spiritual weapon--is the only one which has done anything resembling a mop-up job. Whatever one's attitude toward A.A. may be, and a lot of people are annoyed by its sometimes ludicrous strivings and its dead-pan thumping of the sobriety tub, one can scarcely ignore its palpable results. To anyone who has ever been a drunk or who has had to endure the alcoholic cruelties of a drunk--and that would embrace a large portion of the human family--90,000 alcoholics reconverted into working citizens represent a massive dose of pure gain. In human terms, the achievements of Alcoholics Anonymous stand out as one of the few encouraging developments of a rather grim and destructive half century.

Drunks are prolific of excuses for their excessive drinking, and the most frequent alibi is that no one really understands what a struggle they have. With more than 3000 AA. groups at work in the United States, and every member is a veteran of the struggle, this excuse is beginning to lose its validity, if it ever had any validity. In most cities of any size the fraternity has a telephone listed in its own name. A nickel call will bring a volunteer worker who won't talk down to a drunk, as the average nonalcoholic has a way of doing, but will talk convincingly in the jargon of the drunk. The worker won't do any urging; he will describe the Alcoholics Anonymous program in abbreviated form and depart. The drunk is -invited to telephone again if he is serious about wanting to become sober. Or a drunk, on his own initiative or in tow of a relative, may drop in at the A.A. office, where he will receive the same nonevangelistic treatment. In the larger cities the offices do a rushing trade, especially after week ends or legal holidays. Many small-town and village groups maintain clubrooms over the bank or feed store; in one Canadian town the A.A.'s share quarters with a handbook operator, using it by night after the bookie has gone home. Some of these groups carry a standing classified advertisement in the daily or weekly newspaper. If they don't, a small amount of inquiry will disclose the meeting place of the nearest group; a local doctor, or clergyman, or policeman will know.

To some extent, the same easy availability obtains in the twenty-six foreign countries -where AA has gained a foothold. This is especially true of the nations of the British Commonwealth, particularly Canada, Australia and New Zealand, which together list more A.A. members than the whole movement could boast nine years ago; and of the Scandinavian countries, where membership is fairly strong. At a recent A.A. banquet in Oslo, Norway, 400 members

celebrated their deliverance, drinking nothing stronger than water. Throughout Scandinavia the members bolster the program by using Antibus, the new European aversion drug. This practice is deplored by some A.A. members as showing a lack of faith in the standard A.A. program, but, of course, nothing is done, or can be done, about it, since the program is free to anyone who thinks he needs it and he may adapt it in any way that suits him.

More often than not, though, disregard of the standard admonitions backfires. A bibulous Scottish baronet found this out when, returning from London, where he caught the spark from a local group, he set out ambitiously to dry up Edinburgh, a hard-drinking town. But he tried it by remote control, so to speak, hiring a visiting American A.A. to do the heavy work. This violated the principle that the arrested drunk must do drunk-rescuing work himself in order to remain sober. Besides, the Scottish drunks wouldn't listen to a hired foreign pleader. In no time at all, and without getting a convert, the baronet and his hireling were swacked to the eyeballs and crying on each other's shoulders. After the American had gone home, the baronet stiffened up, abandoned the traditions of his class and started all over again, cruising the gutters himself, visiting drunks in their homes and in hospitals and prisons. Edinburgh is now in the win column, and there are also groups in Glasgow, Dundee, Perth and Campbeltown, all offshoots of Edinburgh.

Alcoholism on a large scale seems to be most common in highly complex civilizations. These tend to breed the basic neuroses of which uncontrolled drinking is just one outward expression. A man in a more primitive setting, bound closely to earthy tasks and the constant battle with Nature, is apt to treat his frustrations by ignoring them or by working them off.

Alcoholics' Anonymous has nevertheless caught on in some out-of-the-way places. A liquor salesman for a British firm, who was seduced by his own merchandise, started a group in Cape Town, South Africa, which now has ninety members. There are also groups in Johannesburg, Pretoria, Bloemfontein, Durban and East London, and in Salisbury and Bulawayo, Southern Rhodesia. The group at Anchorage, Alaska, which started in a blizzard, has a dozen members, including one slightly puzzled Eskimo, and there are small groups in the leper colony at Molokai, nurtured by A.A.'s from Honolulu, who fly there occasionally and conduct meetings.

The figures perhaps give too rosy a picture of the turbulent little world of Alcoholics Anonymous. Most of the members of any standing seem to be exceptionally happy people, with more serenity of manner than most nonalcoholics are able to muster these jittery days; it is difficult to believe that they ever lived in the drunk's bewitched world. But some are still vaguely unhappy, though sober, and feel as if they were walking a tight wire. Treasurers occasionally disappear with a group's funds and wind up, boiled, in another town. After this had happened a few times, groups were advised to keep the kitty low, and the practice now is to spend any appreciable surplus on a cake-and-coffee festival or a picnic. This advice

does not always work out; last year the members of a fresh and vigorous French-Canadian unit in Northern Maine, taking the advice to heart, debated so violently about how to spend their fifty-four dollars that all hands were drunk within twenty-four hours.

It is difficult at first for the recruit to achieve serenity. As most groups are mixtures of men and women, a certain number of unconventional love affairs occur. More than one group has been thrown into a maelstrom of gossip and disorder by a determined lady whose alcoholism was complicated by an aggressive romantic instinct. Such complications are no more frequent than they are at the average country club; they merely stand out more badly, and do more harm, in an emotionally explosive society. Special A.A. groups in sixty-six prisons around the nation are constantly trickling out graduates into the civilian groups. The ex-convicts are welcomed and are, for some reason, usually models of good behavior. A sanitarium or mental-hospital background causes no more stir in an A.A. group than a string of college degrees would at the University Club; the majority of A.A.'s are alumni of anywhere from one to fifty such institutions. Thus Alcoholics Anonymous is something of a Grand Hotel.

The ability of the arrested drunk to talk the active drunk's language convincingly is the one revolutionary aspect of the A.A. technique, and it does much to explain why the approach so often succeeds after others have failed. The rest of the technique is a synthesis of already existing ideas, some of which are centuries old. Once a community of language and experience has been established, it acts as a bridge over which the rest of the A.A. message can be conveyed, provided the subject is receptive.

Across the bridge and inside the active alcoholic's mind lies an exquisitely tortured microcosm, and a steady member of Alcoholics Anonymous gets a shudder every time he looks into it again. It is a rat-cage world, kept hot by an alcohol flame, and within it lives, or dances, a peculiarly touchy, defiant and grandiose personality.

There is a sage saying in A.A. that "an alcoholic is just like a normal person, only more so." He is egotistical, childish, resentful and intolerant to an exaggerated degree. How he gets that way is endlessly debated, but a certain rough pattern is discernible in most cases. Many of those who ultimately become alcoholics start off as an only child, or as the youngest child in a family, or as a child with too solicitous a mother, or a father with an oversevere concept of discipline. When such a child begins getting his lumps from society, his ego begins to swell disproportionately--either from too many easy triumphs or, as a compensation, from being rebuffed in his attempts to win the approval of his contemporaries.

He develops an intense power drive, a feverish struggle to gain acceptance of himself at his own evaluation. A few of the power-drive boys meet with enough frustrations to send them into problem drinking while still in college or even

while in high school. More often, on entering adult life, the prospective alcoholic is outwardly just about like anyone else his age, except that he is probably a little more cocky and aggressive, a little more hipped on the exhibitionistic charm routine, a little more plausible. He becomes a social drinker--that is, one who can stop after a few cocktails and enjoy the experience.

But at some place along the line his power drive meets up with an obstacle it cannot surmount--someone he loves refuses to love him, someone whose admiration he covets rejects him, some business or professional ambition is thwarted. Or he may encounter a whole series of rebuffs. The turning point may come quickly or it may be delayed for as long as forty or fifty years. He begins to take his drinks in gulps, and before he realizes it he is off on a reeler. He loses jobs through drunkenness, embarrasses his family and alienates his friends. His world begins to shrink. He encounters the horrors of the "black-out," the dawn experience of being unable to remember what he did the night before--how many checks he wrote and how large they were, whom he insulted, where he parked his car, whether or not he ran down someone on the way home. In the alcoholic world a nice distinction is made between the "black-out" and the simple "pass-out," the latter being the relatively innocuous act of falling asleep from taking too much liquor. He jumps nervously whenever the doorbell or telephone rings, fearing that it may be a saloonkeeper with a rubber check, or a damage-suit lawyer, or the police.

He is frustrated and fearful, but is only vaguely conscious that his will, which is strong in most crises, fails him where liquor is concerned, although this is apparent to anyone who knows him. He nurses a vision of sobriety and tries all kind of self-rationing systems, none of which works for long. The great paradox of his personality is that in the midst of his troubles, his already oversized ego tends to expand; failure goes to his head. He continues, as the old saying has it, to rage through life calling for the headwaiter. In his dreams he is likely to see himself alone on a high mountain, masterfully surveying the world below. This dream, or some variant of it, will come to him whether he is sleeping in his own bed, or in a twenty-five-dollar-a-day hotel suite, or on a park bench, or in a psychopathic ward.

If he applies to Alcoholics Anonymous or help, he has taken an important step toward arresting his drink habit; he has at least admitted that alcohol has whipped him. This in itself is an act of humility, and his life thereafter must be a continuing effort to acquire more of this ancient virtue. Should he need hospitalization, his new friends will see that he gets it, if a local hospital will take him. Understandably, many hospitals are reluctant to accept alcoholic patients, because so many of them are disorderly. With this sad fact in mind, the society has persuaded several hospitals to set up separate alcoholic corridors and is helping to supervise the patients through supplying volunteer workers.

To the satisfaction of all concerned, including the hospital managements,

which find the supervised corridors peaceful, more than 10,000 patients have gone through five-day rebuilding courses. The hospitals involved in this successful experiment are: St. Thomas' (Catholic) in Akron, St. John's (Episcopal) in Brooklyn and Knickerbocker (nonsectarian) in Manhattan. They have set a pattern which the society would like to see adopted by the numerous hospitals which now accept alcoholics on a more restricted basis.

Early in the game a newcomer is subjected to a merciful but thorough deflating of his ego. It is brought home to him forcefully that if he continues his uncontrolled drinking--the only kind he is capable of--he will die prematurely, or go insane from brain impairment, or both. He is encouraged to apologize to persons he has injured through his drunken behavior; this is a step further in the ego-deflation process and is often as painful to the recipient of the apology as it is to the neophyte AA. He is further instructed that unless he will acknowledge the existence of a power greater than himself and continually ask this power for help, his campaign for sobriety will probably fail. This is the much-discussed spiritual element in Alcoholics Anonymous. Most members refer to this power as God; some agnostic members prefer to call it Nature, or the Cosmic Power, or by some other label. In any case, it is the key of the AA. program, and it must be taken not on a basis of mere acceptance or acknowledgment, but of complete surrender.

This surrender is described by a psychiatrist, Dr. Harry M. Tiebout, of Greenwich, Connecticut, as a "conversion" experience, "a psychological event in which there is a major shift in personality manifestation." He adds: "The changes which take place in the conversion process may be summed up by saying that the person who has achieved the positive frame of mind has lost his tense, aggressive, demanding, conscience-ridden self which feels isolated and at odds with the world, and has become, instead, a relaxed, natural, more realistic individual who can dwell in the world on a live-and-let-live basis."

The personality change wrought by surrender is far from complete, at first. Elated by a few weeks of sobriety, the new member often enters what is known as the "Chautauqua phase"--he is always making speeches at business meetings on what is wrong with society and how these defects can be remedied. Senior members let him talk himself out of this stage of behavior; if that doesn't work, he may break away and form a group of his own. If he does this, he gradually becomes a quiet veteran himself and other Chautauqua-phase boys either oust him from leadership of his own group or break away themselves and form a new group. By this and other processes of fission the movement spreads. It can stand a lot of outstanding foolishness and still grow.

Drunks, as such, are too individualistic to be organized, and there is no top command in Alcoholics Anonymous to excommunicate, fine or otherwise penalize irrational behavior. However, services--such as publishing meeting bulletins, distributing literature, arranging for hospitalization, and so on--are organized in the larger centers. The local offices, which are operated and financed by the groups thereabouts, are autonomous. They are governed by

representatives elected by the neighborhood groups to a rotating body called the Inter-group. There are no dues; all local expenses are met by a simple passing of the hat at group meetings.

A certain body of operational traditions has grown up over the years, and charged with maintaining them--by exhortation only--is something called the Alcoholic Foundation, which has offices at 415 Lexington Avenue, New York City. For a foundation it acts queerly about money; much of its time is consumed in turning down proffered donations and bequests. One tradition is that A.A. must be kept poor, as money represents power and the society prefers to avoid the temptations which power brings. As a check on the foundation itself, the list of trustees is weighted against the alcoholics by eight to seven. The nonalcoholic members are two doctors, a sociologist, a magazine editor, a newspaper editor, a penologist, an international lawyer and a retired businessman.

Preserving the principle of anonymity is one of the more touchy tasks of the foundation. Members are not supposed to be anonymous among their friends or business acquaintances, but they are when appearing before the public--in print or on radio or television, for example--as members of Alcoholics Anonymous. This limited anonymity is considered important to the welfare of the movement, primarily because it encourages members to subordinate their personalities to the principles of A.A. There is also the danger that if a member becomes publicized as a salvaged alcoholic he may stage a spectacular skid and injure the prestige of the society. Actually, anonymity has been breached only a few dozen times since the movement began, which isn't a bad showing, considering the exhibitionistic nature of the average alcoholic.

By one of the many paradoxes which have characterized its growth, Alcoholics Anonymous absorbed the "keep it poor" principle from one of the world's wealthiest men, John D. Rockefeller, Jr. The society was formed in 1935 after a fortuitous meeting in Akron between a Wall Street broker and an Akron surgeon, both alcoholics of long standing. The broker, who was in Akron on a business mission, had kept sober for several months by jawing drunks--unsuccessfully--but his business mission had fallen through and he was aching for a drink. The surgeon, at the time they got together, was quite blotto. Together, over a period of a few weeks, they kept sober and worked out the basic AA technique. By 1937, when they had about fifty converts, they began thinking, as all new A.A.'s will, of tremendous plans--for vast new alcoholic hospitals, squadrons of paid field workers and the literature of mercy pouring off immense presses. Being completely broke themselves, and being promoters at heart, as most alcoholics are, they set their sights on the Rockefeller jack pot.

Rockefeller sent an emissary to Akron to look into the phenomenon at work there, and, receiving a favorable report, granted an audience to a committee of eager-eyed alcoholics. He listened to their personal sagas of resurrection from the gutter and was deeply moved; in fact, he was ready to agree that the

A.A.'s had John Barleycorn by the throat. The visitors relaxed and visualized millions dropping into the till. Then the man with the big money bags punctured the vision. He said that too much money might be the ruination of any great moral movement and that he didn't want to be a party to ruining this one. However, he did make a small contribution--small for Rockefeller--to tide it over for a few years, and he got some of his friends to contribute a few thousand more. When the Rockefeller money -ran out, A.A. was self-supporting, and it has remained so ever since.

Although AA remains in essence what it has always been, many changes have come along in late years. For one thing, the average age of members has dropped from about forty-seven to thirty-five. The society is no longer, as it was originally, merely a haven for the "last gaspers." Because of widespread publicity about alcoholism, alcoholics are discovering earlier what their trouble is.

As A.A. has achieved wider social acceptance, more women are coming in than ever before. Around the country they average .15 per cent of total membership; in New York, where social considerations never did count for much, the A.A.'s are 30 per cent women. The unmarried woman alcoholic is slow to join, as protection from her family than a man does; she is what is known in alcoholic circles as, a "bedroom drinker." The married-woman alcoholic has a tougher row to hoe. The wife of an alcoholic, for temperamental and economic reasons, will ordinarily stick by her erring husband to the bitter end. The husband of an alcoholic wife, on the other hand, is usually less tolerant; a few years of suffering are enough to drive him to the divorce court, with the children in tow. Thus the divorced-woman A.A. is a special problem, and her progress in sobriety depends heavily upon the kindness shown her by the other AA women. For divorcees, and for other women who may be timid about speaking out in mixed meetings, special female auxiliary groups have been formed in some communities. They work out better than a cynic might think.

Another development is the growth of the sponsor system. A new member gets a sponsor immediately, and it is the function of the sponsor to accompany him to meetings, to see that he gets all the help he needs and to be on call at any time for emergencies. As an emergency usually amounts only to an onset of that old feeling for a bottle, it is customarily resolved by a telephone conversation, although it may involve an after-midnight trip to Ernie's gin mill, whither the neophyte has been shanghaied by a couple of unregenerate old drinking companions. As the membership of AA cuts through all social, occupational and economic classes, it is possible to match the sponsor with the sponsored, and this seems to speed up the arrestive process.

During the past decade or so, the society, whose original growth was in large cities, has strongly infiltrated the grass-roots country. Its arrival in this sector was delayed largely because of the greater stigma which attaches to alcoholism in the small town. Because of this stigma and the effect it has on his business, professional or social standing, the small-town alcoholic,

reveling in his delusion that nobody knows about his drinking--when actually it is the gossip of Main Street--takes frequent "vacations" or "business trips" if he can afford it. He or she--the banker, the storekeeper, the lawyer, the madam president of the garden club, sometimes even the clergyman--is actually headed for a receptive hospital or clinic in the nearest large city, where no one will recognize him.

The pattern of small-town growth begins when the questing small-towner seeks out the big-city A.A. outfit and its message catches on with him. To his surprise, he finds that half a dozen drinkers in towns near his own have also been to the fount. On returning to his home, he gets in touch with them and they form an intertown group; or there may be enough drinkers in his own town to begin a group. Though there is a stigma even to getting sober in small towns, it is less virulent than the souse stigma, and word of the movement spreads throughout the county and into adjoining counties. The churches and newspapers take it up and beat the drum for it; relatives of drunks, and doctors who find themselves unable to help their alcoholic patients, gladly unload the problem cases on AA., and A.A. is glad to get them. The usual intrafellowship quarrel over who is going to run the thing inevitably develops and there are factional splits, but the splits help to spread the movement, too, and all the big quarrels soon become little ones, and then disappear.

Nowhere is Alcoholics Anonymous carried on with more enthusiasm than in Los Angeles. Unlike most localities, which try to keep separate group membership small, for easier handling, Los Angeles likes the theatrical mass-meeting setting, with 1000 or more present. The Los Angeles A.A.'s carry their membership as if it were a social cachet and go in strongly for square dances of their own. Jewelry bearing the A.A. monogram, though frowned upon elsewhere, is popular on the Coast. After three months of certified sobriety a member receives a bronze pin; after one year he is entitled to have a ruby chip inserted in the pin and, after three years, a diamond chip. Rings bearing the A.A. letters are widely worn, as well as similarly embellished compacts, watch fobs and pocket pieces.

Texas takes AA. with enthusiasm too. In the ranch sector, members drive or fly hundreds of miles to attend A.A. square dances and barbecues, bringing their families. In metropolitan areas, such as Dallas-Fort Worth--there are upwards of a dozen oil-millionaire members here--fancy club quarters have been established in the old mansions and the brethren and their families rejoice, dance and drink coffee and soda pop amid expensive furnishings. One Southwestern group recently got its governor to release a life-termer from the state penitentiary for a week end, so that he could be the guest of honor of the group. "We had a large open meeting," a local member wrote a friend elsewhere in the country, "and many state and county officials attended in order to hear what Herman (the lifer) had to tell about A.A. within the walls. They were deeply impressed and very interested. The next night I gave a lawn party and buffet supper in Herman's honor, with about fifty A.A.'s present. This was the first occasion of this kind in the state and to our knowledge the

tremens, reveal them to be suffering from a glandular deficiency--rapidly correctable by certain hormones which seem to overcome the excessive desire for alcohol.

This promises to bring many more far-gone victims within reach of the spiritual medicine of Alcoholics Anonymous. Such is the double-barreled hope for some 750,000 sick human beings still largely treated as pariahs and criminals as well as for the almost three million excessive drinkers who are in danger of someday becoming alcoholics. What sets these unfortunates off from the 48-odd million social drinkers who can take it or leave it alone?

Many real alcoholics start off as ordinary drinkers. Doctors have no blood test to warn them of deadly future danger. But sooner or later (social drinkers please note) the body chemistry of some people goes haywire. Then they cannot stop. They fight it. Desperately they swear off--for an hour, a day, a month, a year or more. Then they're sure they've got to have a drink. They do not really want it, but take more and more until they're insanely plastered.

Against this sickness doctors admit that until recently, they've been largely powerless. Psychiatrists have failed to prevent it from causing the insanity of 10 to 25 percent of our hospitalized mental patients. Deaths? In addition to the thousands caused by acute alcoholism and DTs, thousands more masquerade as heart disease, pneumonia and suicide.

The most effective agency for curing these sick people has been not medical but spiritual. Alcoholics Anonymous has shown that when men and women sincerely reach out for the help of a Power greater than themselves, they can overcome the craving for drink. For chronic alcoholism is a strange disease. To recover from it you first have to go almost crazy or nearly die. This was the discovery of Bill, Alcoholics Anonymous No.1. In 1934 he had been given up by his doctor as hopeless. Shaking and bleary-eyed, Bill was visited by an old drinking crony who had got religion, gone dry, looked as if resurrected.

"But I don't believe in God," Bill argued.

"Why not try your own idea of Him?" asked his friend "It's only being willing to believe in a Power greater than yourself."

Himself powerless, that hit Bill where he lived He went back to the hospital where they had failed to cure him, and again went through what alcoholics call the de-goofing routine. He lay on his bed absolutely helpless, hopeless and all alone. Then he said out loud: "If there's a God, let Him show Himself now." For the first time in his life Bill knew he was nothing.

Suddenly it was as if a horrible cloud had lifted; it was as if he lay in warm, bright sunlight. Everything was okay. It scared him. He rang for his physician, Dr. William D. Silkworth of New York, who had given him up. "You

said I was going to go nuts, Doc. Is this it?" The doctor looked at the new light in Bill's eyes as he told the intensity of his happiness.

"Something's happened to you, Bill," he said. "I don't understand it. But if you're nuts, you'd better hang on to it."

Dr. Silkworth was a great man who had failed with all human science and was humble enough to use God for a medicine. From now on out for Bill it was God alone. That night Bill asked, "Aren't there thousands of hopeless drunks who might be glad to have what's been so freely given to me?" That was 16 years ago. Bill had been saved to start Alcoholics Anonymous.

Miracles become medically respectable only when they pile up into big statistics, scientifically authentic. By 1944 there were about 20,000 active AAs, all former derelicts, all now sober and working. What struck me then, and has since, was not so much that the AAs I met were dry but that they were a new kind of human being.

Earl, whom I've known intimately for years; is the founder of a powerful AA fellowship in a large city. Unmarked by his years in the gutter, he is serene and radiates reliability. Busy with his work, he still spends half his time salvaging drunks, never refusing calls day or night. He's a kind of Sermon on the Mount, walking.

"How did you get this way?" I asked.

"It isn't only me, we all had to get this way to save our lives," said Earl, smiling.

Earl's cure didn't begin like Bill's at all. Earl had no blitz conversion. Beat up by years of terrific drinking, frantic, his brain revolving, sleepless, half-starved, in black despair, snarling to himself that he'd lick this thing, but now licked by it and on the ropes, Earl met a man who had helped Bill found AA. This man, Dr. Bob, gave Earl no pep talk, no piety. He only told him the tragicomic story of his own sickness. "That's me, that's the way I drink, exactly," said Earl. "You're the first man I've ever met who really knows the score."

To Dr. Bob, Earl admitted for the first time that he was an alcoholic, incurable by himself. Though he had been too big for God, Earl now mumbled that a Power greater than himself was all that might save him. Was it Dr. Bob? No, Dr. Bob was only a man who understood him. So Earl began confessing his years of cruelty to his wife, his little girl, his father. He poured out his resentments that had driven all his friends away. He ruthlessly wrote down his crimes, like a dead beat who at last faces his debts.

Before he had half-recovered, Earl began to work to save hopeless drunks who were going to die. He saw his own half-formed faith help to drag doomed men

from asylums and the undertaker's doorstep. This made his alcoholic craving fade without his fighting it; his hatred of others vanished automatically, without his battling it. Dr. Bob, other AAs, Earl himself? They were only instruments for something beyond human. Themselves were nothing.

So Earl began to get humility. He hasn't had a drink for 13 years.

He was AA No. 13 when his life was saved in 1937. Now there are close to 100,000 ex-doomed who are active members of AA in 3000 fellowships. Chronic alcoholism is unique as a disease in that its successful doctors are simply its ex-victims who have nearly died themselves. That's the secret of AA's astonishing growth. They are only laymen, but what doctors! They take their drunken patients into their homes. They offer encouragement in getting jobs and straightening out financial troubles. They do not complain when saving a souse means losing their sleep, and then interrupts their business next day. They comfort the drunks' frantic wives. They make incessant trips to police courts, jails, hospitals and asylums.

Of course the AAs have a secret weapon: it's only by curing all these others that they keep on saving their own lives. They know they themselves are only one drink from being drunkards; their helping others alone insures their own sobriety. It builds up their faith--which they know, without works, will die.

Like all good doctors they're alert to danger signals. The way some AAs have relapsed into deadly alcoholism confirms the faith of all AAs that they are instruments of a higher Power. When an AA thinks his abstinence has taught him to handle his liquor, when he thinks he can run his own show, he's a goner. Yet AA's record of recoveries is amazing. Of those sincerely willing to stop drinking, 50 percent do so at once; 25 percent make solid recoveries after a few elapses. Failures are most frequent among victims who have been forced in by anxious relatives or employers. Patients--open-minded as only the dying can be--must come in on their own.

AA has the practically unanimous approval of the medical profession; thousands of physicians now send patients who are beyond medical help. Dr. Harry M. Tiebout, noted psychiatrist of Greenwich, Conn., explains the character structure of alcoholics. They're egocentrics. He says their truly accepting God changes their deep inner brain pattern and brings sobriety.

Even so, AAs admit they've only scratched the surface of alcohol's mass tragedy. They can tell of many heartbreaking failures.

Here medical science bids fair to come to the rescue. While Dr. James J. Smith was studying thousands of alcoholics brought for emergency treatment (not cure) to Bellevue Hospital, New York, he spied a chemical hope against delirium tremens. What threatens the lives of DTs? Not merely their seeing snakes or purple crocodiles. Dr. Smith found the blood of DTs dangerously thick, their blood sugar perilously low. About to die, they breathe extremely

fast, have a feeble, super-rapid pulse and a fever that may shoot up as high as 110.

It dawned on Dr. Smith that these ominous signs somewhat resembled the often fatal crisis of Addison's disease. In this disease there is a failure of the adrenal glands just over the kidneys, mysterious little hormone factories absolutely essential to human life. Not so long ago victims lived for only a short while. But now they can be kept in pretty fair health, even working, by injections of hormones from the cortex, or outer layer, of the adrenal glands of slaughtered cattle.

Jim Smith put two and two together. He shot big doses of adrenal cortical extract (ACE) into DT victims in their terminal stages. It was resurrection. Within 24 hours they lost the nightmare visions that often drive DTs to suicide.

Their shakes disappeared and their hearts again beat strongly and slowly. Their fevers rapidly cooled to normal. Dr. Smith then shot ACE into victims of alcoholic insanity who suffer neuritis and incessantly invent tall stories. Within 24 hours their pain, their crazy confabulations and their wild excitement were down to zero.

Injections of ACE soothed the hang-over heebie-jeebies that drive chronic alcoholics to take a hair of the dog that bit them. It calmed the fearful tension that comes on before the new binges of periodic alcoholics. In 1947, Dr. Smith reported the good news that, in general, alcoholism seems chemical. By last May Dr. Smith, as Director of Research on Alcoholism at the New York University-Bellevue Medical Center, was able to confirm his findings in a report at the annual meeting of the Medical Society of the State of New York.

Meanwhile, Dr. John W. Tintera of Yonkers, N.Y., and Dr. Harold W. Lovell of New York, after an independent investigation, had reported in 1949 that ACE practically eliminates the agonizing drying-out period that baffles alcoholics who are fighting to keep from drinking again. In victims who had been alcoholic for ten and even 20 years, injections of ACE magically cut down the craving that is the Gethsemane of these sufferers.

The ACE treatment of alcoholism may be a two-edged weapon. It may threaten Alcoholics Anonymous, who with their nearly 100,000 active members are right now the most successful doctors of chronic alcoholism. Shots of ACE seem so much easier than the AA's search for God.

But Drs. Tintera and Lovell urge all their hormone-treated patients to join AA. And Dr. Smith does not consider ACE a cure for alcoholism. "Even with this treatment," he says, "the alcoholic cannot drink" (i.e., without a relapse). The hormone treatment is still new and experimental, while scores of thousands of AAs have been dry for years.

struggle. By birthplace, heritage, tradition, habits, looks, and tone of voice Alcoholics Anonymous is unmistakably American. And yet in almost every way it contradicts the stencils by which non-American minds gauge American achievement. It has almost no money and wishes it could do with still less. In fifteen years its membership has grown from nothing to 120,000, yet it never urges anyone to join. Of formal "organization" it has almost none, yet it avers it "ought never to have any." A man or woman becomes a member by simple declaration, and need share his decision with only one other human being. There are no pledges or constraints in A.A.; no records that must be kept or quotas that must be broken. Seniority confers no favors. A.A. has one purpose only: "to help the sick alcoholic recover, if he wishes.

In a world whose spiritual values have dropped close to the vanishing point, the strange society of A.A. places its entire proposition upon the reality of spiritual experience. It achieves harmony among a membership in which Catholics associate not only with Protestants and Jews but with high-decibel agnostics or fancy religionists of species known only to God. Its members, who know better than to contradict the psychiatrists' diagnosis that they are "grandiose, infantile, and self-absorbed," practice daily an Obedience that has no enforcement mechanism and no system of punishment for infraction. The one rule common to every A.A. clubhouse is that if, as rarely occurs, a member seeks to attend a meeting while drinking, he is escorted to the door, with the invitation to return only as soon as he recalls his society's purpose.

If A.A., successful and American, had a password proof against any member's forgetting, it would be "Failure." One by one, each member tackled something that proved too big for him; only when he acknowledged his inability to deal with a circumstance that most people can meet with ease was he able to -become a full member of this organization, of those for whom "one drink is too many and a thousand aren't enough." Dentists and doctors, stevedores, ministers, cops, poets, publishers, matrons, vocational-guidance counselors, stenographers, artists, bartenders, and master mechanics are all to be found in A.A.'s ranks, as diverse and exclusive as a classified telephone directory. Yet all have a common vantage point; each one, from a broad and comfortable ridge, has a clear view downward into the Valley of the Shadow of Death.

Although alcoholism is a state so complex that a leak-proof definition is impossible here, a clinician can, in his own bald terms, describe it simply: "a progressive, incurable and fatally terminating disease." That alcoholism could be arrested was well known, but this knowledge -was for many years almost useless, for the arrestment was up to the drinker: would he or would he not stop? Usually he would not, no matter how he longed to, for he was inwardly

convinced that he could not; so long as he knew that a couple of quick ones would give him a desperately bought temporary relief from his sufferings, he could see no permanent way out. Psychiatry's dictum that alcoholism was only a symptom of a deep-seated psychic disorder was not very helpful in the crisis

forever engulfing the alcoholic and his family.

It dawned on Bill W. * in 1934, when he was close to the last stages of alcoholic disintegration, that if he attempted to help other alcoholics he might thereby help himself. He went to work--and found himself able to stay sober for the first time in years. But this was cold comfort, for the drunks on whom he worked stayed drunk. He was on the verge of a relapse that might well have been final when he met the drunken Dr. Bob in Akron. Only then did it dawn that the help must flow two ways: one-sided preachment was useless, but when help was mutually offered and accepted between two suffering and desperate drunks, each of whom sought to help himself by helping the other, a new element entered into a materialistically hopeless situation. As a result of this help from the helpless, Bill W. stayed sober and Dr. Bob got sober, and the nucleus of Alcoholics Anonymous was formed. By the end of that year A.A. had three members. By the end of another year it had fifteen. By the end of still another it had forty--divided among Akron, New York, and Cleveland. That was all.

Since those years A.A. has evolved into a membership of 120,000 divided into some 4,100 local groups. Metropolitan areas such as New York, Cleveland, Chicago, and Los Angeles may harbor 100 to 200 groups each. Ninety prisons have A.A. clubs within their walls, and over 100 clubs exist to further the A.A. idea, although not formally affiliated with A.A. In Chicago the weekly "intergroup" meeting never brings out fewer than 1,200 A.A.'s at a time. In New York, the "Annual Banquet" may have to be abandoned unless some way can be devised of splitting it into sections, for no hotel has a ballroom large enough to seat it.

Much more important are the statistics of sobriety. Of those who make a genuine effort to stop drinking through A.A. principles, 50 per cent get sober at once, and stay that way. Another 25 per cent get sober after some relapses. The remaining 25 per cent show improvement. A.A. is not out to make a showing. It refuses to screen its membership, as some doctors would like, to eliminate the "hopeless" cases; gaining a statistical advantage is not A.A.'s purpose--and furthermore an impressive number of "hopeless" cases have recovered. A.A. quietly and with good cause believes that all those who relapse or drop away will be back later and permanently, if they live. The word "cure," however, is not in the A.A. vocabulary. On the contrary the man who succeeds in staying sober must still recognize himself as an alcoholic.

Suppose you were to go to an open meeting of A.A., as you are perfectly free to do. You would find yourself in a group of from thirty to 300 people, one-third of whom might be women. (Only 10 to 15 per cent of A.A.'s active membership is female, but non-alcoholic wives of alcoholic husbands are attending meetings in increasing numbers, and this attendance is strongly encouraged.) The average age would be between thirty-five and forty and is steadily growing younger; it used to be that an alcoholic seldom recognized his trouble until his middle forties, whereas now, with greater publicity for

the whole problem, he sees what is wrong sooner; today, some A.A.'s are not much over thirty. Prosperous, less prosperous, and poor would be represented in about equal thirds; so would the educational levels of college, high school, or less. If this were a typical meeting, 40 per cent of those present would be Catholics--double the number you would encounter in an exact sample of the U.S. population. At the other end of the scale are the Jews--represented by no more than a sprinkling, even in New York. **

There is no use trying to draw conclusions from appearances; the blowzy old lady near the front may be a casual visitor who never had a drink in her life, whereas the pink-cheeked, white-haired gentleman who looks like a deacon may have had a record of fifty alcoholic admissions into hospitals and jails. The group is probably meeting in the parish house of a church, a political clubhouse, a public auditorium, or a small mezzanine banquet room of a hotel--any place where an evening's rent is reasonable and the atmosphere is neither so high-toned as to discourage a man wearing out his last pair of shoes nor so forbidding as to scare a Caspar Milquetoast. The air is dense with tobacco smoke, and the evening's chairman has to bang his gavel hard to cut through the loud, familiar talk. There is no set speech for chairmen, but a typical opening might be something like this:

"Ladies and gentlemen, I wonder if the new people who are here for the first, second, or third time would please raise their hands. . . . That's fine. I'll ask the old-timers to please make themselves known to the new people and try to see they have a good time. As you know, AA. groups have two kinds of meetings, open and closed. The closed meetings are for alcoholics only, but tonight is an open meeting, so everybody is welcome. If there are any reporters here I just want to remind them that they can write anything they like so long as they don't use anybody's name. You've got to respect us on that because some people are funny: they usen't to mind being seen in the Hotel Metropolis so drunk they couldn't stand up, but they're still a little bit sensitive about being seen sitting down here cold sober. . . .

"Maybe you think we have some fancy test that can tell you whether you're an alcoholic or not. But we haven't. The only person who can decide whether you're an alcoholic is yourself. If you want a little helpful hint I'll tell you something I heard Fanny J. say at a meeting a couple of months ago: when anybody stops boasting about how much he had to drink the night before and starts lying about it, there's maybe just a little bit of a chance that he's getting to be one of us. But that's up to you.

"Some people are able to get the A.A. program while they still have their jobs and their wives and their homes, but there are others who don't seem to be able to quit drinking until they've lost everything. That's given rise to the saying that there are `high-bottom' drunks and `low-bottom' drunks. But remember what Bill W. said: `The difference between the high-bottom drunk and the low-bottom drunk is that both are lying in the gutter but the high-bottom drunk has his head on the curb.' We are all drunks. If you think you are a

drunk we invite you to join us.

"You're going to hear from three members tonight, and they're all going to have very different stories to tell. All we ask of you new people is that you keep an open mind. If you don't happen to hear anything tonight that fits in with your own story, or reminds you of your own pattern of drinking, please keep coming, for sooner or later you're bound to hear something that hits you right where you live.

"And I ought to tell the newcomers that we don't practice any religious ritual of any sort here, except that we end every meeting by standing up and reciting the Lord's Prayer, and we ask you all to join. The first speaker this evening . . . "

The first speaker, and every speaker at every A.A. meeting, begins with one standard line: "My name is _____, and I am an alcoholic." Thereafter he says exactly what he likes, and what he usually likes is to tell the story of his drinking, and how, eventually, he came into AA. What a newcomer, feeling in his heart of hearts that he is an alcoholic, expects to experience at the first meeting can never be known, except it is a good bet he does not expect to be shaken with laughter. But that is what usually does happen to him, and what usually dissolves his intention of leaving after the first twenty minutes and making a dash for the nearest bar. No one has quite such terrific stories to tell as an alcoholic, and once he is released from his fears and shames by having put his alcoholic activity behind him he makes a formidable raconteur, using his old self as the butt of his new. The laughter that shakes the hall is the laughter of recognition.

Over and over, the newcomer hears references to the Twelve Steps and in particular to the Twelfth Step. The Twelve Steps constitute at once the philosophy of A.A. and its means to therapy for the alcoholic who is making an honest attempt to stop drinking. They are not absolutes, but are presented as suggestions. In condensed form for the quick-reading non-alcoholic, they are these:

First, the alcoholic admits that he has become powerless over alcohol; that his life has become unmanageable. This is the admission of failure without which his ego does not undergo the deep deflation that seems the key to success.

Next, he comes to believe that only a Power greater than himself can restore his life, and turns his will and his life over to the care of God as he understands Him.

Further, via nine detailed suggestions, the alcoholic undertakes a searching moral inventory of himself; admits to God and one human being his wrongs and shortcomings, asking God to remove them, and himself making the human amends possible. He seeks by prayer and meditation to improve his conscious contact

with God as he understands Him, praying only for knowledge of His will, and the power to carry that out.

Finally, having had a spiritual experience, he tries to carry this message to alcoholics, and to practice these principles in all his affairs (the Twelfth Step).

"Alcoholics Anonymous" said Bill W. when the American Psychiatric Association invited him to address it in 1949, "is not a religious organization; there is no dogma. The one theological proposition is 'Power greater than one's self,' but even this concept is forced on no one. The newcomer merely immerses himself in our society and tries the program as best he can. Left alone, he will surely report the gradual onset of a transforming experience, call it what he may. Observers thought A.A. could appeal only to the religiously susceptible. Yet our membership includes a former member of the American Atheist Society and about 20,000 others almost as tough. The dying can become remarkably open-minded. Of course we speak little of conversion nowadays because so many people really dread being God-bitten. But conversion, as broadly described by William James, does seem to be our basic process. . . .

"Our deep kinship, the urgency of our mission, the need to abate our neurosis for contented survival; all these, together with love for God and man, have contained us in surprising unity. There seems safety in numbers. Enough sandbags muffle any amount of dynamite. We think we are a pretty secure, happy family. Drop by any A.A. meeting for a look."

Among the toughest of the tough, the lowest of the low, the most cynical of the cynical, the program works. The alcoholic, man or woman, is merely urged to look again at the idea of a Higher Power, and to dissociate that idea from the old-man-with-the-whiskers, the angry Santa Claus, the avenging anthropomorphic tyrant with which he was stuffed and terrified in his childhood. Gradually the phrase "as you understand Him" takes hold. Sometimes the concept of the Higher Power can be accepted only by some elaborate stratagem. One alcoholic, determined in his agnosticism, at last solved his problem by accepting as a Power greater than himself the steam radiator that clanked and hissed in his miserable room. It was hot and full of energy and burned him when he touched it. It was sufficient. The radiator clanked inscrutably; the alcoholic stopped drinking.

One by one, the speakers who rise and tell their stories 12,000 times or more a week the country over are driven to say the same thing: "I don't understand it, but I don't need to; it works." Certainly one thing that works is the feeling of fellowship engendered by several hundred people in the same room, every one of whom knows at firsthand the exact horrible details of alcoholic suffering. Most alcoholics, before they encounter A.A., are convinced that nowhere in the annals of medicine or abnormal psychology can any parallel to themselves be found. "It may be all right for some people but it would never work for me" is the most common first response heard by an A.A. having his

first talk with an alcoholic who does not yet dare to hope. Nothing is a more powerful solvent to this sort of suffering egotism than being physically surrounded by several hundred people, every one of whom once held precisely that same thought, and slowly realizing that the horrors once thought to be unique are, in reality, a universal experience in the society of A.A. Most A.A.'s carry fat address books in their pockets; in these are crammed the names, addresses, and telephone numbers of the A.A.'s he has met inside or outside his own group. This is the equipment he needs for what is known as the Nickel Therapy: when the desire for a drink reaches dangerous proportions, the AA. drops a 5-cent piece in a coin telephone and dials the number of a fellow member who will sit out the siege with him.

The Twelfth Step, by which alcoholics work with alcoholics, does not mean that A.A. evangelizes, proselytizes, or whoops things up in any way among "hot prospects." If a despairing wife calls an A.A. (almost every sizable telephone book in the U.S. has an A.A. number in it) and asks that he "try to do something with Jim," the first inquiry must always be directed to the point, "Does Jim want it?" If the answer is "No, but God knows he ought to," the AA. will beg off seeing Jim and have a chat with his wife or family instead. Only when Jim is ready to talk will the AA. go to work directly. Even then, there is no urging. The A.A. member will talk not about Jim but about himself. He will emphasize that no A.A. takes any sort of pledge of sobriety. He works, instead, on the "Twenty-four Hour Plan," which the A.A. often expresses as "Tomorrow I may go on the damnedest bender you ever heard of, but I'm not going to have a drink today. The Twenty-four Hour Plan is of vital importance to those who have newly stopped drinking--for to them, nine times out of ten, the contemplation of the balance of a lifetime without the solace of alcohol is intolerable. Yet A.A.'s who have been dry ten years or more still wisely make their plans for sobriety no further than a day in advance. The first longing of someone who has stopped drinking is to be able to resume it successfully; only slowly is this point of view replaced by the one that says "I wouldn't take a drink now, even if I could." All this the A.A. discusses at low pressure.

Where the A.A. truly burns to get something across to the suffering alcoholic is in telling him that not only is life possible without alcohol but it is a damned sight more pleasant. This is difficult. A universal feature of advanced alcoholism is a sharp constriction of interests: the alcoholic who once belonged to a choral society, went to sketch class once a week, collected matchbooks, and went on short-line railroad excursions has now abandoned all these things in favor of continuous drinking. It is hard for him to find his way back to these things alone: it is hard for him to find his way back to society at all. But A.A. offers him a society that will instantly welcome him, ask him no questions, but instead begin to deluge him with the mirthful, frightful record of its own calamities.

A.A. is founded on the Christian principle of Love. It is the fashion, even in these dark days, for the worldly to scoff at such a declaration, but the A.A.

somebody else get sober.

Since I was a nurse, it seemed logical that the best way to meet this requirement would be to find a job in an alcoholic ward.

That's how it happens that during the past five years I've nursed more than 5000 alcoholics through the fading hours of their most spectacular sprees, in the AA ward of Knickerbocker Hospital in New York City. Helping other alcoholics to get well has become my life work.

Friends look at me with frank disbelief when I tell them I love my work because I meet so many nice people. That statement, applied to men and women who have indulged in every folly, benign and malignant, may be a little hard to swallow, but I really mean it. In five years only one patient has ever taken a swing at me, and it was a woman patient, at that. Being female myself, and redheaded besides, I promptly socked her back. After that she was very co-operative.

The only other violence was of my own instigation. A fresh, peppery little man--he came about up to my shoulders--kept pestering me for a drink, and drinks are not served in alcoholic wards. To stall, I told him he would first have to take his pill, which I knew would put him to sleep. "No drink, no pill," he said, and I retorted, "No pill, no drink." This kept up until my patience was gone. I turned the little fellow over, paddled his bottom and said, "Now, will you take the pill?" He took it nicely, and from then on we were good friends.

One thing has begun to be a little irritating, but only because of its monotony. About every third male patient, when he first comes in, takes a bleary gander at the white uniform and the red hair and croaks out a sally that's supposed to brighten everybody up--"H'r'r'm'm'm, do you go with the room?" They usually apologize the next day.

Yes, most alcoholics are nice. In no other branch of nursing within my experience are such respect, consideration and gratitude accorded the nurse by the patients. Even the most berserk were likable before they ran afoul of firewater, and can be likable again. The recovered alcoholics I have known have been quicker to help and readier to forgive, possessed of a livelier understanding and faster wit, than the general run of people. After recovering, that is. Drunk, they can be pretty dreary.

The origin of our ward is closely connected with the origin of AA itself. AA was founded in 1935. By 1939 it was evident that, though the movement was reaching a pitifully small percentage of the alcoholics who needed help, it was nevertheless achieving greater success than anything else ever had. Sufferers flocked to AA by the hundreds, many of them needing immediate medical treatment. The AA program of rehabilitation is based on understanding, friendliness, honesty and faith--all things requiring maximum application of

the mental and moral faculties. Many desperate drunks who wanted AA could never stay sober long enough to do the necessary clear thinking.

At this point a great team--the AA founders." Bill," a New York broker, and "Doctor Bob," an Akron physician--stepped forward with an idea. Why not a place where sick alcoholics could be sobered up under expert care and at the same time gain a foothold in AA? Private-hospital officials, conditioned to believe that drunks could mean only pandemonium, were chary. Then, in 1939, such a ward, of eight beds, was established at St. Thomas Hospital, in Akron. In 1945, Knickerbocker, a private general hospital with 200 beds and a forward-looking management, agreed to open its doors, and thus the first AA ward in the East was born. The third floor of one wing, with a capacity of nineteen beds, was given over to the experiment.

The ward's success surpassed its backers' hopes. AA volunteers are on round-the-clock duty, ready to discuss the temptations and techniques of the life of sobriety. Half our patients, we estimate, go out from Knickerbocker into immediately successful AA lives, and two thirds eventually find their way to recovery. St. John's Hospital, in Brooklyn, and St. Michael's, in Newark, have opened wards after the St. Thomas-Knickerbocker pattern, and other hospitals have the plan under consideration.

I'll never forget my first day on duty. I spotted a wistful-looking little man with a red face and blue eyes waiting outside the ward. He was alone, and I knew that no patient could be admitted to this particular ward unless accompanied by a member of AA. Eager to demonstrate my efficiency, I said brightly, "Don't worry, we'll take care of you. Where's your sponsor?"

I took his bag and was about to remove his hat when he turned kindly old eyes up at me and said, quietly, "Relax, young lady; I'm Doctor Silkworth."

At that moment I wanted to sink through the three floors to the basement and on down into bedrock. Dr. W. D. Silkworth was widely known as one of AA's first medical advisers. Besides, he was the doctor in charge of the ward! Since then I've learned to tell the difference between doctor and patient, and possibly a few other things. You can't work with a man like Doctor Silkworth--as I did until last year--when, at the age of seventy-eight, he died--without learning something.

The traffic in our ward is evidence that alcoholism is no respecter of prestige. Two eminent men appeared for treatment just a few weeks after their pictures had appeared in advertisements as endorsers of special brands of strong waters. Ministers and priests are frequently our guests, as are doctors, lawyers, engineers, pilots, editors, housewives and stenographers.

Contrary to a popular notion, the alcoholic is not just the man in the gutter. The scion of a Social Register family once inherited a sizable fortune while recuperating in one of our beds. We've had a prominent judge, a famous senator

and a member of Parliament. Practically every race and nationality has been presented, and the patients' occupations have spanned the alphabet from auctioneer to zither player. Our sample indicates that Irish stock is the most susceptible to alcoholism, Jewish the least, and that no ethnic group is immune.

Influx by occupations seems to be related to the calendar. Around mid-December we get a lot of housewives in the women's ward. Early in January the policemen begin coming in, and a little later that month the musicians. In February there's a concentration of publishing people--illustrators, writers, editors, advertising men. March is the month for business executives, great and small, and April brings a parade of salesmen. The rest of the year it's an odd assortment of bankers and peddlers, sailors and tailors, stenographers, bookkeepers and storekeepers, with an age range from nineteen to eighty-one.

As for the seasonal tides within occupations, one must remember that a person is not an alcoholic just part of the time. If he's an alcoholic at all, he's one all the time. He needs only an occasion involving extra liquor and extra tension to set him off. These situations seem to arise at different times of the year in different occupations.

Take the housewives. Around the middle of December the kids are home for Christmas vacation. The weather is bad and they can't be out of doors all the time, so they're underfoot and quarreling. There's the endless business of Christmas shopping--what to get Uncle Fred, and did old Aunt Minnie give us anything last year, and how much to spend? This last factor must be weighed against the family budget and the husband's disposition. On top of all that, the routine work must go on, but it's the season to be convivial. What is more helpful to the spirit of joy than a little nip, particularly since people are freer with their liquor at this time of year? Then there are lots of parties. And there's the haunting feeling, to a person having even a sketchy religious background, that Christmas was supposed to mean something quite different from all this. A woman who'd been walking the alcoholic tightrope up to then might easily fall off and land in Knickerbocker, with me.

Cops have a similar situation. During the holidays they have more traffic, more shoppers, more thefts, bigger crowds--in short, more police work of every kind. Bartenders are known to be solicitous of the men in blue. When holiday business is good and weather bad, there's no lack of little nips to warm ye. Christmas and New Year's tips to the officer on the beat are traditional, and they frequently come in the shape of a bottle.

The alcoholic cop may be able to stay in harness through New Year's Eve somehow, but he's likely to be ready for expert care very early in the year's first month. The same goes for the orchestra lads. The holidays are the time when they play their biggest jobs, get their biggest tips and the most free liquor.

Why the publishing crowd comes in during February, I don't exactly know. My hunch is that the so-called "creative" folk may be a little more sensitive to weather than the rest of us, and those February doldrums in these latitudes would get almost anybody down. One February we had quite a delegation from the editorial staff of a famous, and somewhat snippy, national magazine. I guess those creative imaginations got going on how nice it would be in the tropics, and local reality seemed just too grim. But as I say, you have to be an alcoholic first, before the weather can do much about it one way or the other.

In many industries, orders are placed for the whole year in one of the early spring months. These are tense times for executives and salesmen. If it turns out to be a big year, they're exuberant; if it is a bad year, they're gloomy; and both states of mind are sure to bring action from the alcoholics.

On entry, our patients are a beaten and penitent lot. They've been picked up by AA's wherever they happened to be when they called for help. They come from precinct lockups and flophouses, Bowery dives and penthouse suites, suburban estates, country clubs and furnished rooms. Nobody is ever brought to our ward against his will. Indeed, they're given to understand by their sponsors that they're lucky to get in. We have no repeaters--patients are admitted once, and only once. Sponsors deliver them, their suitcases and eighty-five dollars in cash in advance, then leave. Now begins the five-day course.

Once signed in, the patient's first two days are the most worrisome. It is in this period that deep depressions due to remorse are most likely to occur. The ward came near being discontinued during its first month, when a depressed patient found his way to an unbarred window and jumped three floors to his death. AA supporters quickly passed the hat, raising \$1000 for strong steel screens. We've never had another attempted suicide. No patient is admitted who shows signs of oncoming delirium tremens or convulsions--these are sent to a municipal hospital equipped to handle disturbed patients--but sometimes the doctors guess wrong. Last year, among 1000 patients, we were caught with two cases of convulsions and a dozen of DT's.

Delirium tremens must be sheer hell. Its onset is marked by acute nervousness. First come the auditory hallucinations; then, usually the visual. The patient hears his name being called, or a violent argument in progress, or non-existent loud music. Then he begins to see things. I've had patients ask me in all seriousness to watch where I stepped so I wouldn't squash the strawberries. One demanded to know how the geese got into his room. These visions are sometimes, but not always, frightening. The strawberry and goose people were quite calm about what they saw. Heaven knows what fiends and horrors they're seeing when they scream. The worst case I ever saw was a man who was convinced he was being run down by a train. Most patients, during DT's, have moments when they know that what they're seeing is not real--and times when they're completely convinced of its reality.

No one condemns the alcoholic as he, when the remorse is on, condemns himself.

We give them vitamins to re-establish nutritional balance, fruit juices to combat dehydration, and bromides and belladonna for jagged nerves. By the third day they're beginning to take an interest in the world again, and that's where Duffy's Tavern gets in its wonderful work. (Duffy's Tavern is a kind of clubroom in the men's division, where patients meet and talk.)

The five days are planned as a chain of healing that will lead back into a life of sober usefulness. The first couple of days there's nothing much to do but medicate and feed them and maintain an attitude of good-natured understanding. This in itself, for people who are accustomed to contempt, hostility and despair when they're "on one," is an important part of the treatment.

I have a couple of devices of my own for maintaining morale. Every patient gets a nickname. "Cuddles," "Peaches," "Saint Anthony," "Pontius Pilate," "Napoleon," "Pinhead" and "Windy" are my favorites, and I use them over and over. We also make a good sport of treatment with the B-complex needle. This is inserted in the part of the anatomy scientifically known as the gluteus maximus. When I come into Duffy's with the needles, calling, "All right, boys, bottoms up!" I can always count on an assortment of grunts, groans, grouses--and laughs.

On the third day, patients are encouraged to move around. In the women's ward, there's visiting from room to room and talks with AA's from the outside; and, for the men, socializing in Duffy's Tavern. The patient begins to realize he's not alone in his plight. If others can endure it, he guesses that he can too. The fog begins to clear, and memory, at least partly, returns.

One time a husky tugboat captain who'd been staring gloomily out the window of duffy's suddenly snapped his fingers and exclaimed, "Nyack!"

"What do you mean, `Nyack!'" asked a mounted policemen.

"That's where I left my tugboat, ten days ago!" the skipper replied.

"Hey, I just remembered," said the cop. "You know where I left my horse? Van Cortlandt Park."

People sometimes wonder how we AA's can extract so much comedy from our own tragedies. Alcoholism is tragically foolish and, believe me, there's very little comedy when the drinker first realizes the full consequences of his drinking.

After the calamity is honestly faced up to, though, and a new life has begun, we figure there's no use brooding over it.

One of our patients, a New York politician, took a route to Knickerbocker which is typical of some of the more flamboyant toots. He'd been drinking for

several weeks and had obviously had more than enough when he stepped into a bar where he was well known and ordered a drink.

"O.K.," said the bartender, noting his condition, "but first you better go out and get a ham sandwich and a cup of black coffee."

The politician discussed this step with another drinker. Concluding that it was sound, they set out for a nearby diner. On the way, they got to talking about the races in Florida.

"Let's go," said the politician.

"O.K.," said the friend. They took a cab to La Guardia Airport and in a short time were in Miami. The politician, besides being a follower of the races, had a wide acquaintance in the New York and Miami police departments. A policeman recognized him as soon as he stepped off the plane--his heavy overcoat and derby were easily spotted in the Florida sun.

"Look, chief, you're drunk," said the cop.

"You'd better go home."

"I guess I am a little, at that" said the amiable politico, and stepped aboard the next northbound plane. Back in New York the same bartender was on duty at the same bar.

"Where'd you go for that sandwich?" he said, spoofing. "Florida?"

"Yeah," the politician said, and in a couple of hours the bartender was drunk' too, loudly asserting that it could not be. Meanwhile the AA alarm had been sent out for the ward boss, and a pair of AA's who'd been scouting New York for him closed in.

The silliest story I ever heard in Duffy's was about a party I nicknamed Old Number Seven. His wife, to bring him off a prolonged binge, had removed all his clothing except his underwear, while he slept and had locked his closet door. When he awoke he was faced with the problem of how to get out and get a drink. He found a pair of tennis sneakers, ripped a square of cloth from the sheet, painted a big figure "7" on it, pinned it on his back and stepped out onto the avenue as a cross-country runner, headed for his favorite saloon.

AA volunteers, many of them graduates of the ward themselves, drop in at Duffy's and swap yam for yam. In this way many patients realize for the first time what alcohol has been doing to their lives and glimpse a way out. One man convinced his wife that the best plan for their security in old age was to sell their home and invest the proceeds in "a sound business"--a bar and grill. He quit the office job he'd held for thirty years and went into the liquor business. He drank up the establishment--capital, surplus and

profits--in a year. Facing up to what he'd done, he resolved, in Duffy's, to start clean. Now he's one of our most effective volunteers. He hasn't got his home back yet, but he's back at his old job, pays the rent provides meals and stays sober.

One wealthy suburban housewife, mother of six school-age children, was the worst brat of the lot. Everything was "simply too much" for her. The children were too noisy and demanding, her husband too busy and preoccupied, household routine too dull, the cares of community living too numerous--she had to get drunk, for solace. Our ward, followed through by AA brought a change. Now she not only has ample time for her home, her husband and her children but is also a skillful AA worker, president of her PTA and a truly wonderful person.

The fifth and final day of our treatment brings its own special hazards. The patient's head is clear, his strength has returned and he has found new and understanding friends. Now he must face the world outside, the mess he has himself created. He slept poorly the night before. This uneasiness is so common that we even have a fancy name for it--"pre-discharge tension" Discharge day is the despair of many alcoholic wards. To many patients, the shambles outside seems beyond solution--they streak to the nearest bar, the deadly cycle begins all over again, and much good work is undone.

Our ward takes certain precautions. Nobody can be discharged unless he has been signed out, in person, by his sponsor and has been safely conducted to his home. He's encouraged to attend the weekly meetings of his local AA group. There he learns that other men and women of his community--some of whom he knows and respects--have somehow found the courage to deal with situations at least as disastrous as his own. He digs in. In almost exactly half the cases, he's back in a few months as an AA volunteer, ready to help others back along the path to sobriety.

Of course, we have our casualties. Every now and then I hear of somebody who once spent five days with us and who is now dead, either of convulsions in some other hospital or a suicide somewhere. These are the sudden ones; the slowly dying are just as pathetic. There's a nice old gentleman who lives in a big house by the seashore, alone except for a butler and maid. He doesn't need AA, he says. Every time he gets tanked he calls me up and begs me to marry him. In this condition there's no use trying to talk any sense into his head, so all I can do is kid him along. It's kind of hard, though, when I know for a certainty that one of the lonesome little drinking bouts of his is going, pretty soon, to be his last.

The reasons for failure are among the many mysteries connected with this baffling disease that researchers are still trying to unravel. Some people seem incapable, drunk or sober, of the clear thinking necessary to grasp and apply the AA program of living. There are physiological, neurological, racial and cultural influences that are only beginning to be understood.

But one of the greatest hazards, in my opinion, is pride. Many thousands with otherwise sound minds are enduring alcoholic torture rather than humble themselves to share the companionship of the genial ex-tanks of high and low estate who make up their local AA groups. They, and those who care for them, pay a terrible price for such pride. I know a "self-made" business executive who came home drunk one night and was exasperated when he found his wife and daughter asleep. "Just to get a rise out of them," he fired a bullet into the wall, lay down and played dead. He says he's not an alcoholic!

My own story? Humdrum enough. I was born in New York City, attended Catholic grade and high schools until I was eighteen, then spent three years in nurse's training at St. Mary's Hospital, in Passaic, New Jersey. I was a happy-go-lucky kid, and the glamour of the nurse's cap wore off when I discovered the discipline and effort it took to win one. When I met a big, hearty and, at that time, thoroughly enchanting Swiss, I gave up nurse's training and took an office job in New York to be near him. We fought hilariously for seven years and then were married. Sometime during that period I found time to finish my nurse's training, but I never worked at it.

My husband was a man who worked hard, played hard and drank hard, though he was not an alcoholic. At the time unaware of any distinction between the mere heavy drinker and the alcoholic, I drank with him. His recreational passions were hunting and fishing. I went along on his sporting trips, enjoying them thoroughly--up to a point. That point was when I'd got liquored up and was feeling sorry for myself. I was "neglected," and I began to make spiteful remarks. My patients tell me I have a ready tongue even when sober, and in those days I must have been something. Our quarrels, once more or less good-humored, grew increasingly bitter. My drinking, I now realize, was showing definite alcoholic symptoms.

I was bored most of the time, and drinking seemed a handy antidote. We had had no children. I lacked the initiative to practice nursing, and time hung on my hands. A couple of the girls would drop in at our apartment during the morning. We'd talk for a while, then have a drink. I'd nibble at the bottle during the day and would be pretty well along by the time my husband came home. A few drinks with him and a party that night and I'd either be blind, stupid, quarrelsome drunk or passed out.

How many times I've heard those admonitions that haunt every alcoholic: "Why don't you just have a few and enjoy them? Why don't you drink as we do?" Why couldn't I stop, once I started? I didn't know. Exactly how my husband and I stuck it out for eleven years I'll never understand. The blowoff came in 1945. He told me he was through and packed me off to Reno.

It was a devastating blow to my pride. I thought I'd been the one who was putting up with him. I learned, suddenly, that he'd been tolerating me. During the next two years I worked in a Reno department store, toured in Hawaii and visited San Francisco. I returned to my own family in New York in 1947,

completely licked. I now found that I couldn't drink at all without getting drunk. Therefore, I had to be careful. My life was made up of stretches of sobriety punctuated, at ever-closer intervals, by short, despairing binges. When my brother-in-law told me about AA, I was ready.

My first AA meeting was, in many ways, a disappointment. There was a strictly "low-bottom" panel that night, that is to say, the speakers were not Harvard and Wellesley graduates--"bottom," in AA parlance, means the lowest state of alcoholic squalor a person will accept. Their drinking had carried them so much farther along Hobo Highway than mine that we seemed to have little in common. It left me with a conviction, though, that these people had the answer. The Twelve Steps of AA won me immediately--admit our frailty, seek God's guidance, repent our misdeeds, make amends, take a moral inventory, help others. Here was religion actually lived. Many are successful in AA without believing in God. To me, the highest power has always been the same God I used to know in church. Here I also learned, "once an alcoholic, always an alcoholic," which explains why, even after five sober years, I say that I am, present tense, an alcoholic. We stay sober one day at a time, never forgetting that we are alcoholics and therefore cannot take the first drink.

After a month of daily increasing happiness I was struck with an overwhelming sense of gratitude. I was grateful to that lonely handful of men who formulated the AA principles of recovery and set them down; grateful to the thousands of alcoholics who, in the face of every conceivable difficulty and temptation, had picked up these tenets and doggedly clung to them, fighting to hang on to their sobriety so it could be passed on to me. I felt I must do something in return.

When I learned about the AA ward at `Knickerbocker I knew what that something would have to be. I was a trained nurse. During all the years I had frittered away, that training had seemed meaningless. Now it made sense--I was meant to work in that ward. I bombarded the supervising nurse with telephone calls by day, and prayers to God at night, and three months later I got the job.

These five years have brought deep satisfactions. I can't convey how much it means to me to see the transformations in people. They come to us physical, mental and moral wrecks. They leave encouraged but still uncertain. Then, months later, they come back--bright-eyed, rosy-cheeked, eager to help; job back, family back, going concerns again, ready to pass on, with dividends, what's been given to them.

To know that I had some small part in this rebirth is a blessing far beyond what I deserve. The failures, the lost ones? Well, they're sad, of course. However, we must accentuate the positive. But for the grace of God, all of us might have been lost.

admit, the chances are you are an alcoholic. When I say that word, I have named a person afflicted with a disease. It grows progressively worse, constantly narrowing one's world until nothing is desired and nothing is real but alcohol.

Because you are a woman, your drinking life is probably most secretive, for you have done everything possible to hide it from everyone, even from yourself. And you may have succeeded. Perhaps nobody knows - yet - that you ever take a drink. For you dare not drink one cocktail in public, knowing that the first drink is the stumble at the top of a long flight down which you will inevitably tumble. You may become a "bedroom drinker," and I may have followed you at this moment into your own room, where you intend to reach for a bottle hidden under your lingerie or in an innocent hatbox on the top shelf. Your family may not yet be suspicious of your frequent "headaches."

On the other hand, you may be one of those shadows who live their lives in the twilight of bars and cocktail lounges. You may be the neighbourhood problem or the town scandal. Your family may have stopped trying to cover up for you; not even your children try to make excuses for you any more. Or you may even have lost your family because you were helpless about your drinking.

But at whatever stage you are at this moment, there is hope for you here. And neither blame nor shame should be attached to you. You do not deserve the self-righteous pleadings and the aggrieved accusations that everyone has showered on you. "If you loved us, you'd stop." "You think of nobody but yourself." "You should be ashamed of yourself, with all your education and opportunity!" You are not a selfish, immoral monster. Indeed you are quite the opposite. You are a desperately ill woman.

After you realize this, the next fact for you to accept is that you are free from any guilt. When you admit you are an alcoholic, you no longer deserve to be blamed and punished (beyond the inhuman punishment you have been giving yourself). You must only recognize that you are ill. Your illness is dangerous. It can destroy everything it comes near; unless it is arrested it can destroy the mind and the body of its victim. But it is no more your "fault" than having hay fever or diabetes would be. Alcohol is a poison to you if you are an alcoholic.

You are not alone in the indescribable torture that is alcoholism. There are countless thousands of women like you in early or late stages of falling to pieces. Of the sixty-five million people in our country who use alcohol, more than four million are problem drinkers. An estimated 650,000 of these are women. It is difficult to count them accurately, because women, especially housewives, can hide their condition better than men. They can hide it, at least, for a while. But the woman alcoholic suffers more acutely than does the man; her psychology and constitution are more complex and more sensitive. She can endure her self-loathing less easily, and she feels much more keenly the social stigma an ignorant society still puts on alcoholism. I don't need to

tell you that, I'm sure. I wish with all my heart it were mere interesting theory to you, but I know it is not.

The bravado that insulates men alcoholics does not come to women like you until they have almost killed their real selves within their ill bodies. I have heard many women alcoholics say, " I was completely dead inside myself. Nothing could reach me and help me."

It is difficult for most women to admit, even to themselves, that they are alcoholics. Yet this admission is their first step toward sobriety and sanity. If you have not taken that first step already, let me help you make to today. For if you can admit that your inner panic and devastation are symptoms of alcoholism, you are ready for help.

My purpose in writing this letter to you is to tell you that, in spite of your desperate illness, you can "rejoin the human race" and live a reasonable normal life. In fact you will find that life to be much happier than average living. You will not return to the old life you enjoyed before alcoholism overwhelmed you. That life was not good enough for you; you tried to escape your frustration and despair by losing it in drink. This life I'm going to tell you about lies on the other side of a great experience, and you can find it and be exactly what God had in mind when He made you.

Alcoholics Anonymous is what I'm writing to you about. It has stopped the drinking of nearly a quarter of a million desperate, defeated men and women and redesigned their lives. If you are willing and humble enough to let it work for you, it will not only make today's drink your last one forever but will give you a new way of life, indescribably good and of benefit to all who see it.

The general public has little comprehension of the way A.A. works, and, in fact nobody can explain it intellectually. But there is multiplied evidence that it does work. After admitting yourself to be powerless over alcohol, if you sincerely want help, you ask a power greater than yourself to take over your life. On a superficial level this would mean little. But on the deep emotional plane where this asking occurs (and with all you suffering endorsing the plea), the strongest force a human being can experience is released. The presence of this felt power is stronger than the alcohol, which up to that moment had been the paramount urge, overmastering love of family, self-respect, and self-preservation itself. The A.A.'s cannot easily discuss this tremendous experience. But it does not need to be discussed; its results are beyond any doubting. Nobody knows how it works, but it does.

Let's talk about you a minute. How did you become an alcoholic in the first place? Not just out of cussedness or meanness, of course. Medical science and psychiatry have established the fact that many people drink to excess from emotional causes. I've know two women who became alcoholics because they lost their children, and many because their husbands failed them. Most alcoholics

are perfectionists and idealists. They expect to accomplish wonders with their lives; when they cannot live up to their ideals, they cannot face their disappointment in themselves.

In spite of what others usually believe, alcoholics have terrific consciences. They care so deeply about everything that they cannot endure the stress and strain of worry. When an irresistible conscience meets an immovable inability to endure the agony of worry, there's a wide-open invitation to excess drinking. Emotional conflicts in you supersensitive people become so unbearable that escape, amounting to total obliteration, is sought. In some alcoholics a feeling of inferiority born in childhood builds up a compensation mechanism that creates egotism gluttonous for praise and success and never satisfied with what is offered to it. In women, the too fat ego demands flattery, indulgence, and, in some cases, continual romance. Disappointed in her excessive demands for perfection, a frustrated woman sometimes believes the dreamy promises of alcohol, the heartless deceiver.

When these extreme emotional tensions exist in addition to bodily allergy, alcoholic ruin is inevitable. People drink because they are unhappy; they are unhappy because they drink; and the vicious spiral whirls on until one cannot tell which was cause and which effect.

The way back from this unfathomable torture must include treatment for both the emotional obsession and the physical illness. Psychiatry and medicine have worked together on thousands of cases and in some have been successful. But their record of permanent success is discouragingly low. The alcoholic is called the "heartbreak of the medical profession," because all too often the physician knows that the beaten, suicidal body he is restoring will come back to him in a few months in exactly the same, or a worse condition.

The positive results of Alcoholics Anonymous are inexplicably high. It is usually estimated that nearly 75 per cent of alcoholics who try A.A. therapy come through to success. In some cases it is fantastically simple. At the end of their own resources, they ask for A.A. help, and from that day on never take another drink. In other cases they are "on and off" the program for months. I know of one young woman who tried for three years to make it. Even some of the A.A.'s who worked with her lost faith in her chances. But she stubbornly believed she would finally be able to stop drinking. One night last week I went to her third "birthday" party and I saw her blow out the candles on her cake.

She was unrecognizable as the person who struggled so hopelessly through many twilit years. When she first heard of A.A., she had been drinking for eight years, since she was nineteen. Her family had finally given her up, for she had drifted lower and lower until she was beyond their reach. At the age of twenty-seven she looked forty - fat and sloppy and maudlin. It was almost impossible to look at the tall slender girl in a smart white frock, blowing out the three candles, and believe she had any connection with the blowzy, fat

woman who took her last drink three years ago. She has lately married a wonderful, substantial man who understands her perfectly and admires her wisely. They say they have the prize marriage in captivity, and I must say it looks just that.

One of the miracles of A.A. is that it transforms bodies as well as emotions and minds. The very substance of flesh and hair seems made over. Women whose bodies have been degraded by neglect and abuse now value their appearance, because, as one said to me, "God just seemed to paint a new portrait of me."

That wasn't mere wishful thinking when I said you could find more than average happiness in the lives of A.A. members. Of all groups on earth, the people who have rescued themselves from the undersea horrors of alcoholism are the most exuberantly joyous ones I've ever found. They are not indifferent or bored now; all living has quickened to importance for them. Does it seem unbelievable to you that you could ever be so conspicuously happy - without anything to drink? You'll learn new meanings for the word "happy."

When you stand outside a room where a group of Alcoholics Anonymous is meeting, the most frequent sound you hear is laughter. Mellow laughter, which can come only from people who have looked destruction and catastrophe in the face, not once but continuously over long years, and now are free and unafraid. The laughter, in short, of people who hold God's hand and feel safe.

That is the basis of Alcoholics Anonymous, the fact almost incredible to a world that is half-afraid to expect much of God in everyday life. The single thing that decides whether or not you will find your sobriety, the A.A.'s say is your willingness. Willingness to admit that you are powerless over alcohol and that your life has become unmanageable. Then willingness to turn your will and your life over to God, as you understand Him. This is not glib willingness, by any means. It is not achieved until you have passed your last outpost of helplessness. It is at the point where "Man's extremity is God's opportunity."

It is such a deep cry for help that sometimes you yourself do not recognize it as prayer. Until after it has been answered, that is.

For example, let me tell you about how a friend of mine found A.A. I'll call her Nora because that is not her name. A.A. provides absolute anonymity; one need not hesitate about trusting the privacy promised. Nora had been an unhappy child in an unhappy home. Not much had ever gone right for her, and she did not believe it ever would. As she grew up, one tragedy after another happened, and she tried to escape by drinking.

The first good thing that came into her life was the love she and her husband had for each other. Soon after they were married, Nora realized she was an alcoholic. Before marrying she had believed she drank because she was unhappy; now that she was happy she found herself unable to stop drinking. She did

everything possible to keep her husband from realizing the truth about her. But her craving for alcohol was so uncontrollable that as soon as he had left in the morning she gulped down several drinks. (Alcoholics drink faster than most people.) She lay in bed most of the day, hating herself. When her head felt as if it would split, she put an ice pack on it; and when her husband came home, she quickly slid the ice pack to her cheek, saying she had a toothache.

Gradually, of course, he found out the truth. He begged her to promise not to touch alcohol, and she eagerly did. But the next time she was alone, she was powerless to resist. Her husband got medical help for her, but it did no good. She spent many sessions in sanitariums; those too failed.

Nora told me about this period a few nights ago as she was driving me to an A.A. meeting at our county jail. She said, "I've never been in jail myself, but I know about solitary confinement. An alcoholic has prison bars inside his own skull. He exists behind those bars in solitary confinement."

This wretchedness continued for many years without a ray of hope. Then one day she had an accident while driving. The doctors told her husband she was going to die. Amazingly she recovered, and this seemed to her one more evidence of her tragic bad luck, for she was sick of existence.

On the way home from the hospital, her husband told her he was going to put her permanently in an institution, for both their sakes. She said she would be committed willingly, because she loved him too much to keep killing him by inches.

At home she was put immediately to bed, and she tells me that for the first time in her life she cried out within herself to God. "If you can hear me, help me," was all she said. She went to sleep for a while, and when she woke up, she asked her husband to call a doctor. He said, "Which one, dear?" for many doctors had drifted in and out of her muddled existence. She said the first name that came into her mind, a doctor she had not seen for years.

In half an hour he was beside her bed. Since he had worked unsuccessfully on her case, he had become interested in A.A. Immediately he phoned the local A.A. office, and within an hour a woman member arrived at Nora's house.

Nora has never taken a drink since. She is convinced that the moment her very simple prayer was said, it was answered. She never doubted that her outcome was therefore safe. She is now a gentle and beautiful woman, full of happiness and freedom. The fear and inferiorities and her superstitious belief that she was marked for "bad luck" have completely dropped away. Her life is filled with activity and interest. But she never for a day forgets that she has surrendered herself and her life to God's managing. She remembers she is an incurable alcoholic and that one drink would plunge her back into darkness. She tells me that every night before she sleeps she says, "Thank you, God, for

keeping me sober today."

To show you how complete is the allergy in some alcoholics, I'd like to tell you the story of a grandmother, whom we'll call Jane, who took the first drink of her life when she was fifty-nine years old. It was at a bridge party with some new neighbours. The other guests had only a glass or two of punch, but Jane couldn't seem to get enough of it. In fact, before the party broke up, the hostess mixed her several cocktails, for it seemed most amusing to see the proper little middle-aged woman suddenly so crazy about drinking. By the time Jane's husband, Jim, called for her she was hilariously making a nuisance of herself. Jim got her home and into bed, and she fell immediately to sleep. But just as she was dropping off she said, "Jim, we've missed the best part of life. Tomorrow I'm going to mix you some nice cocktails."

The next morning Jane went boldly into a package store and bought a bottle of rye. Her intention was to have one drink, for medicinal purposes, and to save the rest for cocktails to show Jim what they had been missing. But the one drink led Jane straight through the bottle. She was an alcoholic, completely and fully developed, just waiting for the first drop to set her off.

From that day on she was a problem drinker, completely out of control. At first it seemed screamingly funny that this could happen to such a little homebody. But before a month had passed, both Jim and she knew she was in real trouble. Her sons couldn't believe what had happened; it sounded too fantastic. But there was no doubt about her alcoholism, for nothing else mattered to her but her day's quart. Her minister prayer over her; her daughters-in-law kept the grand children out of her sight; her physician gave her a drug, Antabuse, which creates an aversion to liquor. But that neatly killed her when, in spite of warnings, she drank alcohol immediately afterward.

Six horrifying years followed. When she couldn't get money any other way, she went out on the street and begged for it. She sold her clothes, stole from her husband, and even got a job cleaning up a cocktail lounge, "for drinks." The day she was picked up by the police as drunk and disorderly, she hit bottom. Then, all by herself she went to an A.A. meeting. It was the beginning of the way back.

An Alcoholics Anonymous meeting is a tremendous experience I for anyone, even for a nonalcoholic like me. First of all, you are surprised to discover that it is not a solemn occasion. You find a cross section of types present, and except for those who are attending for the first time, everyone is laughing and talking. Only first names are used, for purposes of anonymity. The only distinguishing mark of the group is that everyone is unusually kind and affectionate toward everyone else. It is as if all shyness and shame and pretence have been stripped away and people are acting spontaneously - from within themselves instead of from the cautious exterior.

A.A.'s have told me that they felt at home for the first time in their whole lives when they attended such a meeting. This is understandable, for here no one criticizes, or blames, or is disgusted or shocked at anything. Here is utter understanding, because each person present has suffered through the same purgatories. Here also are people you cannot fool with the alibis and dodges and deceits the alcoholic always has at hand. Here are people who know 'em all and cheerfully tell you so. It is a relief to be among such people after you have lived for years in a maze of lies and subterfuges. It is as exhilarating as if you discovered a whole new race, with meanness and false pride omitted. It is as comfortable as if you were in a room full of people who all turned out to be yourself in different guises. You know you can trust them to see you as good - and as bad - as you are, without blame or shame.

Meetings follow a simple pattern. In California, for instance, an A.A. meeting would proceed in much this way: A chapter called "How It Works" is read from the Alcoholics Anonymous "textbook." A member volunteers to act as chairman to conduct the meeting. The chairman may begin by saying, "Good evening, friends. I am an alcoholic." After telling a little of his own history, he introduces speakers he has selected to tell about themselves. Each speaker, man or woman, tells what he was, what he is now, and how he made the trip between the two states of being. They tell their stories with complete frankness and often with much humour. A n alcoholic attending for the first time id often shattered with relief at hearing the horrors, which all his life have been mentioned in self-righteous whispers, now being talked about in plain words and with laughter. Inhibitions and self-condemnation too painful to admit collapse like walls of wax under this quite simple therapy.

When I ask A.A. how they can laugh and joke about their old sufferings, they say, "Well, you see, all that happened to my worst enemy. Not to me, certainly." It is the most wholesome kind of divorcement from the past that any therapy has ever achieved. The past was a series of hangovers; but when that past departs, it leaves neither hangover nor scar.

At the end of the meeting there is a moment of silent prayer; then everyone rises and repeats the Lord's Prayer in unison. I defy anyone to take part in this and remain untouched. Then there is coffee and cake and an hour of friendly companionship. Many alcoholics have become bankrupt in their social live, and A.A. offers them comfortable and easy opportunity to make friends again and to "belong."

There are meetings every day; in Los Angeles alone there are thirty-five meetings nightly. They are usually attended by slightly more men than women. There are also stag meetings for men who feel freer when no women are present, and all-woman groups, some of which meet in the morning or the afternoon.

Besides the usual meeting places, in many cities clubrooms are maintained, where friends may have a meal together, play a little bridge, read magazines, or just talk (one of the alcoholic's favourite enjoyments after years of

By George Dolan

It isn't easy for a guy to go on a bender while he's in prison. Inmates figure all their weekends behind bars are lost - but not because they've fallen off the wagon.

Still, in Huntsville, Texas, an Alcoholics Anonymous chapter flourishes in "The Walls" - prisoners' tag for the main unit of the Texas prison system.

"There's no problem here of a man going out on a drunk," admits the sponsor, Howard L. Sublett, "But liquor is the reason they're here. They were slaves to the bottle."

The A.A. members behind prison walls are trying to condition themselves mentally for a return bout with the free world when - and, in some cases, if - they leave.

Sublett, the chapter's sponsor is the 28-year-old assistant director of the prison system's Bureau of Classification. A thin, dark, intense young man, he donates his time and is one of the few non-alcoholics in the world able to take part regularly in an A.A. movement. He's as wrapped up in the program as are the alcoholics. His only "pay" comes from results.

A 35-year-old Dallas ex-convict paid him a bonus early this year. The former prisoner, who joined the chapter in "The Walls" while serving a ten-year robbery term, rejoined his wife and two children when he was released.

"You'll never know how happy I am," he wrote Sublett. "I'm working every day in a machine shop. And every night I drop on my knees and thank God I was able to find myself through Alcoholics Anonymous."

He was a member of the original group organized in June, 1948, at the penitentiary. Inmates themselves formed the chapter; and they run it, too.

Members meet every Sunday afternoon and are often joined by A.A.'s from the free world.

The bond between "inside" and "outside" members of the A.A. movement is strong. "When an Alcoholics Anonymous member leaves prison," says Sublett, "he invariably is met by free members. They take him into their homes, lend him money and help him find a job. This follow-up work is half the battle."

The "inside" members have no secrets from one another. At their Sunday meetings they rehash their lives and the influence alcohol has lent.

The spiritual therapy has helped the chapter secretary, a 28-year-old former Air Force man from Detroit, sentenced to life imprisonment in 1950 for rape, decided that "I've got something to live for now. Alcoholics Anonymous has

without knowing those dates. Does anyone out there happen to know the dates of the articles in this series? or maybe even already have copies of them?

Thanks in advance for your help in this,
Tony C

Grapevine, date unknown

SLOTH

First in a mini-series dealing with the seven deadly character defects.

Sloth has long played a false role as a minor defect, more to be smiled at than feared, a back-row fault the alcoholic could ignore. The word itself usually expresses indolence, scarcely a serious item. So it is necessary to find out just what sloth means. It must be a lot worse than sitting in the shade to watch the dancers.

Since sloth is spiritual, it might be well to see what some authority on spiritual matters believes. One of the best is St. Thomas, whose writing is full of pertinent ideas for an alcoholic. He says that sloth is "melancholy in the face of spiritual good." (The AA who is sober, but always seems to have some dismal complaint?) The real evil of sloth, then, would be a stubborn refusal of joy, a grim holding on to guilt, depression, and melancholy, which can lead to despair - loss of hope. One of my sponsors said the chief factor that can cause a recovered alcoholic to drink is a loss of hope, from any cause.

For the alcoholic, sloth means being aware of the AA path of recovery, yet refusing to follow it, because the whole sobriety package seems too hard to accept. There are a lot of Gloomy Gus and Melancholy Minnie types who revel in their miseries and bog down completely, often tainting the lives of all close to them. They spurn help or friendship, and if they are "slippers," as is often the case, they keep mumbling, "It's no use. I can't forgive myself. I can't stop drinking." They guzzle themselves right into the grave, or into some mental hospital where their last state is worse than the first. (This is not meant to slight clinical depression, a genuine illness requiring all the skill that dedicated psychiatrists can and do give their patients.)

When we consider that sloth can take an alcoholic right to the gates of doom, it ceases to look minor. It takes its place among the most rightly feared of the seven deadly character defects that can trap the alcoholic.

Bill C., Hull, Mass.

Grapevine, date unknown

Envy

Second in a mini-series dealing with seven deadly character defects

No one would argue if you said at a meeting that resentments are among our worst enemies. But resentments, like alcoholism, are a symptom. When you go looking for the cause, envy will often be dug out of the woodwork. Yet most people think of envy as a mild flaw, easily skipped over in the Fourth Step.

The truth is that envy has long since earned a high place among character defects. Like many an insidious foe, it has a way of throwing sliders that can fool anyone. As long as our defects go unrecognized, they have a way of growing; they aren't likely to fade away and get lost without real effort by the victim. And envy can sour the thinking process like sauerkraut in a milk-shake. The victim would never admit this. (Guilty ones rarely confess anything. Ask any judge, lawyer, or jury.)

To envy means "to feel annoyed or aggrieved at the superior possessions or advantages of another person." Any time an alcoholic gets annoyed in this way, there is danger ahead. What shows first as irritation grows quickly into resentment. Emotions can merely simmer; but as in a kettle with the lid jammed on, pressure rises, and resentment can burst into rage.

So what started as a touch of mild envy may eventually boil into something lethal and end in tragedy (which to us means a drink).

Suppose someone remarks here, "Why worry about it? Remember, Easy Does It." There is a strong answer.

It comes from Bill W., AA's co-founder, who noted in the Grapevine (November 1960) that alcoholics have three choices in seeking sobriety: (1) "A rebellious refusal to work upon our glaring defects can be an almost certain ticket to destruction"; (2) for a time, we can stay sober with a minimum of self-improvement and settle our selves into a comfortable but often dangerous mediocrity": or (3) "we can continuously try hard for those sterling qualities that can add up to fineness of spirit and action - true and lasting freedom under God."

If we take the third course, we'll begin with a "searching and fearless" look into ourselves. Do I envy John or Jane Doe, recently promoted while I sat still? Or their new car while mine is old and rusty? Or the fact that his son made MIT while mine took a low-level job? The list will be long; for each, it will vary; but honesty will show that envy warps countless minds.

Envy has a long arm; its fingers touch many sides of our thinking, and therefore influence our actions. Is this a human frailty that can't be helped? No! Once anyone uses the Fourth Step without reserve and begins to see exactly what is wrong, a start can be made. Only that is needed. Perfection isn't in reach. But willingness will open many gates, and the road ahead can be upward, if we so choose, one day at a time.

Bill C., Hull, Mass.

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Greed

Sixth in a mini-series dealing with seven deadly character defects

If you tried to pin a big "G" for greed on anyone's chest, you might get a punch in the nose. You would be asked what in blazes this has to do with sobriety. But a little Fourth Step digging will get at the truth.

Greed is an excessive desire for more than one needs of anything. It is like an ingrown toenail, tough to get at and tougher to cure. I was greedy from childhood on - first, for more toys at Christmas, more vacation trips, more school honours, and then, after college, for better jobs and cars, more fun and games.

When booze came along, the overblown wish for "more" shifted to alcohol, and the life graph turned down. The vital question after reaching AA and finding the Steps was: What to do about it?

Going outside myself was suggested by everyone I asked. Greed is a spiritual cancer; like all our defects, it grows within us and has to be overcome by positive action on the outside. This is not easy - a deeply entrenched growth won't yield to a once-over-lightly touch. It takes strong daily effort. I must first spotlight greed, with the Fourth Step, and then go outside myself, with the Fifth, Sixth, and Seventh, to seek help against it.

Experience shows that something like this can work: (1) Get a good idea of how far greed has blinded you; (2) if possible, go over the problem with another person; and (3) with the aid of Steps Six and Seven, prove serious intent by starting surgery.

Pinpoint some opposite qualities, such as generosity and kindness, and work toward them. The opening for most of us will be small - perhaps a

a place of residence, occupied by men who would rather live in skid row than elsewhere. It is geared to their thinking.

Skid row would revolt others; yet these others have their own bottom in life, and I have heard a middle-aged son of a great banker say, after a splendid comeback in A.A., "I was never on skid row; I brought skid row to my apartment!"

Each group of A.A. members has its meetings, open and closed. Members speak. They discuss their problems. And they usually bring out their "low," their "bottom" in the drinking career.

One member said, "I owe a good deal to A.A. I now have two suits, a job, an apartment; when I awake I know what day it is, what happened last night. And only a little while back I was doing life in prison on the installment plan."

So he was. In Los Angeles, twenty days in jail for being drunk. In Tucson, forty-five days in jail. In the next town two weeks. Wherever he went, he got alcohol, whether cheap wine or the more costly whiskey, or just plain rubbing alcohol, if broke. And he always landed back in jail. This went on for years.

He got to thinking: "I have killed no one, but I am serving a life sentence." His low was unpleasant, but he was lucky. Somewhere he read about Alcoholics Anonymous and he asked for help. He got it, it turned out, that help which amounted to an unconditional pardon.

My last post was that of radio executive, before I went to A.A. And in the Philadelphia A.A. club, where I first became associated with members of the fraternity, I was approached by a man walking gracefully into the twilight of life, his hair white, his steps firm, his eyes as young as a boy's. He was a celebrity. He was the head of a big manufacturing concern. He told me his low.

His skid row was a room in one of the city's finest clubs. Days on end and weeks on end he remained in that club, speaking only to his chauffeur, who came with mail, and to the houseman, who came with bourbon. Bourbon by the bottle.

Finally, a banker arrived. There was a discussion of notes that were due, of the company president whose desk had been empty so long. And then the glove was flung to the floor: "Give me your stock or pay the note by 3 p.m.," said the banker.

Well, you do not have that kind of money around if you have taken residence in the black swamp; so the manufacturer got his stock together and gave it to the banker. And then he called A.A. He had hit his bottom.

He got his stock back. His firm is secure now. My friend summers in Maine and winters in Florida, but, wherever he is, he keeps in touch with A.A., and

today he will tell new, flustered, insecure members his story of hitting bottom. It helps tremendously.

Another who told me his low was another highly successful businessman. He still had a fine home and a going business when he came into A.A. And a skid row in his rumpus room in the basement of his suburban home.

He drank alone, in bars alone, at home alone. There was nothing social about his drinking. It was guzzling.

So he kept his favourite whiskey in his basement rumpus room. And one day his wife went downstairs and found him there, fogged up, shaking, bewildered. There was a finger of whiskey left in his last bottle. He was sitting on the floor. He had been there for hours.

His wife took in the situation, inquired how he was doing, and he complained that he would soon be in terrible shape, because he did not feel up to going out for more liquor and he was running desperately low.

His wife went back upstairs. Presently, in half an hour or so, she was back. She had a case of whiskey. She placed it beside him and said, "There.. .drink yourself to death."

My friend says it sounded like a command, and it cut through the fog in his brain and told him something. It told him he'd hit bottom. His basement floor was as hard a bed as skid row concrete.

He did not drink that case of whiskey. It's been better than seven years since he's had a drink. Now he spends a good deal of his time helping out at the club where he learned about living happily with sobriety, and where he told me about hitting bottom and recognizing it.

Of course there are less spectacular bottoms. The laborer who slept for years in boxcars, wound up in the Salvation Army's place at Roxborough, Pennsylvania, talked with visiting A.A.'s and later got a job and stuck around. Ten or more years, that's been, and today this man who lived in boxcars has a wife and children, is a personality in A.A. and his community.

There is, too, the former head of a public utility. Now ten, eleven years in A.A., he will sit at a table in the A.A. club, have coffee and tell you that his son - in banking - changed his name legally and that was a low.

The same son, years later, heard of his father's late-in-life change for the better and called on him with a Christmas present. There is the suspicion he called as much in curiosity as for any other reason, but he remained for days.

Now they correspond and that's a good deal.

Capote. He includes an alcoholic district attorney who knowingly framed innocent men, and others who abused their families and friends.

> His most disturbing conclusion is that a number of history's worst tyrants have been alcoholics. He names Henry the Eighth, Ivan the Terrible, and Peter the Great. The most chilling account is about Josef Stalin, who was not only the son of an alcoholic but was under the spell of alcoholism during the long years when he held absolute power in Russia and sent millions to their deaths. Graham believes it was Stalin's alcoholism that caused him to escape into a bender when Hitler launched his treacherous attack on the Soviet Union in 1941. This virtually paralyzed the government at a most critical moment and left the country helpless and reeling until Stalin sobered up.

> Why did Graham write this book? Though nonalcoholic himself, he spotted secret alcoholism in business associates and came to understand how damaging it can be. He also studied alcoholism and went to the trouble of learning from AA and Alanon members. He came to see how alcoholism often explained behaviors that were otherwise inexplicable.

> Though "Vessels of Rage, Engines of Power" is currently out of print, James Graham has several hundred paperback copies and can offer them for sale. Price is \$12.95 plus \$3.00 shipping. Write to:

- > James Graham
- > 1103 Bunker Hill Mill Road
- > Lexington, VA 24450-7321

=====

+++Message 948. Re: Re: Secret History of Alcoholism
From: melb 4/19/2003 3:48:00 PM

=====

I appreciated Dick's reply and his information about James Graham's book. It was also reprinted as "The Secret History of Alcoholism," which I feel is the best title. But the index in that version is defective, according to James.

Let's hope that a new version with a correct index is published someday.

Mel Barger

----- Original Message -----

From: "Dick" <dikilee@yahoo.com>
To: <AAHistoryLovers@yahoogroups.com>
Sent: Saturday, April 19, 2003 12:04 PM
Subject: [AAHistoryLovers] Re: Secret History of Alcoholism

> I just joined this group about 5 minutes ago, so I hope I am not
> violating any rules or protocol by my reply (or the form thereof).

> The first post I read was Mel's following description of "Vessels of
> Rage, Engines of Power" by James Graham of Lexington, Virginia. It
> sounded familiar to me, so I checked my bookcase and found THE SECRET
> HISTORY OF ALCOHOLISM by James Graham. The book is subtitled, "The
> Story of Famous Alcoholics and Their Destructive Behavior". I found
> it interesting that not only was the old subtitle used as the title
> (as Mel suggested), but also, I could not find the original title
> mentioned anywhere in the book. By the way, it was published in 1996
> by Element Books, Inc., P.O. Box 830, Rockport, MA 01966. The price
> printed on my book is \$13.95. I pass this on because I found it very
> interesting that Mel was "right" about the new title and this
> information may make it easier for interested persons to pick up a
> copy or perhaps check it out at their local library.

>

> I look forward to learning more about our great fellowship.

>

> --- In AAHistoryLovers@yahoogroups.com, "melb" <melb@a...> wrote:

>>

>>

>> From Mel Barger:

>> THE SECRET HISTORY OF ALCOHOLISM---A Book that Deserves More
> Attention

>>

>> Some months ago I discovered an out-of-print book that deserves
> more attention than it received when first printed. It is
> titled "Vessels of Rage, Engines of Power," and the author is James
> Graham of Lexington, Virginia. The book was subtitled "The Secret
> History of Alcoholism," and if it is ever reprinted, that should be
> the main title.

>> The main point of the book is that alcoholism in prominent and/or
> influential persons has been behind some of the major problems in the
> world. Much of it has been secret or less well-publicized than it
> should have been. But using extensive research and his own acute
> reasoning powers, Graham has identified alcoholism as a primary
> affliction of some of history's worst liars, tyrants, murderers, and
> thieves. In many cases, the alcohol factor was completely
> unrecognized by those who suffered from the alcoholic's abuse or were
> otherwise involved with him.

>> Who were these hidden alcoholics? Some of those listed by Graham
> include John Wilkes Booth (Lincoln's assassin), serial killer Ted
> Bundy, British traitor Kim Philby, Adolf Hitler's father, and Richard
> Speck, who killed eight women in a single night. Graham also targets
> three American presidents as alcoholics and lists a number of famous
> authors, including Sinclair Lewis, Ernest Hemingway, and Truman
> Capote. He includes an alcoholic district attorney who knowingly
> framed innocent men, and others who abused their families and
> friends.

>> His most disturbing conclusion is that a number of history's

his previous successes as an author. He even approached Bill Wilson for help. Bill, who would help almost anybody who came to him with any problem, did try to offer help, but I don't think it was successful. But the book was published and probably satisfied Sinclair's need to say something on the subject.

Mel Barger

----- Original Message -----

From: "corafinch" <corafinch@yahoo.com>

To: <AAHistoryLovers@yahoogroups.com>

Sent: Saturday, April 19, 2003 8:01 AM

Subject: [AAHistoryLovers] Re: Secret History of Alcoholism

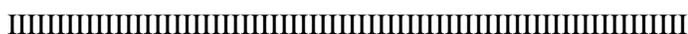
> This is fascinating. I note that the book mentions Sinclair Lewis and a few
> other authors. The novelist Upton Sinclair was a friend of Sinclair Lewis, and
> the two were often confused although unrelated to one another. Upton
> Sinclair had an alcoholic father and was a radical teetotaler. His concern
> about Sinclair Lewis and other drinking friends was well known.
>
> In the late 50's Sinclair wrote a book about famous creative alcoholics,
> primarily authors. He corresponded briefly with Carl Jung about the book,
> which was entitled "Cup of Fury." It is hard to be sure from the letter
> (in the
> Collected Letters of CG Jung) but it appears that Jung had received a pre-
> publication copy from Sinclair.
>
> The final chapter of "Cup of Fury" discusses AA. I wonder if Jung had
> that
> book in mind when he mentioned to Bill Wilson that alcoholism could
> represent misdirected spiritual strivings. I believe the book is also now
> out of
> print, but readily available on used-book sites.
>
> Cora
>
>
>
> To unsubscribe from this group, send an email to:
> AAHistoryLovers-unsubscribe@yahoogroups.com
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leaders hope, bring even more "menacing nuisances" into the organization. "Half the people coming into A.A. today are in this group," Bill W. says, "and the members of this new class immediately identify with each other. Otherwise we couldn't keep them."

Who exactly are these "menacing nuisances?" For A.A. purposes they are that segment of drinkers who are potential alcoholics. According to Bill W., there are certain well-defined symptoms by which they can be distinguished from other drinkers, e.g.: A persistent lack of control over your drinking even when you want to control it and when it is necessary that you do control it.

An underlying maladjustment from which the excessive drinking usually stems.

Like all A.A.'s the new members find themselves in one of the most cleverly conducted organizations of modern times. It accepts no money from outsiders, so that even if you wanted to leave a bequest to A.A. the money would be refused. It also insists on the public anonymity of its members. (last year Bill W. turned down an honorary degree of doctor of laws at Yale because it would have brought him a personal type of glory frowned on by A.A.) Yet these two rules have always been credited with bringing the organization more really worthwhile publicity (i.e., the kind of publicity that reaches alcoholics who need A.A.) than could have been achieved by any other public relations policy. (Good A.A.'s for example, disapprove of such authors as Lillian Roth, who has publicly broken the shell of her A.A. anonymity to write such a best-seller as "I'll Cry Tomorrow." Says one A.A. spokesman privately in this connection: "We have many members who have pulled themselves up by their own resources.")

By equal cleverness, A.A. which has baffled psychiatrists and religionists, has at the same time been approved by psychiatrists and religionists. There was a time when the Catholic Church, for example, did not see eye to eye with A.A., believing that its religion was enough to cure any alcoholic. Then A.A. pointed out to the Church that many of its own priests, far from being able to pull themselves up by their religion, had joined A.A. to be cured. As a result the Catholic stigma was removed from A.A. Yet the basis of A.A. itself, which, once was closely associated with the Oxford Moral Rearmament Group, is a highly individualized religion that has been made palatable for even the most adamant atheist. Organized as what Bill W. describes as "everything from a benign anarchy to a democracy to a republic," the organization is one in which no member can be compelled to contribute anything to it or to believe in any particular dogma. "If you believe," says Bill, "that the hen came before the egg or that the egg came before the hen you have enough religion to join A.A." Even the most scientific alcoholic, the says, has to admit that by the time he gets around to A.A. he can't help himself. Therefore, he has to admit that there's a higher power than himself and, says Bill, "We put teeth into this belief by telling him that God in effect is saying, 'I hope you boys behave' but John Barleycorn is saying 'You'd damn well better behave, because if you don't -'"

By such methods A.A. leaders estimate that they have now corralled 150,000 to 200,000 former alcoholics into their organization, though accurate membership figures are hard to come by, partly because all members of A.A. are allowed to make their own decisions on how closely they will work with the organization and partly because there are thousands of A.A.'s who, being isolated from cities where A.A. groups are able to meet, must in their own words "stay sober" solely by means of "The Big Book" and by means of A.A.'s monthly magazine, The Grapevine. Sales figures of the first edition of the book alone reached mammoth 300,000 copies - a figure that their membership extends far beyond their records. They know, for example, that by means of their tried-and-true methods the French membership has jumped to a great deal from a time when the only A.A.'s in France were American alcoholics in Paris. They also know that A.A. has transcended many international boundaries which are normally not transcended: for example, A.A.'s meet together from both North and South Ireland, crossing the boundary line to do so. One boundary still to be got across, however: the Iron Curtain. But in time even this boundary as well as others may disappear for, as A.A. leaders say, they have a built-in-self-perpetuating system: in order to stay cured every alcoholic has to spend some time helping another drunk to be cured or otherwise he may very well sink back into drunkenness himself.

Today for those alcoholics and potential alcoholics who would like to join A.A. but who are remote from all A.A. groups the new and revised edition of "The Big Book" is now available for \$4.50 a copy. (to groups the price is \$4.) If you can not find it in your local bookstore the book can be ordered from Box 459, Grand Central Terminal Annex, New York City. Nobody - not even A.A. leaders - can speculate what the demand for the book will be. Only one thing is certain: that is that this edition will do better saleswise than did the original edition when it was first published in 1939. In that year A.A. Publishing Inc., was left with 5,000 copies of a book which nobody seemed to want and for which the unpaid printer's bills were so alarming that A.A. headquarters was actually visited by a deputy sheriff bearing a dispossession notice. Fortunately for everybody, however, the old Liberty Magazine published an article on the struggling organization and shortly thereafter John D. Rockefeller, Jr., sponsored a dinner for the organization. From that moment on A.A. was a success and so was "The Big Book."

Source: Saturday Review, Vol. 38, 18-18, August 27, 1955.

|||||

+++Message 952. Help on correct citation
From: Joseph Barry Murtaugh 4/21/2003 12:14:00 PM

|||||

> There is in each of us a God-shaped vacuum that only God can fill.
> --Blaise Pascal

sponsor tried that and he said he would not try that again without someone with him. He was sober a good 13 years at that point and a mature man. He was no fool.

Just as an AA context, I was visiting the local AA jail meeting and we all had a the usual moment of silence. In that moment, I lapsed into Ayin Sof. I could see but I did not evaluate. I knew I was in the room but I did not think about it. I didn't think about anything. I didn't even evaluate the light. I was just there. After that, the leader of the meeting asked people what they thought about during that moment of silence, and then asked me first. I said, "I wasn't thinking of anything." The guys laughed at me, but I was not embarrassed.

I remember what it was like before AA. Before AA my mind was filled with every random thought. I was never free of thoughts, and most of those thoughts were negative. In AA meetings I have heard it called "the committee". To be so free of "the committee" that I could be spend a long minute with no intruding thought at all is a true blessing for me. It must be the path to G-d.

They can laugh all they want. I am free.

Alex H.

|||||

+++Message 956. The God-shaped hole
From: Glenn Chesnut 4/22/2003 11:06:00 PM

|||||

I have never run into the phrase referring to the "the God-shaped hole" in our souls (the more common way it is given) in any works I have read which were written prior to the twentieth century. That doesn't mean it never showed up anywhere earlier, but I still have the suspicion that this is a very modern phrase.

When it's used by twentieth-century authors who are trained theologians, it seems (every place I've read it) to be a modernization of a famous passage from St. Augustine's Confessions, which is cited in its original Augustinian version more than once in Richmond Walker's Twenty-Four Hours a Day, in addition to many other places in many other books.

What Augustine, the great African saint, said in the opening section of his Confessions, was a prayer addressed to God, in which he said, "You have made us for yourselves, and our hearts are rest-less till they find their rest in

you."

The image of the hole or vacuum doesn't show up of course in the original Augustinian version, but I have read twentieth-century authors who tried to explain the Augustinian concept that way: there is a place in our souls which is empty and restless, and feels as though it is lacking something absolutely essential, and the soul will keep on seeking restlessly till it finds the Spirit of God to fill up that empty spot.

When the psychiatrist Carl Jung (who certainly knew his Augustine) wrote to Bill W. (who had been introduced to Augustine's writings by Father Dowling), Jung was certainly influenced by that central Augustinian idea when he gave his explanation about people seeking alcoholic spirits to drink (and fill themselves up with) when the only thing that would actually quench their real thirst was the divine Spirit.

Since Augustine has been the most important single author for western Christianity outside of the Bible itself, you find his original sentence quoted and adapted by all sorts of people, in century after century. Pascal was deeply affected by Augustine, so I wouldn't be surprised if he either quoted the original version or made some adaptation of it somewhere in his writings -- I never looked for that precisely, though.

If anyone wants to trace the basic idea back before Augustine (354-430 A.D.), he was adapting an idea drawn from the writings of the classical pagan Greek philosopher Plato (427?-347 B.C.). Plato said (in the Symposium) that human beings were driven by a kind of Eros or Love which, at its lowest level, was only love for individual physical and material things (a fine horse or chariot, or sexual desire for another person). Aphrodite (Venus) and Cupid, as they were normally worshipped by the pagan Greeks, were the symbols of this Lower Eros.

But by training the soul (see also the Parable of the Cave at the end of Plato's Republic), we could learn to turn this into the Higher Eros, which at its highest level was the desire to walk continually in the Sunlight of the Good Itself. (Later Christian, Jewish, and Muslim philosophers all agreed that what Plato called "the Good Itself" was what they called God Himself.) Only when we walked in the Sunlight of the Good Itself, Plato said, could we find real Truth and honesty, and move past black-and-white dogmatic slogans and beliefs (which we had never even examined to see if they were in fact true), and move past all our illusions and denial, and see all the various hues and colors and dimensions of the realities which actually make up our world, as they actually are in truth.

The important thing here though, is that Plato said that Eros was a burning desire to "find the missing part" that fit into a vast hole torn out of our souls and bodies. I am only "half a person" until I can find the piece that fits into that gaping hole.

The precise quote "God-shaped hole" doesn't show up in Plato either. But the fundamental idea of the empty place in our souls, and the restless seeking to fill that hole or vacuum or "missing half" -- a seeking which can only ultimately be satisfied by the divine Spirit -- goes back extremely far in the western tradition, and is basically a Platonic-Augustinian motif.

Glenn Chesnut

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++++Message 957. Re: Help on correct citation
From: David Ballester 4/23/2003 6:29:00 AM

|||||

Hey everyone!

I just want to say thanks to Alex H for sharing his experience in the jailmeeting.

About literature, I'm more in to the christian beliefs than jewism. The book I truly can recommend to every alcoholic is "The Sermon on the mount" by Emmet Fox, which is the text most that inspired Bill a lot when he wrote the big book. A true masterpiece for everyone who wants to be able to grow spiritually in the program.

Much Love Disco Dave, Gothenburg, Sweden.

G fre i kn och f din sajt vrderad p nolltid med Yahoo! Express
Se mer p: <http://se.docs.yahoo.com/info/express/help/index.html>

|||||

++++Message 958. Periodical Lit:
From: Jim Blair 4/23/2003 9:09:00 AM

|||||

Help for the Alcoholic's Family

by Jerome Ellison

The exclusive story, with case histories, of a new group that is bringing hope to alcohol's most tragic victims: The wives, husbands and children of the drunkards themselves;

One night three years ago a wife in Long Beach, California, despondent over her husband's drinking, went to a meeting of the local Alanon--contraction of Alcoholics Anonymous--Family Group to see what, if anything, might be done. After an evening of intent listening to men and women who had served as spouses to other drinkers, she returned home with her strategy drastically revised.

Always one to pour the household liquor down the drain when a binge was on, she now purchased five imperials of the finest, lined them up on the kitchen sink and waved an invitation to her husband to help himself. Unmanned by this reversal, he sat down to hear her explanation. He was so impressed by what she had learned about his problem that he returned the bottles unopened and hasn't had a drink since.

Alanon Family Groups, of which there are now about 700 neighborhood units, have produced many recoveries which are hardly less remarkable. The society is not mainly organized, however, to effect such comebacks. This is the province of its parent organization, Alcoholics Anonymous, or AA, the international fellowship of former problem drinkers who keep sober by helping inebriates find sobriety. Alanon tackles the problem from the standpoint of the nonalcoholic who is hurt in the emotional and economic tornado which so often accompanies alcoholism. Its members are mostly wives and husbands of AA members or prospects.

The field for Alanon is larger, the statistics suggest, than that available to AA itself, and the need is scarcely less urgent. The National Committee on Alcoholism, an educational and fact-finding organization, estimates that of the 65,000,000 Americans who drink, 4,000,000 have well-developed cases of alcoholism. A Public Affairs Committee summary of the annual cost to the nation charges \$31,000,000 to medical care, \$25,000,000 to jail maintenance, \$89,000,000 to accidents, \$188,000,000 to crime, and \$432,000,000 to wage losses. Other costs, such as the addling of good brains, the neglect and abuse of children, the disruption of families and friendships, are borne in large measure by those closely associated with problem drinkers. It is this population segment of 20,000,000 that Alanon Family Groups are intended primarily to help.

"And we need help," says the wife of AA's surviving founder. "After years of living intimately with an acute drinking problem, we've become as jumpy as the drinker, and as much in need of restorative measures."

As in AA, help is given mainly in the form of shared experience. Just as former drinkers are best qualified to appreciate inebriates problems, so the

harassments of the alcoholic's, spouse--or brother, father, sister, mother, sweetheart, employer or friend--can best be understood, Alanon members say, by a nonalcoholic who has had similar experiences.

The voices of experience are heard in the talks members give at meetings, during the refreshment period afterward, and through informal get-togethers between times. Sometimes, as in the case of the Long Beach wife, a listener gains insight that results in an immediate improvement of the home situation. Of course, no one had suggested treating alcoholism with alcohol. But the principle that a desire to stop drinking is an inward thing that cannot be created by outside lecturing, threatening, scolding or deprivation, is one of the tenets embraced in a way of life that AA's and their mates call "the program." The Californian grasped it promptly, applied it daringly and achieved a seemingly miraculous recovery.

"Hang around," new members are advised. "Sooner or later, you'll hear a story that exactly matches your own." When this happens, a feeling of belonging is strengthened, isolation is ended, anxiety begins to ease off.

In a recent trip through the East and Midwest I met and talked with scores of Alanon members attended their meetings and heard their case histories. There was a fantastic variety of family narratives, most of them having a happy ending. Families had been salvaged from circumstances seasoned counselors had pronounced hopeless. With the help of AA and Alanon, chronic drunks had been restored as dependable fathers, female barflies had made a comeback as conscientious mothers, families had been lifted from a special brand of hell to a special brand of peace.

"Stories," as members call their talks at meetings, briefly describe the family's condition before AA and Alanon, the circumstances that led to joining and the family record since. The "before" passages often recall days and nights of desperation and shame. "Our house was always a mess," a New York husband reminisced. "I could never be sure my wife would be sober when I came home; we could never entertain friends or go visiting. I hated all of it." A Westchester father said, "I dragged my son out of bars, argued with him, took his money and liquor away. Nothing worked."

Wives spoke movingly of what had happened to their loved ones and themselves. "He was changing before my eyes, losing his gaiety, growing irritable. He was a binge drinker and the binges came closer together."

"Our problem so filled my mind that I found myself forgetting appointments, riding past bus stops, looking at people and not hearing what they said."

"We lived in a small, gossipy, party-line town. We tried to keep up a gay front, but were stingingly unhappy."

From a Western state: "You know the story: father'd get plastered and you'd

retreat to a corner to commit mental suicide and murder. I could never know what turn things would take; there was never any security or sense of well being or peace. Finally I built a wall around myself and retreated behind it. We didn't go out for months at a time."

The Alcoholic Doesn't Fool the Children

Some had taken refuge in a dulled acceptance. "I had given up hope and become a martyr. We never talked much; we were almost strangers. He was sure I had stopped loving him; I was sure he had stopped loving me."

"The strain had affected my disposition, and this, in turn, affected the children. Our daughter avoided home like a plague and our son was in trouble at school. Bills at all the stores were long past due, we had no cash, our furniture belonged to a loan company. For a family accustomed to making its way, it was hard."

Others had lived at a high pitch of nervous protest. "When he was out, I'd jump out of my skin when the phone or doorbell rang, chain myself to the house so I'd be there when he returned, visualize accidents, extravagances,

infidelities, arrests. When he was home there were spilt drinks, uneaten meals, insults, physical violence, interrupted sleep, ordinary filth, constant quarrels."

One wife said, "Our marriage was held together by a little hope, a large fear and two children."

The children were not fooled. "I always knew when daddy was drunk, by the way he put his key in the door," a drinker's daughter said. "When he was like that I ran to my room and locked the door."

Another recalled: "Kids notice things. I remember them stumbling around saying, This is the way Marilyn's daddy walks."

In some cases a family member took the first step toward family recovery through Alanon, drawing the alcoholic into the AA orbit later. "Our doctor suggested AA as a possible step for our son," one father said. "I began attending AA meetings on my own, and after a time Bob went with me. AA made sense to him right away, and he hasn't had a drink since his first meeting." Later, this father helped organize a family group and served as its chairman.

The alcoholic's response is not always so prompt. "Alanon welcomed my daughter and me and gave us new hope," one wife said, "but my husband didn't join AA until a year and a half later, when being fired for drinking finally opened his eyes."

In a New York City Alanon meeting it was the questing wife, one night, who

received the eye opener. After hearing the symptoms of alcoholism described she jumped up, saying, "I don't belong here, but in AA. I'm an alcoholic!"

Some members report having been self-conscious and even suspicious in the beginning. "We had been referred to AA by our minister. I knew nothing about it, and my son was afraid it might let him in for some kind of enforced soul-saving program. He came home glowing after his first meeting, relieved of this and a great many other fears." This Midwest mother learned of the family group, joined and became an effective counselor to other families.

Family groups like to compare notes about how they happened to "come in." Some are awed at the unlikely "chance" which brought help in a desperate hour. A husband said, "One day when I was at my wit's end about Mary's drinking, I ran into an old friend who had been a complete lush, and found out about AA. Mary said she'd try it, and I joined the local family group to help her."

A wife reported: "During the last week of Jim's last bout, a ninety-seven-day affair, I knelt down in my flower garden and said what was probably my first really serious prayer. A few minutes later a neighbor called and suggested I phone AA."

Frequently the alcoholic joins AA and the nonalcoholic partner affiliates with Alanon at the same time. "While I was in the hospital for an operation, my husband drank himself into another hospital. The AA's called on him, and when he came out he was a member. When I came out I joined the family group."

More commonly the alcoholic pioneers in AA, and the spouse joins Alanon weeks or months later. One factor is curiosity. "Something had worked a profound change for the better in my husband," a Buffalo, New York' wife testified, "and I wanted to find out what it was." Another factor is a constructive kind of rivalry. In my visiting around the groups I heard frequent reference to the growth in understanding and maturity of the alcoholic spouse through AA. "We had to find out what it was all about or be hopelessly outdistanced."

Finding out what it's about sometimes comes as a shock. "I was quite put out at my first meeting," one wife said. "I expected to hear my husband's problem discussed, but there was hardly any mention of husbands. I was huffed when one wife expressed the opinion that fear, worry, gossip, criticism, grudge-bearing, self-righteousness and self-pity might be as reprehensible as drunkenness, lying and thieving. This was a shock--it hit home." A more usual first reaction is one of relief. Again and again I heard of the newcomer's reassurance on discovering that others had survived all he now faced and more, and had emerged cheerful and with a solution.

The "after" portions of the stories did not always proclaim unqualified victories over the demon rum. AA claims to be able to help all sincere applicants except those who are "constitutionally unable to be honest with themselves." A number of these are represented in Alanon by their spouses. One

wife felt that the Alanon program was successful in her case "simply because I have some degree of serenity and good health, and can feel respect and good will for my husband even though he's just come off a two-week drunk." Another reported dramatic relief from disabling headaches which she believed had been psychosomatic. A five-year member, she is successfully raising her two sons, though her husband remains a pathological drinker. One wife advised newcomers to be optimistic and patient about mates who were slow to respond. Her husband, now sober four years, had taken seven years to "make" AA!

Another group of "after" stories bears a restrained witness to improvement. "Has all disagreement ended in our household?" one woman asked rhetorically. "No, but friendly compromise has become possible."

After a year of Alanon, a wife reported: "The main difference in our family is that now we can talk. The two hardest people on earth to talk to are a drunk and an irritated wife. Now that we've broken the sound barrier, companionship is growing."

Generally, however, Alanon stories reflect a happily reconstructed family life. They are preponderantly enthusiastic. "I'll never forget those first meetings--seeing so many people I knew, never dreaming they'd had the same problem we'd had! I'd been a plain snob! We had all been so foolish to cover up our problem instead of solving it!"

"I've made such wonderful friends! We can laugh and even cry together and understand just what we're laughing or crying about."

"My advice to families with an alcoholic problem is, don't try to do it alone; it's too big."

"We found this secret of harmony: When each partner is trying to remedy his own defects, there's nothing to differ about."

I recall particularly a meeting in Des Moines, which has a family group of the predominantly female variety. Since AA runs more than five-to-one male, this is the usual, but by no means invariable, complexion of the spouse groups. The main AA group in Des Moines has more than 200 members and holds meetings in its downtown clubrooms, over a store at 816 1/2 Walnut Street, on Tuesday evenings. Saturday night is family night, and it is not unusual to have seventy for dinner and twice that many for the evening program of AA speakers. Family group meets on second Wednesdays at eight P.M.

At the meeting I attended I counted about eighty women. There were grandmothers and there was a babe in arms. The twenties and forties were well represented, with the thirties having a plurality. The members were smart in appearance and cheerful in demeanor, and the quarters pleasant. The loft measures perhaps forty by a hundred feet. In the rear are kitchen and dining facilities, a coffee bar and an office. The front portion, where the meetings

are held,

is a lounge and auditorium. Presiding was the secretary, a long-limbed, gently spoken matron in her thirties named Dorothy H.

Before the meeting I learned that Dorothy was the wife of Ray H., a prominent local attorney and one of the founders of the Des Moines AA group, and that they have an eleven-year-old son. Ray, in his day, had been jailed eighteen times for drunkenness, and hospitalized countless times. On one of these occasions the attending doctor jotted: "A chronic alcoholic, formerly a man of repute." As Ray's secretary, it was once part of Dorothy's job to cover up for him during his binges. She agreed to marry him only if he'd give up drinking. He accepted the condition and stayed sober three months. There followed four "awful" years, until one day fourteen years ago, when an AA stranger from Omaha blew into town, told Ray he was the man to introduce AA to Des Moines, and wrought the marvel of sobriety.

The secretary and treasurer reported briefly, and members learned that some \$17.85 remained in the till. A collection basket was passed, into which the ladies put as much as a dollar and as little as a dime. Four new members were introduced, and presented with pamphlets outlining the nonalcoholics' adaptation of AA's twelve suggested steps, stressing self-examination, self-improvement, prayer and service. A rummage sale was announced among the coming events, and a home-talent show. These latter are popular, drawing as many as 500 spectators. At one of them a prominent local political candidate and AA member offered his services as a target for custard pies. At five dollars a throw, he became a formidable moneymaker. By these and other means, the family group has provided the club with furniture, television, piano, refrigerator, dining silver and kitchen range.

The first speaker, an attractive forty-year-old redhead celebrating the first anniversary of her family's affiliation with AA, said it had been a short year and the happiest of their married life. "When Don came in a year ago, the neighborhood tavern keeper made a pool on which of the first fourteen days Don would resume drinking. The pool was extended to three, then four weeks, then called off. Don likes AA and likes sobriety, and now it's a year. In our house, it was a revelation to learn that for an alcoholic the dangerous drink is not the third or seventh or eleventh, but the first! It's wise to recall the things that happened while Don was drinking--it encourages a sense of gratitude--but unwise, I think, to brood over them. Some of them, recalled a year or two later, even seem funny.

"We didn't go out much, because Don drank all day and wanted only to sleep when he came home. Now and then, to make up, he'd blow me to his idea of a big treat--like the time he took me to a drive-in theater, then snored all through the show. Our social life has improved a great deal, now that people can understand what Don is saying. Don says my cooking is better. Of course, it is. He used to phone at dinnertime and say he'd be home in ten minutes. Two

hours later he'd call and say he'd be home in five minutes. An hour later, when everything was dehydrated to the consistency of cedar shingles, he'd turn up for dinner." She had long been in the habit' she said, of cutting out and saving quotations that particularly appealed to her. She read us one: "A clever wife sees through her husband; a good wife sees her husband through."

The next speaker was one of the founders of the family group. "Jack and I came into AA eleven years ago. He's a broker. He drank a lot in his business and we drank together daily, I almost as much as he. Things were not going well with us, with Jack's business, with the children. There had to be a change, either for better or for much worse. Then Jack Alexander's article came along in The Saturday Evening Post, and we began to talk about AA. After three years of talk, my Jack actually joined, and, of course, I affiliated with the family group. It has given me friends, and steady help with current problems, and many good times." She closed by reading the passage of the marriage ceremony that goes: "---from -this day forward, for better for worse, for richer or poorer, in sickness and in health---" It helped her perspective to remind herself, she said, that she had once made such a promise and considered it binding.

The active therapeutic ingredient of AA-Alanon, a mysterious force that AA's are sometimes heard to call "the program," is a little hard to define. After attending meetings over a wide geographical spread, I concluded that the effective essence is not in physical surroundings or programming. In Montclair, New Jersey, and Kew Gardens, New York' the groups met in churches. In Jackson Heights they met in an office building, in Westchester in a museum, in New York City in an AA club, in Buffalo in an apartment. In Des Moines there were eighty at the meeting; in other places the average attendance was twenty. In Westchester and in one of the North Jersey groups, the chairmen were men. Buffalo and New York City had speaker programs. In Kew Gardens and Jackson Heights the meetings were open discussions. In Westchester and Montclair, new members submitted written questions, and the program consisted of older members' answers.

These were typical questions: How far does one go in accommodating an AA spouse's drunken proteges? How do you take a moral inventory? Should liquor be kept under lock and key? To what extent should one cover the lies of a husband who's still drinking? How long after the alcoholic stop drinking does that awful uncertainty persists?

A question which drew a comment from practically everybody present at the Montclair -meeting was: How do I find peace of mind? The consensus was that one never captured it by frontal attack; when it came at all, it was a by-product of some other activity--usually of trying to help someone else. Some found a measure of peace in counting blessings, others in talking out a problem with an understanding friend. Prayers--"Don't let me think that way," "Help me to make the most of this single day," and the familiar AA prayer for serenity and wisdom--were reported as tending to restore tranquility.

The program is obviously flexible as to size, location and form of meetings. I received an impression, however, that it called for a certain minimum of individual effort. A sincere desire to get sober and remain so is expected of the alcoholic; and of the nonalcoholic, a genuine wish to achieve and maintain harmonious family relationships. Reform activities are to be confined to oneself; efforts to change others are to be restricted to friendly concern. Criticism, gossip and grudge-bearing are definitely off the program. One may rib another person only on condition one ribs oneself more sharply. Humility, though regarded as nearly unattainable, is nevertheless to be sought, along with patience, understanding, thoughtfulness and honesty. The participation of a Higher Power is frequently alluded to as a desirable condition for the program's fulfillment. Regular attendance at meetings and frequent contacts with other members are parts of the program. Through these contacts the extraordinary understanding of one sufferer for another finds opportunity to take effect.

The growth of the family groups roughly parallels that of AA, which celebrates its twentieth anniversary this month with an anticipated attendance of 15,000 at its St. Louis convention. The two founders of AA were a Wall Street broker and an Akron physician. From the beginning, their wives were important partners in the movement. They turned their homes into virtual rescue missions overflowing with drunks. As more family men entered AA, there were more wives to be encouraged and advised. The book *Alcoholics Anonymous*, from which the society took its name, was published in 1939. Special chapters were addressed to the needs of wives and families of alcoholics. When the first meetings were held in members' homes, spouses chatted over coffee in the kitchen while AA's met in the living room. Some went along on responses to appeals for help--"twelfth-step calls"--talking with the sober spouse while the AA dealt with the inebriate. Later, in localities where the AA tradition includes large "open"--to the public--meetings, the nonalcoholic partner attended regularly. Even where there were only "closed"--to all but alcoholics--meetings, enough AA thought filtered through to provoke a lively curiosity.

Mainly, however, Alanon has drawn its strength from a discovery that the affected nonalcoholics have problems distinctly their own--problems which respond amazingly to appropriate application of the familiar ideas which make up AA philosophy. Nonalcoholic auxiliaries, variously called Alanon, Alano, Onala, wives' groups and ladies' auxiliaries sprang up. By 1949 there were about fifty of these. The need for some such agency as a partner and helpmeet for AA was becoming more evident. AA general headquarters at 141 E. 44th St., New York City was receiving a steady stream of inquiries from distracted wives and husbands of alcoholics. Family groups were clamoring for some sort of central facility.

A report on family groups was given at the 1950 convention in Cleveland, which was attended by more than 10,000 AA's and their mates. Returning delegates spawned groups everywhere. In the next five years 650 were formed, including

units in Europe, Africa and Oceania. There are now 300 in Canada alone. Groups are so numerous in California that the state had to be divided into northern and southern councils. They are still forming, at a current rate of about one a week. The Alanon Family Groups Handbook, a 200-page two-dollar volume has just--June 1955, made its -appearance. The Alanon Family Groups Clearing House publishes a monthly bulletin and answers inquiries from P.O. Box 1475, Grand Central Station, New York 17, N.Y. It is manned by volunteers; overhead is defrayed by a traditional dollar a member in spring and fall.

AA as a whole has welcomed its offspring, if not always with a wild exuberance, at least with a warm tolerance. What is probably a consensus was well stated by AA's official publication, Grapevine, in an approving article by an initially suspicious member. "This reporter had heard about these goings-on," the piece says, "and, like many a smug AA, assumed they were mere knitting circles. I was lured into one of their meetings recently. If I came to sneer, I remained to pray. This was no sewing bee but a spiritual force at work. I guess I was expecting to hear long complaints about how they'd been put upon by our boozing. There was none of that. They were examining not us but themselves!"

Whatever "the program" may be, there is no longer much question that in many cases it can reunite families, sometimes beyond reasonable expectation. I talked with a father of five children who had spent nine years in a state penitentiary for bad-check passing, an activity that invariably accompanied his drinking. There was an AA group in the prison and he joined. When he found that it worked for two years "outside," he got in touch with his wife, who meanwhile had divorced him, and began a second courtship. Part of his wooing was introducing her to Alanon. They've now been remarried two years.

Then, of course, there are the cases where it has not quite worked, and these are the sad ones. While I was in Des Moines, Ray H., the lawyer, took me down to the courthouse one afternoon when a family case was set to be tried. "Just so you can see what can happen when we miss," he explained. Both the father and mother in the case were alcoholics and there were six children, eighteen to four. The continued destructive drinking of the father produced a home unfit for children. County welfare had worked with the family for years and given up hope, and now was asking the -court to take the children from the father and mother. This was done, and I shall not soon forget the tear-stained face of the fifteen-year-old daughter or the way the four-year-old kept looking into people's faces, trying to understand. There are such scenes in all the courthouses all the time, and not all of them, we now know, are beyond hope. There is need for AA's new present to all the family.

Volunteers at the Clearing House--all AA wives--don't have to be told of this need--they read their mail. One day they let me read some of it. I jotted down the closing words of one letter: "My husband is an alcoholic, but will not ask for help. He thinks he can work it out for himself. He's not doing it, but what can I do? Is there anyone in the world who can help us or will try to?"

eternity in the hearts of men ..." (3:11)

I checked "God-shaped" in the engines of a couple of Catholic Encyclopedias, to no avail. I downloaded Augustine, Ambrose and Pascal - whatever I could find. Ambrose's stuff would have cost me money that I wasn't willing to pay. However, there was only one supposition that that quote was from him when I typed "God-shaped vacuum" into my Copernicus search engine.

I was able to check *The Confessions*, *The City of God*, a number of Augustines letters and his "Soliloquies", but neither "God shaped" or "vacuum" appeared in any of them. I didn't really expect that they would. But when my curiosity gets aroused, I pursue. It is in Book One, Chapter One that we find "Thou hast formed us for Thyself, and our hearts are restless till they find rest in Thee."

I searched all available of Pascal's writings which were offered free online, using the word "vacuum" as the word to be found. I only found it in his scientific works. However, I did find phrases which go along with Glenn's supposition noted above. The preamble below is relevant to the them - the need implied by the "God-shaped vacuum/hole/lack" etc., etc, the following section is as close to "hole" and filling that "hole" as I could come. Pascal uses the term "abyss".

Pascal from the *Penses*, - 425 - Second Part - "That man without faith cannot know the true good or justice"

Pascal said, "All men seek happiness. This is without exception. Whatever different means they employ, they all tend to this end. The cause of some going to war, and of others avoiding it, is the same desire in both, attended with different views. The will never takes the least step but to this object. This is the motive of every action of every man, even of those who hang themselves. ... All complain, princes and subjects, noblemen and commoners, old and young, strong and weak, learned and ignorant, healthy and sick, of all countries, all times, all ages, and all conditions. ... A trial so long, so continuous, and so uniform, should certainly convince us of our inability to reach the good by our own efforts. But example teaches us little. ... And thus, while the present never satisfies us, experience dupes us ... from misfortune to misfortune, ... [and us into AA].

What is it, then, that this desire and this inability proclaim to us, but that there was once in man a true happiness of which there now remain to him only the mark and empty trace, which he in vain tries to fill from all his surroundings, [Sound like what Glenn said of Plato?] seeking from things absent the help he does not obtain in things present? But these are all inadequate, because the infinite abyss can only be filled by an infinite and immutable object, that is to say, only by God Himself.

According to Carl Jung, in a letter to Bill Wilson, the alcoholic's "craving

Angeles, California.

This convention has led to an uproar in the Swedish AA community, because of the fact that we have to charge money for this convent. When flying in international speakers it is almost impossible to finance that through the "Hat money". The parole for AA in Sweden has always been; -"Everything in AA is for free!"

However, now they have called for a Swedish AA-central committee meeting just because of this convention. The intention is to ban this convention under the parole -"It is against the Traditions to charge a fee for conventions" *Read Fourth Tradition.

We, the AA-convention committee are puzzled about this havoc that this happening created and believe this calls for a response. We know the fact that International conventions almost always have a "Convention sign-up fee".

Does anyone know / have documented information that we can provide to the Swedish AA-central committee and/or the people that oppose this so heavily?

Best regards,

Fredrik Hgberg
Committee chair person
Stockholm, Sweden

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+++Message 966. Re: AA-Conventions
From: melb 4/25/2003 2:02:00 PM

=====

Hi Fredrk,
I just sent a check for \$25 for registration fee at "Gathering of Eagles," which is held in Dallas, Texas, every year; this year it is May 23-25. A registration fee is also charged at the annual Founders Day weekend in Akron, which draws 10,000 people or more. I'm also sure I paid a registration fee at the 2000 International Convention in Minneapolis. I think a reasonable fee is in order and acceptable when there are fixed expenses that cannot be met simply by taking up a collection. AA might be free but lots of other things at a convention come at a price!

Good luck.

Mel Barger

----- Original Message -----

From: "cfhogberg" <cfhogberg@yahoo.com>

the subject - we must combat the increasing menace of alcoholism," says James F. Oates, Jr., chairman and president of Equitable Life Assurance Society. A big reason: alcoholism's direct cost to industry is estimated to be in excess of one billion dollars annually.

Nearly all companies used to treat excessive drinking among workers as a moral problem that was better left alone. If an employe's drinking got out of hand he usually was fired, not helped. But as companies have become aware of the high cost of alcoholism in their plants and offices, many have started tackling the rehabilitation problem head-on.

Some have set up their own programs for directing and rehabilitating alcoholic employes. They include Eastman Kodak, Western Electric, Allis-Chalmers, du Pont, Chicago's Commonwealth Edison and New York's Consolidated Edison. Other concerns are working closely with such community groups as Chicago's Portal House and the Houston Committee on Alcoholism.

Industry's problem centers on an estimated two million alcoholic workers out of a total U.S. alcoholic population of five million - up one million in the past five years, according to the National Council on Alcoholism, the central clearing-house for information on this subject. Absenteeism of these workers because of alcoholism will this year cost employers more than double the time lost through strikes in 1957.

Alcoholism's impact on an individual company and its workers often is much greater than management may suspect. In 1956, for example, the Norton Co., a Worcester, Mass., abrasives and grinding-machine manufacturer, made a survey of 33 employees with known drinking problems. They were skilled workers with an average of 16 years' service apiece. Eleven of the men were in an acute stage of alcoholism and on the verge of being discharged. They averaged 45 days of lost time per year, at an annual cost to each man of more than \$700. The findings spurred Norton to help the workers in cooperation with Alcoholics Anonymous.

The corporate cost of excessive drinking includes such things as increased accidents, the expense of replacing trained workers and the reduced output and higher work spoilage from a disturbed drinker. "Our biggest problem is the so-called half-man - the alcoholic worker whose effectiveness is off 50 percent or more from normal," says one company personnel chief. "His mistakes may not be spectacular, but he doesn't get much done."

Companies are sometimes shocked to learn that as many as three per cent of their workers are alcoholics. That's because many management men still stereotype an alcoholic as a skid-row bum. These workers may present a fairly normal appearance.

Discovery of "hidden" drinkers is a major part of most company programs. Seldom will workers tip off the company about a colleague's excessive

drinking. And usually the inroads of alcoholism on a worker's efficiency are made at such a slow pace that supervisors may miss the signs. (Researchers say that most alcoholic workers have a history of 10 to 15 years of increasingly heavy drinking before their illness interferes with their vocational life.) Supervisors at Consolidated Edison are trained to watch for clues: consistent tardiness or absenteeism on Mondays and frequent early departure on Fridays; unexplained disappearance from the job; recurrent accidents; unexplained changes in an employe's work habits or personality.

Unions, too, have stepped up their efforts to help detect and rehabilitate workers with drinking problems. "thousands of union counselors across the country are trained to recognize alcoholics and to refer them to the proper agencies," says Leo Perlis, director of AFL - CIO Community Service Activities. In Birmingham, Ala., seven companies and 17 unions have joined their efforts to help alcoholic workers.

Companies with alcoholism programs generally are enthusiastic about the results. Du Pont claims it's program has been "successful beyond our expectations." Some companies report the rehabilitated alcoholic often out-produces his fellow workers, perhaps out of a sense of gratitude for being helped.

"We feel that we have salvaged some valuable employees by treating alcoholism as a disease and, as with any illness, paying wages during treatment," asserts Volley B. Leister, personnel director of Chicago's Commonwealth Edison. His company uncovers about 15 alcoholics a year, refers them to its medical department, where treatment is determined on an individual basis.

Allis Chalmers a few years ago estimated that its alcoholism program, now 11 years old, was saving the company some \$80,000 yearly just in reduced absenteeism. Among workers treated there, the absentee rate has been cut from 8 to 3 percent and the firing rate has been slashed from 95 to 8 percent.

An Allis-Chalmers worker with a drinking problem may be referred to the company's full-time alcoholism counselor (an A.A. member) by a friend, his foreman, a court or the plant hospital. During the rehabilitation program the employee is helped by members of the company's industrial relations department, which includes a psychologist, a psychiatrist, an attorney, welfare workers and a "problem counselor."

In 1952 New York's Consolidated Edison spent \$25,000 to help set up a consultation clinic for alcoholism at New York University's Bellevue Medical Center - the first clinic devoted solely to the alcoholic in industry. Impressed by its value, 18 other concerns have referred alcoholic workers to this clinic.

About 85 percent of the problem drinkers discovered by Con Edison supervisors are willing to go to the clinic. Others join A.A. or place themselves under

losses of memory such as were hitting me lately. I wondered if he ever got up in the morning with no idea of where he had left the car, not knowing whom he had been with or what he had said, without a dollar left in his wallet. I could tell him about meeting an important client for lunch and not being sure whether I could get a fork to my mouth. I could tell these people about the utter soul-shattering degradation of trembling hands that spilled coffee on my shirt or caused that match to miss lighting my wife's cigarette.

I could tell them - but would I? I shrank from the prospect of getting up before this parish house full of ex-drunks and peeling myself open for their inspection. How could people so earnestly reveal what seemed to me a shameful weakness? Could I ever admit to being one of them?

The chairman kept things going in friendly fashion. He said this A.A. meeting would complete his month of presiding over the local group's affairs and that he would appoint another member to carry on next month. He reminded the crowd that there are no officers in A.A., no fancy national headquarters - only simple services that will help carry the message to other alcoholics. "There are no dues or fees in A.A.," he said, "but we do pay rent to use this room every week, we buy coffee and refreshments, and right now I'll ask Joe to take up the usual collection." I noticed that when the basket came along my row it was generously filled, and I whispered to one of my new friends to inquire whether A.A. receives gifts. He said that the organization declines outside contributions, that every A.A. group is self-supporting, and that problems of money, property, and prestige might divert A.A. from its primary purpose.

"I should like to explain to any newcomers, " the chairman added, "that A.A. is strictly anonymous. This is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities. We must always maintain personal anonymity at the level of press, radio, and films. This is an open meeting where visitors are welcome. Anyone interested in learning about A.A., also members of their families and friends, can join us at any time. The door of A.A. swings both ways. You can come in; you can go out. You can always come back - we'll be here."

The chairman then called on an attractive young woman who stepped to the speakers platform to speak. "My name is Kate, and I am an alcoholic." Kate told the intimate story of the near ruin of her home. As soon as the children were off to school and her husband had left for work, she tried to remember where she had hidden the bottle the night before. That first drink was like pulling down a shade, shutting out her remorse and shame, blotting out the hangover. She played records and danced around the living room in her negligee and exchanged neighborhood gossip over the phone with friends. Instead of eating lunch she drank it. By the time the children came home she was in bed: "Mother has a headache; make yourselves a chocolate milk and some sandwiches for supper."

This girl is no orator, I thought, but there she stands, looking good, relaxed, almost smiling, talking straight from her heart and from her own experience with tough problems that I know so well. Again I thought: Will I ever be able to do that? Wouldn't it be great if I could sit down privately with a man who knew exactly what I was going through and had licked it, who talked my language and wanted to help me? The closest I had ever come to it was a session I had with Dr. Richard Proctor at the Bowman-Gray Medical School, in Winston-Salem, North Carolina.

"Face your situation as it is and not as you wish it might be. When you understand what your problem is and why you have it - the real reasons, not your alibis and excuses - you can enjoy a normal life again," he told me. "Most people who drink are not alcoholics and probably will never will be. But for five million men and women drinking is a sickness, and you're one of these. There is just one guy who can cure you, and that is you." Dr. Proctor recommended that I try A.A.

Kate ended her talk with a phrase that stuck in my mind. She said, "But for the grace of God and A.A. I wouldn't be here tonight." Then came the Lord's Prayer: " ...And lead us not into temptation, but deliver us from evil..." and the meeting broke up for coffee. I knew that it had taken me years to get myself into an alcoholic hole and that I could not pull out of it overnight; but I left sobered, thoughtful, determined to do my utmost to make the flash of hope come true.

For the next three months I attended two or three A.A. meetings a week. No one asked me any questions or gave me any lectures; all of them were glad to see me, and I made new friends at every meeting. I felt normal and healthy. Instead of going from the office to the club, then making a few stops at bars, I went directly, eagerly home. My wife was smiling, and her voice was happy. One morning my daughter said, "Daddy, every night I thank God, and I just want to thank you for being well again." Doris was a happy girl, too, and I was charged with new energy for a full day's work.

My old hobbies, like fishing, which I had neglected for years, began to look good again. The season would open before long, and I suggested to Marge that we go over to Bill's to make plans for May weekends. The thought of wading in fast water at the head of a long pool fanning out to a quiet stretch where I could drop a fly ready for a trout to strike was tremendously exciting to me. Plans must be made, gear overhauled. I could hardly wait.

I hadn't seen Bill for a year, not since my gang carried me into the house and left me on the divan when we were making ready for the last fishing season. But on this Saturday night we were talking as we used to in the old days, eagerly planning to leave before daylight on opening morning. The girls would join us for the weekend. Then Bill went out to the kitchen and came back with a tray of ice water and glasses, also with a flushed look on

his face as though he had just had a good stiff drink. "I thought it would be nice," he said, "If we all had something to drink."

It was almost too much for me. Why the hell couldn't Bill offer everybody a highball and be natural about it? He and the girls wanted a drink. Couldn't I have the privilege of declining or accepting if I wanted to? I burned with anger.

My sullen mood spoiled what little was left of the party. Marge could sense my distress, and we made excuses to leave early. I kept my childish fury pent up and roamed around downstairs desperately tempted to drink anything I could find, but brewed black coffee instead and growled at Marge, who was entreating me to get some sleep.

I was groggy at daylight, but the idea occurred to me that I was entirely at fault. I phoned and said, "Bill, I'm sorry to disturb you so early, but I want to apologize about last night. The plain fact is that I can't handle liquor and you know it. All I ask is that you treat me like any other friend. Whenever you want a drink, don't let me interfere. Also please don't put ice water or a Coke in my hand. Just ask me what I would like to have, and I'll name it. I am trying like the devil to be worthy of your trust."

I heard a sleepy, "Thanks for calling, Bob. That makes me feel a lot better about the whole thing. We can have some great times together, and I want you to know that I am proud of you. Don't forget we've got a date for opening day!"

I gave up A.A. meetings. They were alright for somebody in bad shape, but I did not need them anymore. This period went on for a few weeks longer. I felt normal and healthy. I found that anything I did with liquor I could do better without it. I was my own man again, but I had neglected Mark Twain's remark that quitting smoking was easy - he had done it hundreds of times.

It was a good sign that my family was beginning to trust me. My wife, beaming with new confidence, told me that she planned to take the children on the following weekend on a family visit. Out of habit, I welcomed the chance to be alone, puttering around, varnishing my old trout rod, watching TV - and drinking. "But my God!" I thought. "I'm not drinking, and I don't want to start. What kind of crazy thinking is this?"

As the week wore on, I tried with less and less success to get the idea of having a few drinks out of my mind. They drove away Saturday morning early, and I kept busy in and out of the house, catching up on postponed chores. That evening I walked a mile to the liquor store and paused at the door to wonder. Then I went in and bought two bottles. A taxi rushed me home, and I tore off the cap and poured half a glass. Only the first drink tasted as I had hoped. During the rest of that bottle and half of the second I sat cursing myself for being insane. Words for the causes and symptoms of my

sickness haunted me. "Oh, God, can I ever stop again?"

Sunday night I had to call a doctor to get a shot in the arm before the family got home. It was a bad night, but I kept away from anything to drink, and next night I went back to A.A., shaky, overwhelmed with remorse and shame. I ought to admit my slip. I could not make the aisle to go up front as other did, so I just stood where I was and muttered, "this past weekend I tried liquor. I couldn't handle it. I am sorry I had a slip, and thanks to you for keeping the doors of A.A. open. I have the proof now that I don't want to go out that door again. I know that there is no way out of the abyss, except giving up liquor."

I felt much better for coming out in the open. I was encouraged and managed a feeble grin. "I guess I forgot Mark Twain's lesson about giving up smoking," I said.

During the next few months I actually enjoyed being sober - not fighting that first drink, which is the one that does the damage. I settled down to regular attendance at an A.A. group where I felt most congenial. Perhaps I was still an imposter, playing a masquerade. I was not yet being completely honest with these decent people and with myself. For somewhere in this good period the terrible thought returned that someday I might do what no alcoholic on earth has ever been able to do, drink normally again.

Then one night before closing a meeting, the chairman dumfounded me by announcing: "For the next month I should like to name Robert, our new member as chairman." He was referring to me. Everybody clapped, and I wondered how in the world I could do it. I spent every evening rereading what we in A.A. call the Big Book and leafing through our monthly magazine, The Grapevine, to bone up for the job of chairman. I studied for the hundredth time our twelve steps to sobriety: the admission that we were helpless against alcohol but that a power greater than ourselves could restore us to sanity if we would turn over our wills and lives to God as each of us understands Him.

My new responsibilities weighed heavily on me. The night of my first meeting as chairman I stood near the entrance of the parish house greeting everyone, my wife standing happily at my side. Alcohol is no respecter of persons: I was smiling and saying hello to lawyers, truck drivers, doctors, housewives, business leaders, mechanics, and, accompanied mostly by sponsors from our group, a few newcomers looking shaky and white, sick and bleary-eyed. As is customary at all A.A. gatherings, chatter, laughter, and smoke filled the air; wives in the parish-house kitchen brewed coffee and made sandwiches. It was time to start. I felt reticent and unworthy to fill the chairmanship, so that the traditional A.A. prayer with which I opened the meeting disturbed me: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

While I read along the brief statement of principles which starts every A.A. meeting, that prayer began repeating itself. "The courage to change the things I can" - and the truth flashed in my mind with blinding clarity: You are still a coward still holding out; you are not really, not sincerely here! It probably lasted only a few seconds, but I could see the lies I had told the doctors who were trying to help me, the deceit of making light of my problem to my minister, family, and associates, those endless alibis and excuses that had always given me a getaway route for a backslide into drinking. I had never burned all my bridges, nor had I quite achieved enough humility to admit, to accept, and to act on my problem wholeheartedly. The next few words may have sounded natural to the audience, but to me they represented unconditional surrender. They meant I was not just a visitor at these meetings, looking over the program with a skeptical eye, trying something else to please my wife or maybe to learn some new way to live with liquor. I finally uttered the words I had never had the courage and humility to say: "My name is Robert, and I am an alcoholic."

A great weight lifted from my mind and body. Forgetting all the words I had read in the literature of A.A., the thoughts of others that I had memorized for this occasion, I plunged ahead. "I want to thank you folks for making me chairman this month, "I began, "I'm not sure I can do a very good job or that I am ready for it. Perhaps older and wiser heads around here decided that one way to keep me good and sober for a month was to make me chairman!

"Seriously, though, I have just gone through a few moments of decision that I would not swap for anything else that ever happened to me. Most of us in this room have in common a serious physical and emotional problem. We are trying to do something about it. I have just learned in standing up here before you that I can without a shadow of a doubt succeed; I can achieve recovery and can help others as you are helping me. Without A.A. meetings and group fellowship, I would be lost. I can't do it alone. I thank God I don't have to."

As I had known all along, my story was similar to their stories. But now it suddenly became not my story, not their story, but our story - for I was finally, completely one of them.

And then the final speaker emphasized the importance of taking each day as it comes. "This is a twenty-four-hour program," he said. "Today is the only day that counts. Yesterday is gone, and tomorrow may never come."

The hour was nearly up, and I concluded the meeting. "A.A. is not a religious organization," I said, "but many of us believe that the spiritual part of the program is the most important. Striving to live a good life, to be in tune with our fellow men, to be our best selves at all times is a program that will help anybody, including drunks. We'll all stand and close the meeting in the usual way... Give us this day our daily bread And forgive us our trespasses as we forgive those who trespass against us... " And as

he could not stick to his own medicine. He couldn't stop drinking for good.

Bill, a confirmed atheist himself, was hardly a candidate for Ebby's theoretical therapy. All he had was a desperate desire to stop drinking. Once, drying out in a hospital (he knew this was a temporary expedient), Bill felt his depression deepen unbearably till at last it seemed as if he'd sunk to the bottom of the pit.

Suddenly he found himself crying out, "If there is a God, let Him show Himself! I'm ready to do anything, anything!"

All at once the room seemed lit up with a great white light. He was in ecstasy. It burst upon him that he was a free man, free from his demon. All through him there was a wonderful feeling of a "Presence."

Then Bill became frightened. His scientific education told him, "You're hallucinating. Better call a doctor." It was providential that he confided his vision to Dr. William Duncan Silkworth, for many years physician-in-chief of the Charles B. Towns Hospital in New York City. "Dr. Silky," out of his vast experience, knew well that there was no medical hope whatever for most alcoholics and this had stirred his compassion for down-and-out-drunks.

"I'm crazy, Doc," said Bill, in a panic. Dr. Silkworth probed him with questions. At last he said, "no, Bill, you're not crazy. There's been some basic spiritual event here."

Bill now remembered a book he'd read in his search for a cure. It was *The Varieties of Religious Experience*, by the psychologist William James. James taught that true religious experiences have a common denomination of pain, suffering, calamity, complete hopelessness. This "deflation at depth" had to come, said James, before any victim was ready for God's medicine. And that was exactly what had happened to Bill before his illumination.

Bill, nothing if not a promoter, now wanted to tell other alcoholics about his experience. He envisioned beginning a chain reaction among them. "I started out after drunks on jet propulsion," says Bill. "It was a kind of twin-engine power drive - one part genuine spirituality, and one part my old desire to be a No.1 man, a big shot."

Bill's drunk-fixing turned out to be a flop. At the end of six months, none of the scores of inebriates he'd tried to bring to see God had sobered up. "look, Bill," said Dr. Silkworth, "you're having nothing but failure because you are preaching at these alcoholics. You've got to deflate these people first. Give them the medical business. Pour it into them about the sensitivity of their bodies that condemns them to go mad or die if they keep on drinking." They'd listen if it came from another alcoholic, Dr. Silky said. And then Bill might suggest the God medicine to them.

That got Bill his first convert, a physician in Akron, Ohio - Dr. Bob. Then these two guys got busy working on others. That 1935 summer in Akron, out of many attempts, Bill and Dr. Bob converted just one more alcoholic. The three of them were the first group of A.A.'s.

By 1939 Bill and Bob proudly counted a total of some 100 absolutely down-and-out drunks now dry. They presumed to write a book, *Alcoholics Anonymous*, to celebrate this unparalleled achievement. The book was built around what they called 12 steps leading to sobriety. We'll boil them down:

Have a real desire to quit.

Admit you can't. (this is the hardest step.)

Make a rigorous confession of personal defects.

Resolve to help others.

Ask for God's ever present help.

Accept and acknowledge that help.

At first the medical profession was dubious about a method that seemed "in no sense scientific." But more and more doctors began to come to the aid of Bill and his exhibulous band. Distinguished psychiatrist Dr. Harry Tiebout, of Greenwich, Conn., had completely failed to cure alcoholics patients - scientifically. Then one of his patients, a deeply alcoholic woman, came to him after her first A.A. meeting: " I think I have the answer. I'll never drink again, Doctor." And she hasn't.

This woman and other recovered people told Dr. Tiebout of their accepting a higher power - namely, God. But first, the A.A.'s taught them, they had to acknowledge their own helplessness; they had to admit they'd hit bottom. The trouble with typical alcoholics is that they're arrogantly sure they'll lick this booze business" themselves. Not until they finally find they can't, Dr. Tiebout saw, do they hit bottom. Then they can choose: to go down to insanity or death - or to start up toward God. When they chose God, they don't want to drink anymore. It is as simple as that.

"The miracle of A.A. was now clearer to me," says the doctor. "Hitting bottom became by therapeutic goal with alcoholics."

Bill and Bob and their converts counted more and more recoveries. By recovery they meant sobriety, total, complete and permanent. After six years the number had mushroomed to more than 2000, and by the end of the seventh year, to 8000. One reason for this astounding growth is, in the words of famed neuropsychiatrist Dr. Foster Kennedy, of New York, "Every cured

drunkard is a missionary to the sick. God having saved them, they thank Him by doctoring others."

No A.A. need by anonymous to family, friends or neighbors. But before the public - press, radio, films and TV - the revelation of identity is not for them. Why? Bill explains it simply. The A.A.'s are really a new kind of person. To gain enough humility to stay alive they have had to give up what have been characteristics common to most of them - excessive ambition and pride - and quit their crazy contest for personal prestige. Anonymity is only another word for humility, the spiritual key to their way of life.

Now members of the medical profession gave A.A. high praise, recognizing it as the real treatment for alcoholics. And by thousands the doctors referred problem drinkers to Alcoholics Anonymous. But where in the early days all recovered alcoholics had to begin at real bottom, as strictly skid-row bums, now physicians began to ask the A.A. brethren an embarrassing question: "Just how deep is bottom? How do you recognize an early alcoholic? If we knew that, we could begin to raise the bottom."

Bill explained that the first sign is a loss of control of drinking. Many, perhaps most, people who drink have some experience with intemperance. But the potential alcoholic realizes he's beginning to get drunk at the wrong time - when the consequences could be painfully damaging. Using this sign, physicians have been able to discover incipient drunks by thousands and thousands. Doctors tell such patients that the fact they haven't yet lost their jobs doesn't mean that they aren't in danger, and send them to join a group of A.A.'s.

"It's the doctors who now recruit a third of all our cases," explains Bill. "That's why we number about 250,000 today." And A.A. puts its recovery rate at 75 per cent of all who sincerely try its treatment.

With such a resounding success, how does it happen that A.A. is still utterly without organization? No hospitals, no paid trained experts. A.A. remains a loosely knit fellowship, thousands of little groups of recovered drunks who meet constantly to sustain each other against their number one enemy, alcohol. The doors of the meeting places are always open for victims no matter how far gone. They try to lift up all who fall, which many do.

Why has the fellowship insisted on staying poor?

"John D. Rockefeller, Jr., must be thanked for that," says Bill. "We once asked him for funds for hospitals and a big organization. Mr., Rockefeller was deeply moved. But he said, 'I'm afraid money would spoil this thing.' He rejected the plea flatly.

An associate of Rockefeller had said, "Why, A.A. is first-century Christianity!" And of course we all know that that first-century Christians

It is a big iceberg. A recent estimate (and it is probably a serious under-estimate) counts more than 4,700,000 alcoholics in the United States - one man in every fifteen over the age of 20, six men for every woman. Only about 8 per cent are on skid row, and only about 750,000 have obvious signs of illness. There are one to two million problem drinkers in industry, hundreds of thousands in the wards of mental hospitals. Five to six million wives, husbands, parents and children are living in the same household with alcoholism and are the victims of its erratic behavior.

The count could be more accurate if researchers had an exact idea of what they were counting.

Alcoholism is not simply synonymous with drinking, heavy drinking or drunkenness, and no one is certain whether it is a symptom, a disease in its own right, or several diseases. Most of the rule- of-thumb definitions (the man who drinks alone, the man who drinks the first thing in the morning, the man who has "lost his will power") are either wrong or inadequate. Most of the scientific classifications (one of the researchers recently counted thirty-four) are not much better.

One theme, however, keeps recurring. The alcoholic is a man who is either unable to abstain from liquor or unable to stop once he has started; the first drink "pulls a trigger" and his controls disintegrate.

Within this broad definition, some researchers feel, there are at least two distinct types: "addictive" drinkers, driven usually by internal stresses, who seek the biggest, quickest alcoholic jolt they can find, and "habitual excessive symptomatic" drinkers, men in search of a gentle, anxiety-obliterating alcoholic plateau with the longest - not the quickest or most intense - effect.

Theories about the cause of alcoholism are equally vague. One group holds that a genetic - or combined genetic and nutritional -diet effect causes a craving for alcohol, but the evidence is skimpy.

Psychiatrists contend that alcoholism is the expression of self-destructive urges - "chronic suicide," in one man's graphic phrase - or of homosexual impulses, or of a fixation on oral pleasures. A recent Stanford University study explicitly tested these hypotheses, and found no good evidence for any of them.

Still another theory rests on the startling difference in alcoholism rates among ethnic and social-class groups in the United States. The relative number of alcoholics, for example, among Irish-Americans and "native-stock" Americans is much greater than among Italian-Americans and Jews. The figures are consistent with the idea that cultures with contradictory values and customs - for example, associating alcohol with pleasure and sin, escape and

drunkenness - are likelier to produce alcoholism than cultures in which drinking is consistently seen as an unremarkable supplement to meals, or a part of ritual religion.

A dwindling but highly vocal group finally, still insist that the cause of alcoholism is alcohol itself, despite the fact that some 94 percent of all the Americans who drink never experience uncontrollable cravings for alcohol, blackouts, "the shakes" or similar symptoms.

Alcoholics Anonymous agrees that the alcoholic is forever "One drink away from a drunk" - but there the theorizing stops. In the belief that alcoholism comes in people, not bottles, it takes no stand on prohibition, temperance or liquor laws.

A.A. is a vast network of local organizations, but it has almost no organizational structure. Its growth has been meteoric, but it has never asked anyone to join. Its one goal is sobriety, yet no member ever "takes a pledge." Its tone and orientation are religious, but its membership includes several thousand agnostics who happily rub shoulders with Protestants, Jews, Catholics and Mormons.

Though it keeps no records, conducts no research and is, if anything, faintly hostile to too much probing (We're just a bunch of ex-drunks," says one member, "and we don't care how or why it works, so long as it does"). A.A. has been at least indirectly responsible for major strides in the scientific understanding of alcoholism.

It detracts not at all from A.A.'s accomplishments that this new scientific effort suggests that A.A. is not the whole answer to alcoholism and that, in fact, its methods and results are not much better or worse than any others.

What are the methods? The interested observer can find out on almost any night in any American city. Atypical meeting begins with from thirty to 100 men and women gossiping on rows of wooden chairs in a church meeting house or a rented hall. There is a busy traffic to and from a stand with coffee, soft drinks and doughnuts.

In one corner, someone is idly playing a piano. The air is heavy with cigarette smoke, and the talk is loud and cheerful. On the wall are a few signs with messages like "Easy does it" and "First things first." One bears the A.A. motto:

"God grant us the serenity to accept the things we cannot change, courage to change the things we can, and wisdom to know the difference."

The visitor who plays guessing games about those present soon discovers he is wasting his time: the seedy looking young man in the front row is a casual guest who has never been drunk in his life; the white haired,

grandmotherly lady next to him has a record of twenty arrests and six hospitalizations.

Here and there, however, he may be able to spot a newcomer - someone drawn and tense and perhaps tremulous - and he may note that each one is sticking close to a "sponsor," an established A.A. member who is giving him special attention, introducing him to friends, pouring his coffee.

Finally, the chairman calls for order. "My name is Joe and I'm an alcoholic," he begins. He announces that this is the regular weekly "open" meeting of the group (there is a closed meeting for alcoholics only, later in the week). He calls for a moment of silence "to be used as each person sees fit." He announces plans for a dance, a bowling contest, and a party to be sponsored by the local "Al-Anon an auxiliary group in which relatives of A.A. members meet to talk over some of the problems of having an alcoholic in the family.

Then he introduces the first of three speakers from a neighbouring A.A. group who have come to "tell their stories." The first speaker begins with the standard line: "My name is and I'm an alcoholic." ("If he can make it anyone can," someone whispers gleefully. "He was the worst wet brain in history.")

What follows is, perhaps, the last thing the visitor expects: it is at once tragic and uproariously funny, and the hall rocks again and again with laughter.

A steelworker describes his weekly, wobbly odyssey from home to jail to hospital to home again - where his despairing wife, he adds, always covered him with the help-wanted pages from the newspaper while he slept it off.

A business executive recounts his early career as a bootlegger's assistant, hauling home-made gin in a baby carriage until "some drunk stole the wheels." Later, a confirmed alcoholic, his job and family gone, he decided to drink himself to death - only to discover, painfully, that "you don't die that easy."

A suburban housewife wryly displays the sole trophy of her drinking days, a citation as a faithful Cub Scout den mother. "The kids must of had a great time, with me drunk at every meeting," she says, but adds quietly, "except for two of them - my kids."

The laughter that comes is the laughter of recognition. The alcoholic newcomer discovers that the troubles, horrors and tragedies he thought were unique have, in fact, been shared by most of the people in the hall - people who now are not only sober but (to his even greater astonishment) happy.

A number of themes run through the talks, "Easy does it" turns out to be a

warning against the grandiose ambitions and unrealistic drives that affect alcoholics. "First things first" is a reminder of the need for priorities in the long job of rehabilitation.

Another slogan, "Live and let live," is shorthand for the observation that resentment and self-pity push the drinker back toward the bottle. The "24-hour plan" expresses the knowledge that the alcoholic's only hope at present is total abstinence - and that it is easier to quit one day at a time than to face a lifetime without alcohol's solace.

In all the talks there are reference to the "Twelve Steps," which are the core of A.A. belief. Here the compulsive drinker admits that he has become powerless over alcohol, that his life has become unmanageable. He decides that his fate is in the hands of a "Power greater than" himself, and turns his life over to "the care of God as I understand Him."

He undertakes a searching self-inventory, admits his wrongs, tries to make amends, prays for removal of his shortcomings. Finally - the all-important Twelfth Step - he tries to carry the message of this "spiritual experience" to other alcoholics if and when they seek help.

This is, in essence, what began in Akron in 1935, spread slowly to New York, then to Cleveland and Chicago. In 1938 there were sixty members; by 1940, one man recalls, "there were two's and three's and five's of us in half a dozen cities."

Today after a period of explosive growth beginning in 1941, there are more than 7,000 groups. Each is autonomous and self-supporting (by voluntary and unrecorded contributions, not dues) and has no permanent chairman or officers.

The individual groups support an over-all "General Service Board" seven alcoholics, eight nonalcoholics - in New York, and this, together with an annual convention of elected delegates and a national newspaper wryly called "The Grapevine," is all that holds the loose federation together.

A.A. works, its students believe, by overcoming the drinker's biggest barrier - the lack of real, vital emotional contact with any single human or group, the feeling that nobody really understands or cares. In A.A. he finds people essentially like himself, who cannot reject him and whom he finds hard to reject or deceive. The concept of alcoholism as an illness eases his guilt; his identification with a group dilutes it. Gradually, the group itself provides a satisfying alternative to drinking.

How well does A.A. work? A.A. usually claims that of those who really try, 50 per cent sober up at once and stay that way, another 25 per cent remain sober after a few relapses. Unfortunately, the best evidence suggests that these figures are probably wrong. A few careful studies by outside observers

report much lower figures in the 30-to-40 per cent range.

The most important source of error, of course, is the statistical catch in "those who really try." This means, in effect, counting only those alcoholics who find the program attractive enough to join, and dismissing the failures as persons who don't count.

Clearly, the alcoholics who join A.A. are a self-selected group and may not be representative of all alcoholics. A recent study by Cornell University's Dr. Harrison Trice - one of eight nonalcoholic members of A.A.'s General Service Board - found striking differences in personality and past experience between A.A. members and uncontrolled alcoholics who had come to meetings but failed to join.

But results like these may represent a major step forward, for they suggest that there is no single type of "alcoholic" and no single "cure." The important question then becomes, not "What works?" but "What works best - for whom?"

Twenty-five years ago when A.A. began, alcoholism made physicians uneasy, frustrated psychiatrists, hardened social workers, wearied judges and jailers, inflamed "wets" and "drys" and, all too frequently, killed the alcoholic.

It still does - but the picture is changing. Tranquilizing drugs can be used to help control alcoholic cravings and ease the pangs of withdrawal - and they give the physician, at last, the knowledge that there is something he can really do for such patients.

Psychiatrists, in recent years, have soft-pedaled their emphasis on alcoholism as a mere symptom of some deeper emotional disorder and focused on the drinking itself. Perhaps more important, they are beginning to abandon the widely held feeling that alcoholism is an incurable personality defect and are trying new, less orthodox therapies.

"The psychiatrist and his techniques have to be less rigid," notes Dr. Morris Chafetz of Massachusetts General Hospital's alcoholism clinic in Boston, "and he has to be a pioneer in his approach to each case."

"The passive, non-directive therapist of alcoholics who follows his usual therapeutic approach usually has no patients to treat after a while."

At this and other clinics, psychiatrists now work in teams with social workers and psychologists. Wherever possible, if the patient has a family, an attempt is made to bring the wife into treatment, too, in individual or group counseling sessions. Almost invariably, such efforts increase the success rate to 30 per cent or better.

Anonymous, or AA.

But though AA celebrates 25 years this summer, surprisingly few people know much about its workings.

Suppose you have an alcoholic friend who obviously needs help. The first step, if he's in bad shape, is to call his or your family doctor. You can follow this up by suggesting to the victim's wife (or husband) that it might be wise to contact AA. Or you can call AA yourself (it is listed in all city telephone directories). In many cases, of course, the doctor will suggest it.

Soon after you call AA, usually two members will appear. The wait may be a few hours--but probably no longer.

The two visitors will want to talk with your friend privately for at least half an hour, maybe much longer. If you haven't called a physician, they may do so. Or they may call a hospital for alcoholics; AA maintains contact with such institutions. In a hospital, the victim usually stays about five days, for rest under sedation and frequent conversation with AA members. The cost: \$75 to \$100.

If hospitalization isn't needed, AA will make sure that your friend gets to his own home. If he lives out of town, they can even arrange for other AAs to meet him at the airport or railroad station.

Once the initial crisis has passed, AA's long-range program of rehabilitation begins. Basically, the program consists of 12 suggested steps--making up a simple philosophy.

There are four main points:

An admission of defeat--a recognition that with drinking, life has become unmanageable.

A decision to seek the help of a Higher Power--which doesn't necessarily mean church religion or even a formal concept of God.

Self-analysis and a program to make amends and remove shortcomings.

An attempt to apply AA teachings daily and assist other alcoholics.

It's important that an alcoholic decide for himself to work with AA.

Don't force the subject. Psychiatrists and AA members alike will advise you to suggest the idea, perhaps pointedly--but that's all.

If he does want AA's help, members will get him to a local group meeting as

their own Service Manual and/or do not use the voting procedure Bill outlined for us.

Thanks in advance,

Tom H.

|||||

+++Message 976. Re: 3rd Legacy Voting Procedure
From: Jim Blair 5/2/2003 12:21:00 PM

|||||

Tom wrote

I am looking for writings other than what's in the Service Manual on the 3rd Legacy voting procedure.

On my web site www.historyofaa.com is a document by Bill W. from 1947 which has some early thinking on how to elect or appoint delegates.

Jim

|||||

+++Message 977. Periodical Literature: Time, July 11, 1960
From: Jim Blair 5/3/2003 9:18:00 AM

|||||

Passionately Anonymous

The 15,000 men and women who thronged California's Long Beach Memorial Stadium last week differed from most conventioners in one major respect, there was no danger that any of them would get together in a hotel room to kill a bottle. For this was Alcoholics Anonymous, mustering its recovered, sworn-off drinkers, their relatives and well-wishers to celebrate its 25th anniversary.

Uncrowned but undisputed head of A.A. is Bill W., a tall Vermonter in his early 60s who drank himself out of a lucrative career as a high-risk stock operator. "In 1934," he recalls, "My doctor told my wife that if I didn't stop I'd have to be locked up because I'd either go mad or die." Bill W. didn't stop until he drank himself into a hospital and realized that he must stop or die. He had to find another drunk in the same predicament so that by helping each other they would ensure their own survival. In Akron, in June

for each US state and Canadian province.

The pamphlet is a primer on how to get the structure established. Voting procedures vary depending on who was being elected (i.e. the state/province committee positions or the delegate). One interesting variation in the delegate election was that, if the election was going to be decided by lot, the Assembly had the option that lots be drawn for: (A) all candidates, (B) the three officers of the new committee (Chairman, Treasurer and Secretary) or (C) between the two high candidates in the running. The term "by lot" is used vs. "go to the hat" which came later.

If you don't have access to a Third Legacy pamphlet I can scan the pertinent pages and send them to you as a Word document. One section is titled "Assembly Meetings: How Conducted." A second interesting section is titled "The Conference Panels." It defines the qualification for determining delegate inclusion in either Panel 1 (states/provinces with AA populations of 5,000 members or more) or Panel 2 (states/provinces with AA populations of 2,000 members or more).

Cheers

Arthur

----- Original Message -----

From: Jim Blair

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, May 02, 2003 12:21 PM

Subject: Re: [AAHistoryLovers] 3rd Legacy Voting Procedure

Tom wrote

I am looking for writings other than what's in the Service Manual on the 3rd Legacy voting procedure.

On my web site www.historyofaa.com is a document by Bill W. from 1947 which has some early thinking on how to elect or appoint delegates.

Jim

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functioning; or show the prodromal [premonitory] signs of such development." While attempts have been made to arrive at a more exact, measurable definition, this seems to describe the condition adequately.

Medical authorities are well aware of what an alcoholic does, even if they don't know the fundamental cause of his disease. His conduct and actions are almost predictable. The individual whose life is becoming unmanageable because of alcohol will need a morning drink, or drinks, to get going; he may sneak drinks, using all sorts of subterfuges and devices to cover up his secret. He may fail to return to work after lunch. He will begin to come in late for work, and then will build up a record of absences with flimsy excuses. He will slip out on one pretext or another for a quick one, carry a bottle on his person, or keep one in his desk or locker. He will be very sensitive to criticism, both of his drinking and of his work. He is very likely to have blackouts (complete loss of memory); and such blackouts may cover extensive periods. An alcoholic may even wake up in a strange city and be unable to account for his presence there. His relations with his family, friends, and fellow workers will show signs of disruption. His eating habits probably will change, and late in the disease he may go for long periods without eating anything at all.

Such signs are a clear indication that it is time to discontinue the use of alcohol completely and forever. It is a fact that a few incipient alcoholics are able to do just that of their own accord. But, more typically, such a person will insist that he has no problem and reject all offers of help. For him the need for liquor eventually will become compulsive. One drink of anything containing alcohol and a chain reaction follows over which the alcoholic has absolutely no control. He finds it impossible to stop drinking.

At that point, his moral standards just about disappear. His promises mean nothing. He becomes extremely artful and develops the most plausible excuses and explanations to avoid coming to grips with the reality of his situation.

This pattern stays with the drinking alcoholic all his drinking life. Furthermore, long periods of abstinence seem to have no effect whatsoever on his inability to regain control of his drinking. A week, a month, a year, even 10 years after he has "gone on the wagon," the first drink will activate the devastating compulsion, and he returns to his old pattern, usually in an aggravated form.

Why outside help?

A person who has reached the stage of alcoholic sickness must not be judged by the usual conventions. His actions should be regarded as symptomatic, and accepted as part of a disease process. And that's not easy. It is very difficult for the non-alcoholic to grasp the depth and complexity of the emotional factors involved in compulsive drinking; to appreciate that the

socio-economic, intellectual, or professional background of the victim does not help him to resist the progression, once the compulsive phase of the malady has asserted itself. Help in such cases requires patience, skill, and a depth of understanding that can be developed only by long experience with the problem. That is why an alcoholic's family - or the alcoholic, himself, if he can bring himself to do so - must look to assistance from the outside.

In most communities, the possible sources of help for a family facing alcoholism are varied, and it is impossible to predict which of them will prove most useful in any one instance. But it is worth noting that some forty states now have tax-supported programs covering help for alcoholics, and in such a state reference to the state or local health department usually can make this resource available.

Also, the National Council on Alcoholism, Inc. (2E. 103rd Street, New York 29, New York) has local affiliated councils in 64 cities in the United States, most of which provide Alcoholism Information Centers where those who are interested can get personal consultation and literature, and referral to other community resources, such as hospital clinics specializing in the ambulatory or in-patient treatment of alcoholism.

The physician's role in treatment

Often the first attempt of an alcoholic at self-help is to arrange a visit to the family doctor for a check-up and a discussion of the problem. So much the better if the physical examination can be given by a physician who is experienced in treating alcoholics or is familiar with community resources for managing alcoholism.

What about treatment? It has become increasingly clear that alcoholics are prone to addictiveness. Barbiturates and tranquilizers, which are still prescribed for some alcoholics because researchers once hoped they would ease the emotional distress underlying alcoholism, hold implicit dangers of addiction and toxic reactions and are best used in a controlled situation. Antabuse, however, is a successful drug adjunct. This drug makes the body react with acute distress if alcohol is taken in any form. But Antabuse tablets have serious drawbacks. They should be used only under the continued supervision of a physician who is thoroughly familiar with the drug's properties. They must be taken daily; but, if responsibility for taking Antabuse is left to the patient, he often will skip it. More serious is the very real possibility that the alcoholic may be tempted to rely solely on the drug and avoid dealing realistically with whatever emotional and social problems are associated with his trouble.

In any event, it is only when the patient has obtained medical and psychological management that the real recovery process truly begins. And achieving this first goal is a long-term process.

Alcoholics Anonymous

As a method of dealing with emotional and personality problems of the alcoholic, group therapy appears to be more promising than private therapy. On this score, many patients, as well as their physicians, lean heavily on Alcoholics Anonymous (A.A.) to help out. Indeed, this organization is almost universally recognized as the one type of group therapy which has been most successful in helping alcoholics.

As most readers are undoubtedly aware, A.A. is an informal fellowship of alcoholics who are joined together to help themselves and others to maintain sobriety. The only requirement for joining the organization is the serious desire to quit drinking.

At the same time, the family of the alcoholic who has not yet accepted the fact that he must stop drinking altogether (or even of one who has accepted that fact and is acting upon it) can get comparable help for themselves from another organization, called Al-Anon, which is separate from, but closely identified with, A.A. (For information, write to Al-Anon Family Groups Council, 40 East 40 Street, New York 17, N.Y.)

The membership of one or more of his immediate family in an Al-Anon group has been an important factor in many an alcoholic's recovery. These groups emphasize the fact that they do not discuss the case histories of the alcoholics in whom they are interested, but confine themselves to the tensions and anxieties that are inherent in their own situations. Those who are within the family circle of an alcoholic suffer extreme anxiety, anguish, and frustration, since their attempts to help come to nothing; they feel beaten, hopeless, and angry - with overtones of guilt. It is only when they clearly realize that alcoholism is a disease, and that they are not responsible for its development, and when they understand and master their own feelings of guilt and hostility through group discussion, that they can cope effectively with the vagaries of the alcoholic's conduct and eventually help him get back on his feet.

A look to the future

So far, this report has devoted itself to a program which, in effect, locks the barn door after the horse is stolen - that is, to treatment of the alcoholic after he is in trouble and is seeking help. Another sort of program - aimed at detecting alcoholism early in the disease - is being pioneered by a few industrial concerns. The companies recognize that valuable personnel who might otherwise be lost to alcoholism can be kept productive if help is provided soon enough. Their program begins with a general educational program, aimed at both employees and management. Supervisors, in particular, are trained to sense the existence of problems in the lives of the employees under them. A channel is set up through which workers who may be succumbing to alcoholism can be referred, with a minimum

Hi John

Contact both your Area AA Delegate and Area AI-Anon Delegate. They can help inform on how important the Traditions are to both Fellowships and perhaps offer some advice on the matter.

In terms of written material, the information below is an abridged form of a past AAHistoryLovers posting in regard to alcoholics only "speaking from the podium." The subject also centered around the intermingling of AA and AI-Anon. The info was gleaned from:

The pamphlet The AA Group (P-16) - The wording in the pamphlet (on page 16) was changed

From -

"Whether open or closed, A.A. group meetings are conducted by A.A. members. At open meetings non-A.A.'s may be invited to share, depending on the conscience of the group"

To -

"Whether open or closed, A.A. group meetings are conducted by A.A. members, who determine the format of their meetings".

A.A. Guidelines - Relationship Between A.A. and AI-Anon (MG-8) - This publication poses a possible source of confusion on the matter. It states, in part:

Question: Should a group be affiliated with both A.A. and AI-Anon?

Answer: As the primary purpose of the A.A. group is to help the sick alcoholic to recover and the primary purpose of the AI-Anon Family Group is to help the AI-Anon to live with herself or himself, as well as with the alcoholic, it is suggested they not be combined, but remain separate groups. This enables both Fellowships to function within their Twelve Traditions and to carry their messages more effectively. Thus, the group name, the officers, and the meeting should be either A.A. or AI-Anon, but not both. "The A.A. Group" pamphlet suggests, "Whether open or closed, A.A. group meetings are conducted by A.A. members. At open meetings, non A.A.s may be invited to share, depending upon the conscience of the group". Naturally, all are welcome to open meetings of both A.A. and AI-Anon groups.

The underlined citation to the pamphlet "The AA Group" has not been updated to reflect the deletion of the words cited from the pamphlet.

Cheers

Area 59--Eastern Pennsylvania--has its own version of a Service Manual, which we call the Structure Manual. Within it is a slightly modified version of the Third Legacy voting procedure. I only have hard copies, but if you contact Barb T. <barbtrd@adelphia.net>, chair of Area 59's Structure Manual, she may be able to send you or point you to an electronic version.

--
Hugh D. Hyatt voice: 215.947.1799
P.O. Box 143 e-mail: hughhyatt@bluehen.udel.edu
611 Dale Road web: http://hugh.freeshell.org
Bryn Athyn, PA 19009

When God wants to punish you, he answers your prayers.
-- Kurt Luedtke, in _Out of Africa_

|||||

+++Message 984. State Service Manual
From: Higher Powered 5/5/2003 3:33:00 PM

|||||

To reiterate Tom H's question, I would like to know if other AA Areas have their own Service Manuals and/or do not use the voting procedure Bill outlined for us. This relates to an important issue coming up in our State's Service Assembly.

Thanks in advance,

Jose G..

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+++Message 985. Periodical Lit: Reader's Digest,
January 1963
From: Jim Blair 5/6/2003 7:47:00 AM

|||||

What the Alcoholic Owes

to Marty Mann

Out of her suffering has been born a network of hope and help for thousands.

By Floyd Miller

An ashen-faced man in search of help made his way into a quiet office on New York's upper Fifth Avenue. He was an alcoholic, and he poured out his despairing story to a handsome woman in her 50's who sat behind a large desk. After a few moments he paused, spread his hands helplessly and said, "its difficult to make you understand how I feel."

"Oh, but I know exactly how you feel, " she said. "I, too, am an alcoholic. I wouldn't be here if I hadn't gone through the valley of the shadow."

The woman was Mrs. Marty Mann, executive director of the National Council on Alcoholism, a voluntary health organization she founded 18 years ago. A remorseless crusader against ignorance and prejudice concerning alcoholism, she has been largely responsible for the fact that the nation's attitude toward the "drunkard" is changing, that alcoholism is now recognized as a disease and that thousands of our five million alcoholics are today being successfully treated. (Only one drinker out of 15 or 16 develops alcoholism. Like an iceberg, the symptoms are below the surface at first; but the disease progresses relentlessly until the victim, once he takes a drink, stops only when he is too drunk to continue. It usually takes 10 to 15 years of drinking for a potential alcoholic to acquire the disease full-blown. If un-checked, it can end only in insanity or death.)

On the lecture platform Marty Mann is electric. Her handsomeness is deepened by marks of suffering, and she summons up a power of purpose that transfixes her audience. Her husky voice speaks of reasoned facts, but with a spirituality that drives them hard into the hearts as well as the minds of those who hear.

Once in Jacksonville a man awoke in a hotel room after a week of drinking, turned on the radio and heard Marty Mann speaking from New Orleans. "No alcoholic wants to be the way he is," she was saying. "Alcoholics are not bums. They are sick, and they can recover from this disease just as from others."

The words penetrated the man's numbed brain, and for the first time he began to hope. He picked up the phone, called the radio station and asked to speak to the woman who had just broadcast. Marty not only talked with him; she put him in touch with someone in Jacksonville who could give him immediate help.

Marty Mann can supply almost immediate help from coast to coast through NCA's network of affiliates operating Alcoholism Information Centers in 74 cities. Without charge and without humiliation, the alcoholic or his family

can telephone or come to these centers for consultation and referral. Depending on the individual's condition and need, he is sent to a doctor, a hospital, a clinic or to Alcoholics Anonymous.

Science now believes that two basic conditions must be present to make a person prey to alcoholism: an emotional vulnerability, and a body chemistry which makes him sensitive to the alcohol he consumes in an effort to ease his emotional stresses. Marty Mann's own case demonstrates these concepts with classic simplicity.

Born to a wealthy Chicago family, she went to the best private schools. As a debutante she entered a world that was all champagne and caviar. In her set it was gay and smart to go to New Orleans for the Mardi Gras. On the spur of the moment she married a young man she met there; she was 22. A year later tuberculosis, with which she had had a bout as a child, flared up, and she went to a Western ranch for both recovery and divorce.

Though she did not realize it until much later, her real descent into the hell of alcoholism began when she was 24, the year her father lost his fortune. Suddenly thrust against the buzz saw of life, she went to New York to look for a job. She moved into a small Greenwich Village flat with two other young women, and if there were days when they were without food, they were seldom without bootleg whiskey. For this was the Roaring Twenties.

Marty got a job reviewing books, and then became an editor of a glossy magazine. Her talent was apparent and her career well launched, but so was her social life. A writer who squired her to speakeasies and flamboyant parties of the era recalls with awe, " I can't remember dating a more beautiful and intelligent girl. And she could drink any man under the table. A hollow leg, that girl!"

A high alcohol tolerance - the ability to drink a lot without showing signs of drunkenness - is one of the early symptoms of alcoholism. Others soon followed for Marty. She became dependent on alcohol in order to enjoy a party; then dependent on it to cope with difficult events.

The death of her grandmother brought a small inheritance, and Marty quit her job and travelled to London. She was as sought after there as in New York, for she was bright, witty, the gayest of companions.

Now the first drink of the day was advanced to noontime and became increasingly important. Also, she began to drink surreptitiously at parties, belting down two while others were taking one. And she began to have memory blackouts. Then, in 1931, her tolerance for alcohol reversed. She began getting drunk on lesser and lesser amounts.

"What has happened to you?" her friends demanded. "Why can't you drink the way you used to?"

No one asked these questions more urgently than Marty. What frightened her most was the fact that, despite the most desperate exercise of will, she could not cut down her drinking.

One summer afternoon in 1934, at a weekend houseparty in the country, she had the blind staggers and had to be led upstairs to sleep it off. Her bedroom opened on a small balcony. Below was a paved courtyard. Marty was only vaguely aware of the events that followed. She never knew whether she fell or jumped. Even the moment of impact on the cruel stones was mercifully fogged by alcohol. She fractured her leg at the hip and broke both hinges of her jaw.

After having her leg in traction for six months, she recovered from the accident - but not from her drinking. Her inheritance gone, she got jobs and lost them. Now she huddled in a secluded corner of Hyde Park, sipping from a bottle. There one day a friend found her and begged her to do something about herself. "Maybe you should go back to New York," she suggested.

This struck a response in Marty's dulled mind. Typical of the later stages of alcoholism is the desperate conviction that a geographical change will somehow work a cure. Marty borrowed money and sailed for New York. But the transfer only changed the location of her drinking.

In rare moments of clarity she was completely disgusted with herself, and concluded that she must be insane. She went to a series of psychiatrists, none of whom would accept her as a patient after she described her drinking. The only suggestion the doctors could make was that she commit herself to a mental institution. This compounded her fears, and she returned to alcohol for forgetfulness.

Some hard, brave corner of her mind refused to give up the search for help, however, and finally Dr. Harry Tiebout agreed to take her, free of charge, as a resident patient in Blythwood Sanitarium in Connecticut. Here, for a year, she had regular psychiatric sessions, but the doctors remained baffled.

One morning Dr. Tiebout brought a manuscript to her. "This was written by people like you," he said. "They seem to have found a way out of trouble. Perhaps it can help you. Let me know what you think of it."

She began to read slowly, skeptically. As she read on, her skepticism gradually began to lift, to be replaced by a mounting excitement. These people were drunks; they had suffered just as she had suffered, and they had survived!

She discovered that her ailment had a name - it was called "alcoholism." It seemed a blessed thing just to have a name pinned to her. As she read on the

fog or fear and ignorance began to part, and she learned that alcoholism was a disease! They described it as "an allergy of the body coupled with an obsession of the mind." She learned that the "allergy" was irreversible and that the affected person could never put alcohol into his sensitized system. The "obsession" was that the alcoholic was driven to take a drink despite his knowledge that disaster waited.

What was the answer?

It came with stunning simplicity: she must discard attempts at moderate drinking; she must give up all drinking. But wasn't this beyond her power? The manuscript spoke of God's help. Through the recent hellish years, though, she had lost God. Now, suddenly, she knew for a certainty: He could help her.

As she pondered this, something happened that she cannot fully explain. She seemed to lose the upper-most level of consciousness, and when she regained it she found herself on her knees beside her bed, her pillow wet with tears. And through her body surged a feeling of serenity and soaring confidence such as she had never known.

She ran to Dr. Tiebout to tell him what had happened. "have I lost my mind? Am I insane?" she demanded.

Thoughtfully, he said, "Something very real has happened. Let us watch and learn together."

They did watch and learn. The road back to health was difficult, but Marty was never again to feel alone, to know despair. Old friends noted the difference in her appearance; there was a new radiance about her. She explained, "You let God in, and He comes out of you."

Within a year she had an excellent job, but she knew now that her life would have real meaning only if she served other sufferers. Alcoholics Anonymous was helping many, but it could assist only those who sought it out. Most alcoholics were hidden, closed in by their ignorance and fear and shame. Marty dreamed of a vast program of education that would remove the stigma from alcoholism and allow alcoholics and their families to seek help openly, without shame; a program that would marshal sufficient public interest and support to provide adequate diagnostic and treatment facilities.

One February night at 3 a.m., Marty got out of bed, went to her typewriter and outlined a plan of action, which was to become the National Council on Alcoholism. It was presented to a group of scientists who had founded the Yale Center of Alcohol Studies. They underwrote it financially. On October 2, 1944, the NCA opened a modest suite of offices in the New York Academy of Medicine at 2 East 103rd Street.

supporting. (3) A group's primary purpose is to help alcoholics recover through the Twelve Steps. (4) As a group, they have no outside affiliation. (5) As a group, they have no opinion on outside issues. (6) As a group, their public relations policy is based on attraction rather than promotion, and they maintain personal anonymity at the level of press, radio-TV, and film."

Jim S.

--- In AAHistoryLovers@yahoogroups.com, "Chrisjon10@e..." <chrisjon10@e...> wrote:

I'd welcome some background information that could be used to support the Traditions regarding meetings that have a stated dual purpose yet try to call themselves AA groups, particularly if quoting Bill Wilson.

The Traditions themselves should be sufficient, but these are often dismissed as "opinions" rather than the unambiguous principles that most A.A. members see them as. For instance, a joint AA-AI-Anon meeting has an AA speaker one week and an AI-Anon speaker the next, and states quite clearly that this is a "Unity" meeting. GSO has "de-registered" this group by classifying it as inactive, yet Intergroup continues to accept "7th Tradition" money from the group and lists it in its meeting guide.

Thanks for your help. In unity and service,

John Pine

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+++Message 987. Re: 3rd Legacy Voting Procedure
From: Arthur Sheehan 5/6/2003 12:46:00 PM

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Hi

This is response to both Tom's and Jose G's posting.

A few weeks ago I surfed thru the various Area web sites searching for information. When an Area develops its own "Service Manual" it may often carry the title of "Guidelines" or "Policies and Procedures", "Structure" or "Handbook". I found on-line information for the following Areas that is open to the public: Area 09 Mid-Southern CA (msca09aa.org), Area 26 Kentucky (area26.net), Area 53 Central and Southeast Ohio (area53aa.org), Area 58 Oregon (aa-oregon.org). If you wish to visit Area web-sites go to the AA (aa.org) web site - click on "Services for members" - then click on "General Service Conference Area web sites." These sites are all open to the public

for information purposes.

Your not making it known what variation(s) your Area practices regarding Third Legacy voting procedures.

Areas are granted a fair amount of local discretion in determining what is procedurally in their best interest. Area practices and policies are typically established in the spirit of an "informed group conscience" (i.e. thoroughly discussed with due diligence to minority opinion) and backed up by "substantial unanimity" of a 2/3 (or higher) majority vote of Assembly attendees.

Areas, Districts, Groups, Intergroup Central Offices may vary procedurally from written materials (even those that are Conference approved). In some instances they may deviate from principles in the Traditions and Concepts and this should be addressed. In other instances they may simply be local variations that are acceptable. What I'm trying to say, is to be careful with taking the Service Manual, Traditions or Concepts and interpreting them in an overly legalistic way to presume they demand absolute lock-step conformity. That can open the door to a whole set of problems in its own right.

Perhaps you could be more specific and spell out your concerns about the Third Legacy voting procedures in your State Assembly. Otherwise, too much is left to the imagination.

Cheers

Arthur

----- Original Message -----

From: Hugh D. Hyatt

To: AAHistoryLovers@yahoogroups.com

Sent: Monday, May 05, 2003 9:29 AM

Subject: Re: [AAHistoryLovers] 3rd Legacy Voting Procedure

On 2 May 2003, at 11:53, Tom H. wrote:

> I am looking for writings other than what's in the Service Manual on the
> 3rd Legacy voting procedure. Also, interested in any areas that have
> created their own Service Manual and/or do not use the voting procedure
> Bill outlined for us.

Tom,

Area 59--Eastern Pennsylvania--has its own version of a Service Manual, which we call the Structure Manual. Within it is a slightly modified version of the Third Legacy voting procedure. I only have hard copies, but if you contact Barb T. <barbtrd@adelphia.net>, chair of Area 59's Structure Manual, she may be able to send you or point you to an electronic version.

--

Hugh D. Hyatt voice: 215.947.1799
P.O. Box 143 e-mail: hughhyatt@bluehen.udel.edu
611 Dale Road web: http://hugh.freeshell.org
Bryn Athyn, PA 19009

When God wants to punish you, he answers your prayers.
-- Kurt Luedtke, in Out of Africa

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+++Message 988. Carl Jung
From: Pittman, Bill 5/6/2003 4:27:00 PM

|||||

When was Dr.Jung added to page 26 in the Big Book?

Bill Pittman

|||||

+++Message 989. Re: Re: Some Help Regarding Dual
Purpose Groups
From: Arthur Sheehan 5/6/2003 4:26:00 PM

|||||

As an addendum to Jim's info:

The Norris article describes what was popularly called "the six point definition of an AA group."

A 1991 Conference Advisory Action removed the six point definition from the "The AA Group" pamphlet. A 1992 Conference Advisory action removed the six point definition from all literature in favor of defining an AA group by

using Tradition Three (long form) and Warranty Six of the Twelfth Concept.

Cheers

Arthur

----- Original Message -----

From: planternva

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, May 06, 2003 1:01 PM

Subject: [AAHistoryLovers] Re: Some Help Regarding Dual Purpose Groups

This is an excerpt from an article by John L. Norris, MD, Class "A" (nonalcoholic) trustee and longtime chairman of GSO in the October 1977 "Grapevine":

"I mentioned earlier that we have never discouraged special-purpose meetings but have been hesitant to list as groups those that might seem to preclude other alcoholics' attending. Perhaps we might talk a little bit about the differences between an AA meeting and an AA group. Our directories state: "Traditionally, two or more alcoholics meeting together for purposes of sobriety may consider themselves an AA group, provided that, as a group, they are self-supporting and have no outside affiliation." And in the beginning of our Fellowship in countries outside the United States and Canada, we agreed on six points that describe what an AA group is. They are:

"(1) All members of a group are alcoholics, and all alcoholics are eligible for membership. (2) As a group, they are fully self-supporting. (3) A group's primary purpose is to help alcoholics recover through the Twelve Steps. (4) As a group, they have no outside affiliation. (5) As a group, they have no opinion on outside issues. (6) As a group, their public relations policy is based on attraction rather than promotion, and they maintain personal anonymity at the level of press, radio-TV, and film."

Jim S.

--- In AAHistoryLovers@yahoogroups.com, "Chrisjon10@e..." <chrisjon10@e...> wrote:

I'd welcome some background information that could be used to support the Traditions regarding meetings that have a stated dual purpose yet try to call themselves AA groups, particularly if quoting Bill Wilson.

The Traditions themselves should be sufficient, but these are often

dismissed as "opinions" rather than the unambiguous principles that most A.A. members see them as. For instance, a joint AA-AI-Anon meeting has an AA speaker one week and an AI-Anon speaker the next, and states quite clearly that this is a "Unity" meeting. GSO has "de-registered" this group by classifying it as inactive, yet Intergroup continues to accept "7th Tradition" money from the group and lists it in its meeting guide.

Thanks for your help. In unity and service,

John Pine

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++++Message 990. Re: Carl Jung
From: bikergary@aol.com 5/6/2003 1:36:00 PM

=====

When was Dr.Jung added to page 26 in the Big Book?

Bill Pittman

i first found it in a 2nd edition first printing page 26

it is not on page 36 1st edition 15th printing january 1954

hope this helps

gary

=====

++++Message 991. Re: what"s the history on how to
pick a sobriety date?
From: Hugh D. Hyatt 5/6/2003 2:40:00 PM

=====

Sher:

I looked at the pamphlet titled "the AA member--Medications & other
Drugs." At the beginning (p. 5) and the end (p. 19), point 2 says,

"Remember that the best safeguard against drug-related relapse is an active participation in the A.A. program of recovery." I infer from this that one can relapse by taking drugs as well as by taking alcohol. The whole thrust of the pamphlet is based on an assumption that there is a difference between merely "taking" a drug and "abusing" it, and there are stories from A.A. members who have done both. Around here--Philadelphia/Eastern Pennsylvania--the consensus is that someone who abuses prescription pain pills must change their sobriety date. In my 10 years of sobriety I have never heard anyone seriously argue otherwise.

One of my sponsees who has had the very bad habit of picking up every few years or so since he first came around in 1989 recently took pills prescribed to his AIDS buddy. When he asked me whether he had to change his sobriety date--obviously not wanting to--I asked him what he thought. He wound up admitting he had abused the medication and changing the date. If he hadn't, I would have told him I disapproved very strongly with his decision, though I wouldn't have MADE him change his sobriety date.

So I would say the short answer to your final question is definitely "Yes."

On 5 May 2003, at 1:28, sher j. wrote:

- > In the area where I attend meetings it is quite common for people to
- > have 2 birthdays - 1 for when they stopped drinking and 1 for when
- > they stopped drugging.
- >
- > According to my sponsor, an old-timer, this is wrong. (She says my
- > sponsee who hasn't had a drink in 10 months but has recently abused
- > prescription pain pills has to change her AA birthday to the day she
- > stopped the pain pills.)
- >
- > So, my question is: If you abuse medication or smoke pot or some
- > such thing - do you have to change your AA birthday?

--
Hugh H.

My mother told me I was blessed, and I have always taken her word for it. Being born of--or reincarnated from--royalty is nothing Like being blessed. Royalty is inherited from another human being; blessedness comes from God.
-- Duke Ellington



++++Message 992. RE: Carl Jung

To be sure, the late Dr. Bob and the very current W.W. did not want to be deified. They joined forces in 1935 simply to help each other stop drinking. Today the fellowship they started claims a membership of over 300,000 "arrested" alcoholics in 85 countries. The A.A. idea was based on psychological and spiritual concepts very similar to those of Frank Buchman's then-famous Oxford Group. Conceived in Akron, Ohio, the first AA Group was formed in New York City. In A.A.'s first five years no more than a few hundred people joined.

Then, in 1941, an article about A.A. by Jack Alexander appeared in the Saturday Evening Post and gave the movement an overnight boost. Membership leaped to over eight thousand by the end of the year.

A.A.'s basic tenet is that only an alcoholic can help another alcoholic; that psychiatric and other treatment is usually unsuccessful; but that alcoholics can, by banding together in a spirit of mutual help and understanding (and "by turning their lives over to God as they understand Him"), manage to lead relatively normal lives. Above all, they must face the fact that they must never again taken even one drink of alcohol.

As long as it restricted itself to informal organization and group "therapy," A.A. enjoyed--and deserved--universal respect. But a disquieting change has developed over the past fifteen years. A.A. is now highly formalized. The meetings, believed to be absolutely necessary, are ritualistic. And any suggestion to members that The Program is less than divine revelation evokes an irrational outcry.

I have no personal axe to grind. As a practicing psychologist who specializes in alcohol problems, I have been active since 1947 in both therapy and research. I have worked closely with Alcoholics Anonymous. I have also worked for the National Council on Alcoholism and for the Christopher D. Smithers Foundation, a charitable organization whose major interests are alcoholism and cancer.

I am disturbed by the fact that, for many members, A.A. is not as effective as it once was.

Moreover, I feel that much-needed scientific research is being diverted to other fields because of A.A.'s omniscient attitude. And I am not alone in my concern. Frequently in my practice, disillusioned men and women appeal to me: "Doctor, I've tried AA. over and over and I still can't stay sober. There must be something else dreadfully wrong with me! What is it?"

My friends in psychiatry, psychology, and pastoral counseling often ask me in discreet tones, "What's happening to AA?" Then, embarrassed at sounding critical, they add hastily, "It is a wonderful organization." Dr. E. M. Jellinek, dean of researchers in alcohol studies, pleaded at a workshop on

alcoholism -held at Columbia University in June 1959 that A.A. leave science alone--so that scientists might get along with the business of objective research into the problem.

While serving as public-relations counsel to the National Council on Alcoholism in 1959, I attended A.A. meetings in a dozen major cities. This personal survey of AA. groups convinced me that there is a widening breach not only between A.A. and scientists, but also between practicing A.A.s and other alcoholics.

What has happened to the excellent program that once helped alcoholics stop drinking when medicine and psychology failed? Why has A.A. become a cult that many men and women reverentially call "the greatest movement since the birth of Christianity"?

"UTILIZE--DON'T ANALYZE"

I attended my first A.A. meeting in 1947 and was enormously impressed by the sincerity of the members. They were not professional do-gooders. The speakers seemed genuinely "humble," not piously proud of their humility. The "A.A. Personality"--identifiable by a studied air of serenity and steadfast smile (which I have come to think of, uncharitably, as the "A.A. Smirk")--had not yet come into existence. It is a product of "AA.: the Cult" as opposed to "A.A.: the Fellowship."

But one remark disturbed me even then. One man arose--a forerunner of the seer-and-pundit type now prevalent in A.A.--and declared, "There's an aggregate of two thousand years of drinking experience in this meeting room. If we don't understand alcoholism then nobody does." My own reaction was that nobody understood alcoholism (no one does now, either) and it was ludicrous for a group which admittedly had lost control of its drinking to claim superior knowledge of the subject.

As I began to attend meetings regularly, other aphorisms troubled me. One favorite cliché appeared to be of special importance and still is: "Utilize--don't analyze."

For some members this was fine. They were weary of trying to figure out how to drink normally; or how to endure sobriety now that it was achieved; or why they had become alcoholic in the first place. They were ready to accept blindly anything that would end the agonies of compulsive drinking.

But for others, such faith was impossible.

Some people simply must analyze--it is their most characteristic personality trait. Perhaps, during the early, frightening days of their newly found sobriety they take comfort in letting others think for them. But as their heads clear and their nerves stop quivering, the need to comprehend ideas

intellectually is reasserted and they find themselves examining their own behavior with healthy curiosity. As one relapsed member mournfully described his "slip": "I had been dry for over a year and, like the window washer, stepped back to appraise my handiwork. I woke up two weeks later on the Flight Deck [the violent ward at Kings County Hospital] wondering what had happened."

Relapses occur frequently among such alcoholics trying to stay sober in A.A. Many A.A. members are unsympathetic to these less fortunate brothers, whom they regard as "hopeless psychotics" or "nuts who aren't 'real' alcoholics at all." Thus, we see in A.A. two disturbing tendencies: (1) to define an alcoholic as a person who stays sober in AA.; and (2) to relegate all other problem drinkers to the limbo of psychosis.

AAs are fond of quoting such "statistics" as: "Fifty per cent of all alcoholics coming into AA get sober and remain sober; 25 per cent have one or two slips, then 'get the program' and maintain sobriety; the other 25 per cent are either psychotic or not alcoholic at all."

A question arises: how do A.A. members garner these figures.? Because A.A. considers itself a deliberately permissive fellowship made up of autonomous groups which do not keep exact records, no real statistics exist. Nevertheless, individual members advance these generalizations as incontrovertible truths.

This kind of misinterpretation has narrowed A.A.'s once flexible philosophy into exclusive dogma. One undesirable effect is that those alcoholics who are not able to make A.A. work for them lose all hope; they fear that nothing is left for them except insanity (Korsakoffs Syndrome or the dreaded "wet brain") or death. This is not so. Many alcoholics achieve a sobriety made happy and creative through medical, psychiatric, psychological, and pastoral techniques. The sometimes-tragic misunderstanding--that only AA can help--is fostered by A.A.'s growing rigidity.

If A.A.'s intolerance were confined to its own community, we could "live and let live," as it exhorts its members to do. But A.A.s are indefatigable crusaders who greatly influence the national crusade against alcoholism--a malady which today afflicts five million Americans and costs taxpayers and industry over a billion dollars annually, according the National Council on Alcoholism. The Department of Health, Education, and Welfare has called alcoholism the nation's fourth most serious public-health problem, ranking in importance with heart disease, cancer, and mental illness.

AAs hold key positions in city, state, and private agencies dealing with alcoholism. Many executive directors of local committees and information centers are members of AA. This means that public education on alcoholism is almost entirely in the hands of AAs. Furthermore, nearly all information about research, treatment, and community action is disseminated by

public-relations directors who adhere to the A.A. party line. Thus, almost everything we read on alcoholism in newspapers and magazines is A.A. propaganda.

Zealous members spread this propaganda, not for personal gain, but to "flush out" alcoholics and help them share their own dubious serenity. I have had the unnerving experience of hearing a spontaneous remark made by an AA speaker in New York on a Monday repeated as gospel in Chicago on the following Friday. Much worse, I have heard a federal department chief publicly parrot a "statistic" I knew had been invented by an A.A. the week before. It is perhaps no coincidence that the A.A. publication is known as "The Grapevine."

Alcoholics Anonymous is hostile to criticism from any source. "All we ask is to be left alone," they cry. But they do not leave the American public alone. They influence public-health officials; they write extensively; they take positions on medical subjects such as diet and drugs (tranquilizers, sedatives, and stimulants all fall under the rubric of "goof-balls" to AA), and hold themselves up as final arbiters on any matter pertaining to alcoholism.

One result of this authoritarianism is that well-meaning laymen organize committees and sponsor "research"--which leads qualified professionals to assume that the job of fighting alcoholism is getting done. But it isn't--largely because of a basic fallacy in A.A. thinking: that it takes an alcoholic to understand an alcoholic. The trouble lies in defining the word "understanding." Scientists agree that alcoholics are more empathetic to other alcoholics than anyone else; but when they venture the opinion that trained specialists might be better equipped to conduct formal treatment and research than untrained alcoholics, they run into a storm of protest. AAs seem almost afraid that science will come up with a "cure" (an absolutely taboo word in the A.A. lexicon) and render A.A. unnecessary.

"What will we do if someone discovers a pill that cures alcoholism? It's our dedication that's keeping us sober and serene!" the executive director of an influential agency on alcoholism recently said to me. Needless to say, this person and most of this agency's staff are practicing members of AA. All are dedicated to combating alcoholism. But just as sobriety is a vocation for many A.A.s, for many agency people it is a career.

SOBRIETY . . . NOT SLAVERY

Another dangerous aspect of A.A. as a religious cult is the concept of sobriety as the ultimate goal of life. The very word "sobriety" has taken on a religious flavor and is uttered with hushed awe, rather than spoken of as a condition necessary to health and happiness. Practically all members who have passed the pigeon, or novice, stage speak of the quality of so-and-so's sobriety, as if evaluating degrees of spirituality.

Sobriety has, indeed, become the A.A.'s end which justifies any means. I know men whose wives work and support them so that they may devote their full time to "A.A. Work." I have talked with these women at Al-Anon meetings (groups formed especially for the spouses of alcoholics). Most are not complaining about their lot as A.A. wives; they insist that anything is better than living with a practicing alcoholic. But other women confess that eating, sleeping, and talking A.A. twenty-four hours a day is almost worse than having an alcoholic husband. The masculine point of view was summed up by a legendary souse at a bar who indignantly denied that he was an alcoholic. "I'm no blankety-blank alcoholic," he shouted, "I'm a drunk!" When asked about the difference he retorted, "Alcoholics have to go to those blankety-blank meetings all the time!"

I have heard husbands of alcoholics complain that A.A. has become a network of women's auxiliaries devoted to gossip and the "chanting of A.A. litanies such as, There but for the Grace of God.. .'; `Easy does it'; and `Living one day at a time.'"

A.A. dogmatism has prevented many people from seeking a more moderate solution: sobriety in Alcoholics Anonymous without slavery to it.

And there are still other possibilities such as psychotherapy or pastoral counseling. But AAs would probably retort, justifiably, that they'll stick to what they've got until something better comes along. Many alcoholics who come to A.A. have had unhappy experiences with psychologists or psychiatrists. Some therapists follow their own party lines, usually Freudian, too strictly and write off alcoholism as "just a symptom of some underlying emotional disorder"--implying that once the disorder is uncovered the problem of alcoholism will automatically be solved. Too many alcoholics are worsened by this oversimplified approach. Many others instinctively know better, especially when psychoanalysts begin probing their Oedipal Situations. However, most psychotherapists now understand that alcoholism is a complex, distinct illness and must be treated accordingly.

"ARRESTED" OR "RECOVERED"

But AAs veer to the other extreme. They assert vehemently that there's nothing wrong with alcoholics except alcohol, and all the alcoholic has to do is to stay away from that first drink. (There is a standard gag in A.A. about the alcoholic who always orders two drinks and only drinks the second one.) The facts are: (1) the alcoholic obviously wouldn't be an alcoholic if it weren't for alcohol (what would he be?) and he certainly must abstain from it if he is to get well; but (2) he undoubtedly is suffering from some sort of psychological disorder: emotional, mental, or social. Unfortunately, "psychology" is a synonym for "psychosis" to most A.A.s. When a recent Ph.D. dissertation on alcoholism was published in popular book form (Sever Sinners, by Arthur King, Harcourt, Brace and World, 1961), A.A.s immediately

took the author to task for suggesting that alcoholics could be placed in categories of psychopathology like any other victims of a behavior disorder: the manic-depressive or compulsive-obsessive cases, for example, complicated by uncontrolled drinking. What was the big idea of saying alcoholics were a bunch of nuts, A.A.s demanded. Yet, they insist that "alcoholism is a disease." The President of the National Council of Alcoholism, an exceptional executive with a scientific mind, goes further, calling alcoholism a respectable disease. It can happen to anyone, he implies, and should not have social or moral stigma attached to it. I couldn't agree more heartily.

But AAs prefer to regard alcoholism as a purely physical disease: organic, glandular, metabolic, dietary--anything but mental. The only time this dread word is used is in an AA. definition of alcoholism: "A physical allergy, coupled with a mental compulsion."

According to the American Medical Association (Journal of the American Medical Association, May 25, 1957), "alcoholism can be classified into (1) primary alcoholism, which includes (a) those patients who from the very first drink of an alcoholic beverage are unable to control their desire for it and (b) those who through use over a great many years have developed an inability to take a drink or leave it alone and have become like group (a); and (2) secondary alcoholism, which includes those who use alcohol for its sedative action as a means of escape from reality and, in particular, from their personal problems. . . . This secondary group comprises by far the majority of patients suffering from alcoholism; however, most alcoholic patients prefer to be in the primary group." (Emphasis mine.)

By refusing to take into account problems of mental confusion, emotional immaturity, and social maladjustment, A.A.s are seriously hindering not only their own recovery, but scientific research as well.

If AAs are to be rescued from fanaticism, they must thoroughly understand two crucial words--"arrested" and "recovered." These are terms used to describe alcoholics who do not drink any more. Most members of A.A. fall into the former category; that is, they have arrested the development of their disease and have learned to live with it. To these men and women, alcoholism is something real in itself, like an incurable cancer. "Once an alcoholic, always an alcoholic" is one of A.A.'s most holy doctrines. They mean that once a person has lost control of his drinking he will never again be able to drink normally, even to the extent of one glass of beer. He must work regularly at the business of not taking that first drink.

This means he must practice A.A. in all his affairs; attend meetings without fail; do "Twelfth Step Work" (the analogy between A.A.'s "Twelve Steps" and the Ten Commandments is unmistakable); and proselyte other alcoholics into Alcoholics Anonymous. If he doesn't live AA., he's sunk. He gets drunk again sooner or later and--alcoholism being in the dogma of AA. A progressive

disease--he'll be worse off than ever.

It is true, of course, that the drinking alcoholic becomes worse and worse in his drinking behavior. But what A.A. does is to superimpose this concept on the behavior of the non-drinking alcoholic. According to A.A., the disease itself progresses. This is erroneous thinking. An alcoholic who relapses after a period of abstinence may very well get sicker than ever, but because he has aged, not because his alcoholism has "progressed."

The term "recovered" means something different: it implies that the patient's alcoholism is no longer a problem. He may not be able to drink normally again, although some investigators such as D. L. Davies, Dean of the Institute of Psychiatry at the Maudsley Hospital, London, believe there are many such cases. This hospital's work has been conscientiously reported by the Quarterly Journal of Studies on Alcohol (at the Rutgers Center of Alcohol Studies; "Normal Drinking in Recovered Alcohol Addicts" March 1962). Here is an excellent example of -the true scientific method, for the Quarterly Journal reports both fact and theory. It is not surprising that Dr. Davies' article has been either ignored by A.A., or brushed off with typical illogic: "Well, if these people drink normally, then they couldn't have been alcoholics in the first place." No AAs I queried had actually read the piece, though all were firm in their denunciation of it. I have heard A.A.s say that the report was immoral on the grounds that they might be tempted to drink again after hearing of it. Scientific truth was of no consequence.

The expression "recovered alcoholic" means that the patient no longer has to treat himself or take treatment from others at least twice a week for the rest of his life. He accepts life without alcohol; he makes certain adjustments within himself and in his attitude toward society; and he gets back into the mainstream of life. He might devote part of his time to helping alcoholics or others--probably he does--but because he can and wants to, not as a device to keep himself sober.

TRY A.A. FIRST, BUT

There are many such recovered alcoholics, both in and out of Alcoholics Anonymous. These men and women have learned one thing: neither A.A. nor psychotherapy, nor any other treatment is more than a bridge between alcoholism and real recovery. Good bridges, perhaps. I still believe that A.A. provides the best possible way, at present, for most alcoholics to get sober and start a new life without alcohol. Others need some form of psychotherapy and/or pastoral counseling--perhaps in conjunction with A.A. These disciplines are especially helpful to people who cannot, without professional guidance, sincerely practice certain of A.A.'s Twelve Steps, such as Step Four--"Make a Searching and Fearless Inventory of Ourselves"; or Step Ten--"Continue to Take Personal Inventory and When We Are Wrong Promptly Admit It"; or those Steps that refer to "a Power greater than

ourselves."

Alcoholics Anonymous is not a sustain- ing Way of Life. Sobriety can never be a satisfactory ultimate goal; it is, after all, merely the absence of intoxication. It is what one does with one's sobriety that is important. AA. is a man-made means for attaining this sobriety.

Alcoholics Anonymous should not be a cult for the retardation of the "arrested" alcoholic. I do not suggest for a moment that a single A.A. quit the fellowship. On the contrary, I strongly urge sticking with it. To anyone who is having trouble with alcohol I say: try A.A. first; it's the answer for most people.

But to those who insist upon serving A.A. as if it were a holy and apostolic church, I say, Beware. Observe those members who seem genuinely serene. Talk with those who have been in A.A. a long time and who really practice "live and let live." Though A.A. is an important part of their lives, it is an adjunct, not the whole. They have crossed the bridge from arrested alcoholism to true recovery.

And if even then they cannot stay sober and happy, they should not despair. There are other ways, other bridges--physicians and psychiatrists, psychologists and pastoral counselors, who are capable and anxious to help them. Some specialize in helping alcoholics who have conscientiously tried A.A. and failed. Most agree that there's no such person as a hopeless alcoholic.

A.A. as a group must recognize its real function: to serve as a bridge from the hospital or the jail to the church--or to a sustaining personal belief that life is worthwhile. It must not pose as a spiritual movement that provides everything the alcoholic needs to fulfill his destiny. It must not teach its young (as it does in Alateen, its Sunday School for the children of alcoholics) such catechisms as: "We will always be grateful to Alateen for giving us a way of life and a wonderful healthy program to live by and enjoy." It must realize that "the actual coffee pot Anne used to make the first A.A. coffee (shown in "Alcoholics Anonymous Come of Age," Harper 1957, a commentary on the A.A. bible, Alcoholics Anonymous, Works Publishing Company, 1946) is not the Holy Grail. The cake and coffee served after meetings are just refreshments, not the body and blood of Jesus Christ.

Only then will Alcoholics Anonymous "come of age." Then, perhaps, more of its members will become "recovered" instead of "arrested" alcoholics. Science may then be stimulated to further research. And those alcoholics who are unable to make A.A. work for them may look elsewhere and find their serenity, too.

Arthur H. Cain, who has a Ph.D. from Columbia and is a graduate of Yale (now Rutgers) School of Alcohol Studies, is the author of *Young People and*

idea embodied in "the 24 hour plan" that we should try to look ahead of the present in measuring our sobriety. We do not set out to stay sober one year, three or a lifetime. Our goal is just 24 hours - just the present - and if necessary we break the 24 hours into even smaller units of time.

Celebration of the personal anniversary inevitably turns thoughts not only backwards but ahead to the next anniversary, again setting up the psychological yardstick which the founders of AA found they did best without.

Another bit of AA philosophy which the personal anniversary contradicts is expressed in the wise observation that it's not the length but the "quality of your sobriety that counts." How often that has been proved! Over and over, again and again, events have demonstrated, sometimes tragically, or sometimes happily, that the test of security in sobriety is not how long in AA but how well founded in AA. Everyone knows of those unfortunate cases of the "oldtimer" who has been in several years and then has a slip. He knows, too, on the other hand, of "newcomers" who in a shorter span of time have progressed much farther along the road of personal recovery.

Celebration of anniversaries also tends to build up an "aristocracy of oldtimers," a kind of class system by which one is supposed to move up from the ranks of the herd into a more select group whose prestige depends on the number of years they have been around. That certainly is inconsistent with the democracy of AA. Likewise, the implication that through this "aging" process one is graduated from pupil to master does not jibe with the premise that one does not arrest alcoholism by himself. The whole curative fundamental of AA is that he must get help. So how can he become master, ever? It doesn't make sense.

Celebration of personal anniversaries puts an emphasis on time that is not justified by AA experience. Rare is the new one in AA who does not start counting years for himself when he attends a meeting at which some member's fourth, fifth or X anniversary is being celebrated by the group with figurative trumpets, orchids and fanfare. Rare, too, is the old one in AA, who, when he finds himself deferred to and looked up to as an "oldtimer," does not begin to get at least a suspicion that maybe he does know more, maybe he is a little apart from the herd. From that point it's not a long step to a recurrence of ego-itis, the same old disease that had a grip on all of us.

What good purpose is served by celebrating personal anniversaries? Does any member who is really participating in the opportunities of

AA and enjoying the blessings of sobriety need to have others bring him bouquets for a thing from which he himself benefits, first, and which he undertook for himself, first? We think not - not if there is anything to AA's "unselfish selfishness."

The observation that it's not the years but the "quality of your sobriety" that counts is solidly founded on the record of experience. - T. D.Y.

|||||

+++Message 997. Think..Think...Think
From: frunobulax57 5/8/2003 12:10:00 AM

|||||

Does anyone know the origins for the tradition of turning upside-down the Think signs/banners at some AA meetings?

Thanks

|||||

+++Message 998. Periodical Lit: Reader"s Digest,
February 1964
From: Jim Blair 5/8/2003 8:44:00 AM

|||||

The Law of Unselfishness

(Condensed from Christian Herald)

by Fulton Oursler

I have a friend who is a famous New York neurologist, and many dipsomaniacs come to him after having been pronounced incurable by other specialists. When I asked how he treated them, he told me about a man we'll call Bill Wilkins.

Bill Wilkins, a Wall Street broker, woke up one morning in a hospital for drunkards. Despondently he peered up at the house physician and groaned, "Doc, how many times have I been in this joint?"

"Fifty! You're now our half-century plant."

"I suppose liquor is going to kill me?"

Hi Hugh

Page S34 of the 2002-2003 Service Manual outlines "A Typical Election Assembly."

In item 6, it states that election of the delegate is by Third Legacy Procedure. It also states that "Before balloting starts, eligible committee members' names (suggest full names be used) and districts are read to the assembly or written on the board ...". Then it states "The chairperson asks whether anyone is unable serve, and if so, that person's name is removed. (Some areas allow nominations from the floor)." In item 7 it states, "the alternate delegate is elected next, by the same procedure, followed by other area officers."

There is room for reasonable people to interpret item 7 either the way your Area practices it or elect "other area officers" by Third Legacy Procedure.

My Area (Northeast Texas) elects "traditional" area officers (i.e. delegate, chair, secretary, treasurer and their alternates) by Third Legacy Procedure. We also ask each candidate if they are willing to serve and they too accept or decline. Several instances are noted in the M-39 publication of Conference advisory actions where an area chair (and in one instance an area treasurer) had to substitute as delegate at a Conference. So I personally like to see these positions elected by Third Legacy Procedure even if the eventuality of their substituting as delegate seems remote.

Last year, our election assembly was exhausting due to a very high number of elections that "went to the hat." Also it can really hurt to see a candidate, who is only 1-2 votes shy of a 2/3 majority, not be the member selected "from the hat." However, I firmly believe that the Third legacy Procedure and resolving elections by lot works best in the long haul (to ensure politics stay out and humility stays in).

"Other officers" (i.e. service committee chairs) in my area are "appointed" by the outgoing and incoming area chairs from a pool of volunteers who sign up for the positions. We will be discussing a proposal to elect these positions by simple majority (show of hands) vote. If the assembly decides to do this then that's fine. If they decide not to do it then that's fine as well. In my area, past delegates are "ex officio" members of the area committee (to encourage their continued participation). Some areas allow past delegates to be voting members, some don't. Some areas have a registrar as an area officer, some don't. It doesn't mean one area is doing it right and another is doing it wrong.

There are two procedures of interest: (1) the election procedure and (2) the procedure used to define the election procedure.

The latter, I believe, is more important than the former (if done in the spirit of Tradition Two). If the latter procedure involved "informed" group conscience (the word "informed" is quite important) and "substantial unanimity" then your area has exercised its local autonomy to do what it feels is in its best interest. The "letter" of what is embodied in the Traditions and Concepts should not take dominance over the "context" of these principles as defined in their essays. An important part of Tradition Four is the "right to be wrong." Also the goal of the Traditions is unity not conformity.

However, if something doesn't sit right with you, then by all means bring it up for discussion at your area committee, assembly or area inventory. Your voice is important. One of the magnificent ingredients of "informed" group conscience is due diligence to minority opinion. I've seen numerous "super majority" assembly decisions reversed after a minority report was delivered. On the other hand, if there is substantial unanimity (i.e. a 2/3 or higher vote) to go a different direction, then "unity" also carries an individual responsibility to give that decision a fair opportunity to work.

Cheers

Arthur

----- Original Message -----

From: Hugh D. Hyatt

To: AAHistoryLovers@yahoogroups.com

Sent: Wednesday, May 07, 2003 11:47 AM

Subject: Re: [AAHistoryLovers] 3rd Legacy Voting Procedure

Hello to all,

On 6 May 2003, at 12:46, Arthur Sheehan wrote:

> Your not making it known what variation(s) your Area practices regarding
> Third Legacy voting procedures.

Our Area Delegate pointed out the same thing when she saw my posting. I didn't keep a copy of what I wrote back to her, but in essence, Eastern Pennsylvania does two things differently. At the beginning we add the step of calling the name of each person eligible to stand; they respond with 'accept' or 'decline.' Also we only elect the Delegate and Alternate Delegate by 2/3 substantial majority; other offices are by simple majority. There are other minor differences that only amount to changes in wording.

Later on page 202 in PIO

"According to a letter dated July 18, 1938 from Dr. Richards (*) of John Hopkins, Bill, at that time, was using 'Alcoholics Anonymous' both as the working title of the book and as the name of the Fellowship." (*) She recommended having a chapter from a medical person which led to the inclusion of "The Doctor's Opinion." (PIO 200-201)

On pg 197 of Lois Remembers

She asserts (in the timeline) "June 15, 1938 - The name 'Alcoholics Anonymous' is used for the first time."

It's difficult to factually determine whether Joe W. originated the name "Alcoholics Anonymous" or just championed the name prior to publication of the Big Book. The inference in AA Comes of Age is that Joe W. was more proponent than originator. In AA Comes of Age, Bill states unambiguously "We do not know who first used these words." That statement may very well be the truth of the matter.

Cheers

Arthur

----- Original Message -----

From: Bill McNiff

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, May 08, 2003 8:58 AM

Subject: RE: [AAHistoryLovers] Story about Bellevue and Name "Alcoholics Anonymous"

12 years ago, in Atlanta, an early AA historian shared the following information.

The early members of the fellowship referred to themselves as "an unknown bunch of drunks". Shortly after the New York contingent broke away from the Oxford Groups and were meeting in their own homes, or places of business, a man by the name of Joe Worden, a patient at Bellevue, was brought to a meeting. He was one of the founders of the New Yorker magazine and he was in pretty bad shape... he died not to long after this meeting. He heard the name reference during the meeting and being a "wordsmith", a writer, he began to babble, "anonymous alcoholics". The reference stayed with the group after Joe left and unfortunately died. At

the same time that this occurred, the members were working on a title for the book they had just completed. They decided to use "Anonymous Alcoholics" but at the very last meeting, before sending the information to the printer, one of the members suggested that they put the alcoholic first and call it "Alcoholics Anonymous". It had a nice ring to it and during this period a Spencer Tracy film called "Captains Courageous" was very popular so this same type of literature might also prove to be effective. It didn't work out that way, the book bombed and it took a long time to sell, but that's another story.

I have told this story hundreds of times, all over the US, Canada and Europe and it has never been challenged. Please let me know if you find different.

Peace,

Bill M

-----Original Message-----

From: jlobdell54 [mailto:jlobdell54@hotmail.com]

Sent: Tuesday, May 06, 2003 9:38 PM

To: AAHistoryLovers@yahoogroups.com

Subject: [AAHistoryLovers] Story about Bellevue and Name "Alcoholics Anonymous"

Recently, at a meeting, two members with 19/20 years sobriety agreed on a story that the name "Alcoholics Anonymous" was picked for the book by Bill W. (after "The Way Out" had been rejected) when Bill first said "We'll call it Anonymous Alcoholics" and a patient (or recent patient) from Bellevue said -- the only thing he ever said (according to both AAs) -- "No, change the order, it should be Alcoholics Anonymous, not Anonymous Alcoholics." Now, I'd not heard this before, and the timing doesn't seem to work, and I frankly think the whole thing more than a little unlikely, but I'm curious as to where the story comes from, and I wonder if any AAHistoryLovers know. -- JL

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for any of the positions votes if the Chair is not present. For any position at an election Assembly, either an AA stands for the position or an AA can be nominated, and Motions to close the 'nominations' sometimes happen when the field is numerous.

By the way, in Chicago Area 19, its Assembly does not allow GSRs to vote: DCMs and District Delegates (one for every thirteen groups) vote, and the method is supposed to allow an informed District group conscience to develop before Assembly voting.

Area 20 has over 1,000 registered groups but usually no more than 120 AA servants attend Assemblies. There's no requirement for a quorum, either, it's simply those who are participating.

The two-thirds majority applies to each election for service positions and Alternates, and it's asked whether to go to the hat after a fourth ballot. Until then it's a paper ballot. When only one AA stands for a post, the vote is by acclamation.

On Motions to change Area 20 Guidelines (Service, Spending, weekend Conferences, planning documents that are also called Guidelines) a two-thirds majority is also our standard practice (but no written ballot). Any Motion can be requested to have the two-thirds rule applied, and then a simple majority vote is taken on the request.

The practice does allow for a substantial unanimity and puts our Concept Twelve Warranties into beautiful effect. When the agenda items and issues are known and discussed ahead of an Assembly, those voting are reasonably prepared.

Simple majority votes encompass most everything else, but a "sense of the meeting" is often asked when discussion of any item or issue is under development (and not placed as a formal Motion to move forward on something).

Our General Service Conference utilizes the two-thirds majority rule for ALL Advisory Actions and for elections of Regional Trustees and slates of General Service Board candidates.

This year, when the Conference Literature Committee recommended restoring only "Dr. Bob's Nightmare" to its original Third Edition format, the Conference did not have the necessary two-thirds approval. If this item remains important enough throughout the coming Conference year, the vote can be taken again in 2004 if it's placed on a new Agenda.

Thus, no Conference action is binding on another Conference... :-)

Anyway, what I believe has to happen with the Third Legacy procedure is that

father's belief that money would not be a good thing for a movement based on selfless service - "it needs only our good will." The millionaire went home without being asked to contribute.

Now, twenty-four years older and with a membership of 300,000 A.A. is rich in its own right. Despite bylaws prohibiting gifts larger than \$100, money pours in to national headquarters at the rate of more than \$400,000 a year and A.A. doesn't seem to know what to do with it all. Once a year it spends \$20,000 or so to bring 100 delegates in from the fifty states for a week-long, all expense paid conference at a New York hotel. It has leased a floor in a midtown New York office building, where a dozen recovered housewives and spinsters answer letters, distribute pamphlets containing material on alcoholism purchased from free-lance writers, circulate a monthly bulletin of member's stories, articles, jokes and cartoons called the Grapevine, print and mail press releases, and go to meetings.

These workers receive annual salaries of \$7,000 to \$9,000 and are backed by a staff of stenographers and clerical employees - nonmembers. Herb M., a member with experience as a press agent and convention manager is paid \$18,000 a year for part-time services (three and a third days a week). The rest of the money goes into sinking funds, which have no specific purpose, but are nice to have, since they produce, in the form of interest, more money for sinking funds. Bill W., the movements surviving co-founder makes around \$25,000 per year - a sum a grateful membership does not begrudge - on royalties from three books: Alcoholics Anonymous, which started it all, Twelve Steps and Twelve Traditions and A.A. Comes of Age. For a movement that was born and grew to greatness in the face of ridicule, adversity and bitter poverty, this is indeed wealth. Even if Nelson Rockefeller's canny father had never suggested it, the question would now arise whether the success will prove ruinous.

The prodigies of selfless service performed by members have had a stunning impact on a basically me-first society. Press, clergy and the professions have fallen all over one another to heap praise on the drunks who found a way out, and for a long time it has been almost bad manners to speak of A.A. in any but reverent terms.

Now, however, it is a public institution and subject to the same scrutiny accorded other community volunteer services. There are A.A. groups in every crossroads and neighbourhood - 10,000 of them. They have become almost as much a part of the community scene as the visiting nurse and the fire department, which they somewhat resemble. In a population containing 80 million users of Alcohol and 6 million cases of active alcoholism, they perform as necessary a life-saving function as the Coast Guard. Alcoholism has pressed its way into public attention as the nation's third deadliest disease, and A.A. has developed the only method yet found that produces large numbers of enduring cures, It suddenly finds that it has public responsibilities, that others besides its members claim a legitimate

interest in how it conducts its affairs.

Many find the fellowship of interest entirely apart from its practical work of sobering up drunks. Though itself nonintellectual and sometimes anti-intellectual, A.A. strikes both therapists and theorists as being an almost classical demonstration of the psychotherapeutic theories of Carl Jung. Jung believed in God and in "spirit." He devised another vocabulary for transactions with agnostic professional colleagues, but firmly used these traditional terms in his correspondence. A good part of his life work was directed towards reconciling the insights of religion with those of the new psychiatry. Jung approved Freud's work as far as it went, but felt that forces unsuspected by Freud could be summoned to the aid of distressed humanity. This belief is also at the base of A.A., commonly described by its members as a "spiritual program."

This resemblance is not entirely coincidental for, though he did not know it and though his contribution was inadvertent, Jung had a hand in founding A.A. Early in the 1930s, Jung took a patient named Rolland H., a rich American and chronic alcoholic frantically seeking a cure. After an attempt at treatment, Jung told Rolland H. that psychiatry couldn't help him. Then, asked the desperate patient, what could? Perhaps a religious conversion of some kind, Jung said. Such an experience could never be guaranteed, but one could seek the company of those who had had them, and hope. Roland H. went to England, joined the Oxford movement, got sober and returned to New York. There he continued his association with the Oxford movement, taking particular interest in other inebriates. One of these Edwin T., carried the news to Bill W., a Wall Street broker, then prostrated by alcohol. After undergoing a shattering subjective experience of religious enlightenment, Bill W got sober and began looking for other alcoholics who were interested in drying out by the new method. He found one - again through the Oxford movement - on a business trip to Akron, Ohio. His new friend was a down-and-out alcoholic physician, Dr. Robert S. The two founded Alcoholics Anonymous and led the movement jointly until Robert S. died, sober in 1950.

A.A. was not completely without precedent. More than a century ago, a remarkable similar organization, The Washington Temperance Society, sprang up in Washington, D.C. and soon had branches in most big cities. Lincoln, concerned about alcoholism through the suffering of his law partner, Herndon, encouraged the members whenever he could, and even addressed them on one occasion. The Washingtonians had all the main features of A.A. - alcoholics helping one another, weekly alcoholics meetings, shared experience, readily available group fellowship, reliance on "the Higher Power." Bill W. and Bob S., added a spiritual regimen designed to produce personal improvement, a rule of anonymity, the practice of exchanging speakers between groups, and a membership restricted to those who confessed a problem with alcohol. The Twelve Steps of surrender, confession, self-examination, restitution and service were taken with only slight changes from the Oxford movement. The anonymity and alcoholics only rules

were innovations.

AAs great expansion began with the publication of an article by Jack Alexander in the Saturday Evening Post of March 1, 1941. Ten years later the membership was up to 150,000: in ten more years it doubled that. America was suffering from the hangovers of a national binge begun with the repeal of Prohibition and not yet ended. By aggressive lobbying, the liquor industry cleared away the remaining restraints on the sale of booze. Saturation advertising disfigured the approaches to the major cities with five story whiskey bottles and bombarded the populace with reminders to drink. Consumption rose until it reached the present figures of a billion quarts of spirits, 2 billion quarts of wine and 12 billion quarts of beer a year. The industry employs a million people and pays them \$5 billion a year—more than we spend on the combined crude oil, natural gas, coal and ore-mining industries, and nearly twice what we spend on education.

Trouble arose along with sales figures. Those who drink consume, on the average, a quart of whiskey, two quarts of wine and four gallons of beer a month. Some, of course drink far less than this, others—especially the 6 million chronic alcoholics—much more. Excessive drinking costs the nation \$35 million annually in medical care, \$30 million in jail maintenance, \$100 million in accidents, \$500 million in wage losses, according to estimates based on a Public Affairs Committee pamphlet. About a million people a year are admitted to be treated for alcoholism. One in twelve drinkers becomes an alcoholic: 14,000 deaths and 40,000 injuries a year result from the mixture of alcohol and traffic. 21,000 people die annually from cirrhosis, 6 million families are shadowed by alcohol and 12 million children suffer from their parents excessive drinking.

In the light of such figures, it is not surprising that A.A. seemed an answer to prayer in hundreds of thousands of families. A household devastated by booze is an isolated unit, plagued by debt, ridden by internal strife, with little hope, few friends, many enemies and a skeleton grown too big for the closet. AA replaces despair with hope. The family has friends again, understanding friends, people who have been through the mill, ready at any time for a cup of coffee and a chat. The necessity of total abstinence, and the means for attaining it, are made clear. The transformations are so impressive, and so often enduring, that the word "miracle" is frequently and understandably employed. Even physicians and psychiatrists, conditioned by occupation to disregard the claims of laymen, sought to learn from AAs source of clinical information on the management of a syndrome that had baffled their professions.

Alcoholics, even sober ones, are only human, and can tolerate only limited amounts of adulation without becoming dizzy. Effective speakers were in great demand to tell their "stories," not only at AA weekly meetings in distant places, but at convocations of professional groups, civic associations and service clubs. Big city groups stage annual banquets

drawing up to a thousand people and costing up to \$10 a plate. Resort hotels are taken over for State and regional conventions. All this has gone to the head of many a reformed booze fighter, and a type of paragon known in the local groups as "Mr. AA" pushed himself into key positions in the committee structure.

As AA became more prominent this tendency was noted outside the organization, and drew comment. A group of letters addressed last year to the editor of Harper's, was pointed: "Now that the myth of the Golden-Hearted prostitute has been laid to rest, let's tackle the Omniscient Ex-Lush." "The fanatics who prevail in some groups seem bent on making AA into a hostile, fundamentalist religion." "The movement needs to recover some of the good spirit it had before it became proud of its humility." These letters were occasioned by an article in which Arthur Cain pointed out tendencies toward cultism and narrow orthodoxy that limited the fellowship's therapeutic effectiveness.

My own experience with AA dates back more than 10 years. While writing a series of articles for a national magazine, I attended hundreds of AA local meetings and a number of state and regional affairs, and developed a wide acquaintanceship in the movement. My articles aroused the interest of Bill W., and I was invited to evaluate, as a paid consultant, some of AAs publications and activities.

This chore consumed a number of months in 1962 and 1963, and afforded an intimate view of the organization's national headquarters and policy making boards. Since my recommendations were not confidential-"AA has no secrets but the names of its members" is a hallowed tenet-they can be disclosed. They contained little more that had not been said before, some of it by Arthur Cain. Anyone else undertaking a similar survey would, I think, have reached the same conclusions.

At headquarters, I missed almost completely the bubbling good will, the creative open-mindedness, the open and stimulating swapping of ideas that made so many of the weekly neighborhood meetings memorable. Everybody was an expert, with a cluster of ideas closed to amendment. Bill W., The movement's traditional leader and a main source of the spiritual inspiration, had lost out in committee maneuvering to a policy of "putting the thing on a business basis." Committee politics took up half the working day; gossip was venomous. In quick succession I was told that the co-founder (in my opinion still sharp-witted at seventy) was senile, that a staff worker was a hypochondriac and a committeeman a homosexual. The accused were at pains to assure me, separately and without encouragement, that the accusers were a nymphomaniac, a schizophrenic and a megalomaniac, I observed nothing to substantiate any of these charges. However, there was no inclination toward the "fearless and searching moral inventory" recommended by AAs Twelve Suggested Steps.

The non-alcoholic Board of Trustees responsible for national policy was ultraconservative (one member, Archibald Roosevelt, had furnished literature for distribution by the John Birch Society) and this, I reported, had served the movement poorly. The board's rigid conservatism was reflected in a number of unfortunate policies, the most odious of which was a tacit endorsement of racial segregation within the branches. When a member submitted an article for the monthly bulletin pointing out that nearly all Southern AA groups and a great many Northern ones were racially segregated, and that AAs Negro membership had failed to keep pace with the growing problem of Negro alcoholism, the article was turned down on the grounds that it "might disrupt AA unity." Local AA groups are free from any national control other than moral suasion. That even this influence should be withheld on so fundamental a point seemed to me a serious error. It is, however, in keeping with the fact that there are no Negroes on the headquarters staff or on any of the numerous AA national boards and committees.

The policy on publications, I reported, is likely to cost AA its once acknowledged leadership in its field. When Alcoholics Anonymous was first published a quarter of a century ago, it won universal acknowledgement that AA was well in advance of the field. But though the medical and psychiatric professions have been remarkably slow in coming to terms with alcohol addiction, much progress has lately been made, and the AA "Big Book" is beginning to have an Out-of-date, early century, historical sound. The Board, however, has ruled that no further word shall be spoken. Despite the fact that the rank and file teems with exciting, relevant, informed and up-to-the-minute experience, none of it is permitted to appear in book form. To publish such literature, it is felt, would be to risk heresy. As a result, AAs official books, unfertilized by fresh documentation, tend to sound more archaic each year.

I concluded that AAs headquarters had been captured by an ultraconservative clique that was doing the society appreciable harm. This finding, was, of course, received by that clique without thanks and, despite the efforts of a small free-speech party, was prevented from reaching the delegates of the rank and file for whom it was intended. AA, at least in its national offices, bears heavily the marks of its culture in its time-affluence and the shortsighted conservatism that affluence begets.

Fortunately for future generations, the influence of headquarters on local groups is not decisive. "Oh, those guys!", is a typical reaction from a local group secretary. "We send `em their three bucks a year per member and forget about `em." Many groups make no contributions to "the national." In the neighborhoods and at the crossroads will surely be preserved in living practice those ideas that give mankind new hope whenever they achieve a renaissance-candor, humility, friendliness, enlightened understanding, a good-natured readiness to pitch in at any hour in any way to help a baffled human being.

and told to sit down. The desire to help others degenerated. As one disheartened former A.A. member told me, "I felt nobody cared what happened to Mary W. I felt they were just interested in another alcoholic who would become another notch in their belts. I felt as if I was being pressed into serving their cause and building up their oligarchy."

With this growing dogmatism came a Dark Ages attitude toward any scientist who might differ with official AA doctrine. According to -the AA litany, alcoholism is a physical disease which can never be cured: "Once an alcoholic, always an alcoholic." The corollary is: "A reformed alcoholic must live A.A. from day to day and never leave A.A."

Actually, there is no scientific evidence that alcoholism is an incurable, physical disease.

According to current evidence, the origin of uncontrolled drinking is psychological. A person drinks to ease anxiety, depression, boredom, guilt, timidity, inarticulateness. An alcoholic learns to become one; he is not born that way. This means that many alcoholics can return to normal drinking without fear of ending up on Skid Row. Over the past 17 years I have treated more than 50 alcoholics who no longer need to attend meetings or receive treatment. Most important, over 20 of my patients have learned to drink normally, to use -alcohol as a beverage, not a psychological crutch.

Yet when scientists have reported similar findings, A.A. members have often set out to discredit them. In 1957 Doctors Melvin L. Selzer and William Holloway of the University of Michigan came up with the then startling report that 13 confirmed alcoholics had become social drinkers. Because of the pressure of an influential A.A. member, the state agency that provided the funds for the study virtually ordered the two scientists to omit what it called these "embarrassing" findings. Doctor Selzer published his findings anyway.

In 1962 Dr. D. L. Davies, after a study at Maudsley Hospital in London, declared that seven men who had been alcoholics were able to drink normally after treatment; some had been drinking without problems for as long as 11 years. Doctor Davies concluded that "the generally accepted view that no alcohol addict can ever again drink normally should be modified." Some AA members branded the scientist's report "immoral, because it might cause some members to drink."

Dr. E. M. Jellinek, a co-founder of the Yale School of Alcohol Studies and a dean of researchers in the field of alcoholism until his death in 1963, was drawing on his own experiences when he declared: ". . . Alcoholics Anonymous have naturally created the picture of alcoholism in their own image . . . and there is every reason why the student of alcoholism should emancipate himself from accepting this exclusiveness as propounded by A.A."

Not only has A.A. interfered with scientific investigations, it has prevented medical and psychological treatment which runs counter to its own theories. At one New York City hospital, for instance, the physicians preferred using paraldehyde to treat acute intoxication. But then A.A. members implied that they would stop referring patients there if paraldehyde was used. The doctors were persuaded to switch to another drug, chloral hydrate. As the physician in charge of the alcoholics' ward explained, the A.A. non-scientists had discovered that paraldehyde was a form of alcohol. Actually, chloral hydrate is the more toxic drug. In fact, its indiscriminate use in another New York hospital has left some patients more intoxicated upon discharge than when they were admitted.

While A.A. adherents battle scientific inquiry that does not fit A.A.'s narrow theories, its chapters often attempt to assume total control of members' lives. Purporting to offer everything needed for human fulfillment, the fellowship now boasts of a "ladies auxiliary," called Al-Anon, for spouses of members and even a division for members' children called Alateen. It suggests that the youngsters open their meetings by reciting this incantation: "We will always be grateful to Alateen for giving us a Way of Life and a wonderful, healthy program to live by and enjoy!" Implied is the distressing theory that there is no other way of life for alcoholics except that of A.A.--a life in which every waking hour is devoted to the struggle for sobriety.

The wife of a Texas member described some unfortunate consequences of A.A.'s creed that the struggle against alcohol must be the most important ambition in a member's life. This must be placed above wives or husbands, children, homes, or jobs. They must be ready to abandon these things at any time The tragic part is, some of them while searching for this sobriety and serenity actually do exactly that." How pervasive the obsession with A.A. can become was poignantly demonstrated by a patient who had come to me because of worries about her A.A. husband. He had proposed that they move their bed into the AA clubhouse so they might be "available 24 hours a day just in case an alcoholic wandered in."

For many members, of course, staying sober is a fierce challenge daily. But under the A.A. program, the lives of many are so sterile that their growth as human beings is hindered. Taught to rely on slogans and compulsive A.A. routine, some are unable to face the fact that they are alcoholics because they are psychologically sick. It is for this reason that many A.A. members never recover.

A New Hampshire novelist and former A.A. member, who has been continuously sober for eight years, described this human waste when he wrote me: "I have met members who are actually afraid to think. They have made a high fence of A.A., which shuts them out from all pleasurable and vital aspects of life."

Behind the A.A. fence the original principle that alcoholics must be humble

before God has been turned into the dictum that alcoholics are God's chosen people. This theme is preached in meetings and through books and pamphlets. A typical illustration is a booklet titled, "Around the Clock With A.A.," published recently by an A.A. group in California. One passage declares: "God in His wisdom selected this group of men and women to be the purveyors of His goodness. . . . He went right to the drunkard, the so-called weakling of the world. Well might He have said to us: `Unto your weak and feeble hands I have entrusted power beyond estimate. To you has been given that which has been denied the most learned of your fellows. Not to scientists or statesmen, not to wives or mothers, not even to my priests or ministers have I given this gift of helping other alcoholics which I entrust to you." Such idolatry causes the believer to see himself as all knowing, and turns the missionary into the zealot.

A.A.'s creeds not only infect its own members but pervade public education. Most of what we hear or read about alcoholism is inspired by A.A. adherents spouting A.A. dogmas. City, state and private agencies frequently fill all key posts with A.A. members. One western state actually requires that personnel assigned to its alcoholism program be A.A. members for at least two years. No professional experience is needed. The A.A. philosophy also dominates the National Council on Alcoholism, the only nation-wide public-information agency on alcoholism. N.C.A., which is supported by public donations, has over 60 affiliated information committees scattered throughout the country. Although both N.C.A. and A.A. deny that they are officially connected, many members of N.C.A.'s staff and some directors are A.A. members. A.A. members serve as directors in eight out of ten N.C.A. information centers in the largest cities in the United States.

Thus, it is not surprising that N.C.A. continues to parrot the A.A. line that alcoholism is a "progressive disease for which there is no known cure, but which can only be arrested." Further, N.C.A. in a series of radio and TV commercials actually stated that the American Medical Association has declared alcoholism to be a disease, although the A.M.A. has restricted itself to general statements that the alcoholic is "sick." Time and again, I have heard public figures recite A.A.-N.C.A. myths and propaganda as if they were gospel.

I once heard Arthur Flemming, former Secretary of Health, Education and Welfare, read verbatim a pronouncement on alcoholism which I knew had been prepared a year earlier by N.C.A.'s public-relations firm. Flemming offered the now familiar "statistic" that there are five million alcoholics in the United States. This figure is based on a study Doctor Jellinek of Yale conducted 18 years ago in a small community; he thought he had found that three percent of the population were alcoholics. N.C.A. applied this percentage to the whole nation. Doctor Jellinek, a great physiologist but no statistician, repudiated his own formula in 1956. The five-million figure is only a guess, for no scientific count of alcoholics has ever been made.

While N.C.A. issues well-intended but sometimes questionable facts and theories, A.A. officials, when pressed, often hide behind the famous Tenth Tradition, which states that "Alcoholics Anonymous has no opinion or outside issues, hence the A.A. name ought never be drawn into public controversy." This device enables members of A.A. to make outrageous assertions which A.A.'s headquarters promptly disavows when challenged. "Many people I have tried to help," said one Chicago member, "have abandoned the program because they couldn't take the ex cathedra homilies on drugs, alcohol, psychiatry, medicine, sociology, biology, to name a few subjects on which they speak with authority."

Much of the A.A.'s failure can be blamed on a lack of forward-looking, constructive leadership. Writer Jerome Ellison recently spent several months as a paid consultant to A.A. evaluating the fellowship's publications and activities. At national headquarters in New York City, Ellison declared, committee politics took up half the working day, and gossip was venomous. Everybody was an expert, Ellison went on, "with a cluster of ideas closed to amendment." He related how one member had submitted to the A.A. monthly bulletin an article which showed that nearly all southern and a great many northern A.A. chapters were racially segregated, and that AA. had failed to keep pace with the growing problem of Negro alcoholism. The article was turned down on the ground that it "might disrupt A.A. unity."

Ellison's most damning indictment concerned the rule made by A.A.'s non-alcoholic board of trustees that no change can be made in A.A.'s theories on alcoholism even though they are nearly a quarter of a century old. "Despite the fact that the rank and file teems with exciting, relevant, informed and up-to-the-minute experience," Ellison declared, "none of it is permitted to appear in book form. To publish such literature, it is felt, would be to risk heresy."

Needless to say, I do not suggest that A.A. be abolished or that a single member quit. That A.A. helps many thousands stay sober is obvious. But Alcoholics Anonymous should return to its original purpose of being a much-needed first-aid station. The "arrest" of uncontrolled drinking is the essential first step in becoming a recovered or cured alcoholic. During this critical period, the alcoholic needs the sympathy and understanding that only another alcoholic can give. But after three months or so, when the shakes have subsided and the cobwebs are beginning to clear, the recovering alcoholic should go ahead. He should not be taught that he must remain forever crippled and bound by the paralyzing concept "Once an alcoholic, always an alcoholic." It is at this point that the patient needs a different kind of understanding: an objective, dispassionate, clinical understanding that physicians, psychologists and pastoral counselors, not A.A. members, are trained to give. Only after he has undergone a rigorous and lengthy revision of his personality should he attempt to drink normally again, and then only if he desires to do so.

exactly what was going on , and you stopped for a second and turned toward me. I was standing by the refrigerator-or, more accurately, propping myself up with it. You didn't say anything. You didn't have to. Your disappointment, resentment, disgust, just plain hatred-it all burned in your eyes.

So what can I possibly tell you that you don't already know about what alcohol can do when it takes control of someone? You lived through too much of it-the nightmarish months before the divorce, then a household without a father, the times when you didn't hear from me and wondered why, the times when you did hear from me and wished you hadn't.

What I want to point out, what is so necessary for you to understand, is that what you saw happen in our home, and what happened to me after I left-the fleabag hotel rooms, the psycho wards-was only the last act of my love affair with the bottle. It all began before you were born; in fact, it began about the time I was your age, which is why you need to be thinking about alcohol and alcoholism right now.

We in Alcoholics Anonymous spend a lot of time sitting over coffee talking about our experiences, and one thing we've learned is that it isn't easy to predict what boy or girl is going to turn up with a drinking problem. As children, some of us went to bed every night in the security of well-knit families. Others were pulling the covers over their heads to shut out the hell of their homes. Some have Phi Beta Kappa keys; others didn't get past the ninth grade. None of us fit any alcoholic "type" as far as background is concerned.

Then how did we get to be drunks? Some people think we became alcoholics from drinking too much. I think we drank too much because we had something else wrong with us in the first place and used alcohol as a crutch. We had the equivalent of a broken leg in our inner selves- a weakness, a fear, a sense of guilt or anxiety, a shadow of uncertain outline that dogged our steps. This is not unusual in itself, especially among young people as they are becoming adults. What was unusual for us was how we reacted when we discovered alcohol and the way it could help us. Its effect was sheer magic. It rid us of that shadow.

The trouble is, our crutch began to play tricks on us. At times it would slip and we'd fall down. By the time we decided that it was bringing us more trouble than help, we made a startling discovery: we couldn't let go of it.

Quite a few of us began drinking regularly because alcohol gave us a deceptive sort of courage to meet situations that scared us. The more we relied on this artificial courage, the less genuine courage we could muster. If we drank to feel more comfortable around people, for instance, the result was that we felt all the more awkward and self-conscious and tongue-tied when we weren't drinking. If we drank to fight off boredom or loneliness,

the more bored and lonely we became when we had no glass at our side.

I picked up my crutch in the most innocent way, not really knowing that I was slipping it under my arm. There were half a dozen of us kids who knew the secret of acquiring a chilled keg of beer on a Saturday afternoon. There was a little glen on a farm about five miles out outside of town that was made to order for our midsummer nonsense. With the right amount of beer under our belts-and not necessarily a dangerous amount-we could laugh ourselves silly at jokes that weren't really funny, and there was a warmth and conviviality that certainly couldn't be condemned.

Human beings have been amusing themselves this way for thousands of years, and I suppose that they always will, whether they gather around a beer keg at a picnic or the cocktail bar in a hotel. This is what is called "social drinking" and it is hard to make a case against it. As far as I know, I am the only one of that group I used to drink beer with who went the route of an alcoholic. It was the only kind of drinking I did for a long time. I had no idea that my fondness for alcohol was out of the ordinary. But in the most subtle and gradual way the occasions which called for my drinking began to multiply.

In the office where I had my first job after getting out of school there was a girl named Judy. She was bright and she had a sense of humor and, as you would put it, she "turned me on." I asked her for a date, and took her to a place I couldn't afford for dinner and dancing. I wanted to impress her.

That evening I discovered that Judy didn't like to drink. She didn't disapprove of drinking-it just didn't appeal to her. But we enjoyed each other, and when I took her home she said good-night in a way that made me think she would like to go out with me again.

The significant thing is that I never asked Judy for that second date. I dropped her flat, and scouted around for another girl. As much as I liked and admired Judy, as much as I wanted to get something going between us, I couldn't face the prospect of spending a lot of time with a girl who didn't like to drink. Some kind of subconscious "radar" told me that I could not have Judy and also drink as much as I wanted to. I made my choice.

I was to make the same kind of choice time and again. I picked companions who liked to spend their spare time-as I did-on a bar stool or nursing a fifth through an evening of cards. I doubt that I would have found their company very stimulating if it hadn't been for the liquid refreshment that was always in the picture. And all of this while I was developing two skills that you find in most alcoholics: the ability to conceal from others how much I was drinking, and the ability to conceal from myself how indispensable my alcoholic crutch was becoming.

Your mother didn't recognize this side of my character until after we were

married. Our courtship was a whirl of bar-hopping and parties. Unlike Judy, she enjoyed drinking, or at least I always thought she did. She made a game attempt to keep up with me at first, and then she found herself on that bobsled ride so familiar to wives of alcoholics. From enjoying our life together she shifted to tolerating it and then to rebelling against it. She tried to understand me, to help me, and her only reward was a kick in the teeth. The divorce itself was an anti-climax. Our marriage had ended long before. I was just an overgrown adolescent.

As much as I recoiled at what I saw happening, I couldn't do anything about it. I made promises, sincere ones, time and again, and broke them. Once I left a hospital after a week of treatment for acute intoxication-intravenous feeding, sedatives, vitamins, a sweating-out and shaking-out that brought me back from the brink of delirium tremens-and within 48 hours I was drunk again. It was the same suicidal process, and it took me back to the same hospital in worse shape than before.

From what I've written, you might guess that I'm going to tell you to steer clear completely of demon rum. No, I'll be practical and assume that you have the same curiosity about alcohol that I did when I was your age, and that many occasions may arise when you'll either want to drink or be expected to.

First, test yourself with alcohol in a sensible way. There are wrong times and right times to fool around with beer or liquor. With a bunch of kids in a car is a wrong time; at a party where there are responsible adults is a right time. The best time is in your own home, if you can persuade your mother to cut you in on the action when she's having some friends in.

If you're like the majority of people, you'll find that first drink an interesting experience. You may dislike the taste, but like the effect, or vice versa. You may barely be able to "feel" one drink, or one drink may knock you for a loop. Just remember that no matter how mature and responsible you may consider yourself to be when you life that glass, you're dealing with what is, for all practical purposes, a drug.

Alcohol is a depressant, and the first thing it depresses or slows down is the higher center of your brain, your faculty of self-criticism, judgment and restraint. Remember, too, that in spite of what you see in the movies, in spite of the beer and whiskey ads, it is not necessary to drink to be sociable, to be a success in a business or profession, to sweep a girl off her feet.

Next, if the crowd you are running around with is drinking when you don't want to, or is drinking more than you care to, don't hesitate to say no when the next round is offered, to cut out, or to go home. It's stupid enough to get drunk; it's twice as silly to drink too much simply because that's what "everybody else" is doing.

Finally, and perhaps most important, there is always a chance that you have within you the characteristics of an alcoholic, a seed that is hidden but now waiting for circumstances that will let it grow and flower. If you should come to recognize in yourself a fondness for alcohol that seems to be greater than you observe in others-especially in people who impress you as competent, well-adjusted human beings-then the red flag of danger is up.

If you do any amount of drinking in the next few years, there is a simple test I wish you would take from time to time: Try doing without alcohol for a while and see what happens. This way you can get an idea of how much alcohol means to you, and how much you value what it does for you. You'll probably find that being "on the wagon" means no more than a moment of awkwardness when one of your buddies suggests having a drink. But if you find that removing alcohol from the picture makes a serious difference in the way you feel, if you are drawn back to it against your own resolve not to drink, this may tell you that alcohol does, indeed, hold a special danger for you, as it did for me. Then there is only one safe course: avoid the use of alcohol altogether.

You will have problems in life. You will have disappointments, doubts, fears. Never try to make the mistake of seeking an artificial, temporary solution to these problems through alcohol, pills or narcotics. A way of life cannot be built on such flights from reality. My prayer for you is not so much that you will find every happiness you seek, but that you will accept with clear-headed fortitude the times of trial that are sure to come your way, and receive with gratitude the love and good fortune that are always close behind.

Source: Reader's Digest, November 1966

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++++Message 1014. Re: 3rd Legacy Voting Procedure
From: David Ballester 5/12/2003 9:21:00 AM

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Hey there!

My name is David B and I'm an alcoholic from Gothenburg, Sweden. There has been some problems here with the service posts. There has been a little click of older members that has been having these posts for a long time. They're just ruling and voting without taking care of the groups that they are supposed to be serving. There are many alcoholics that are aware of this problem but we don't know what to do about it.

their parents, but to exchange ideas and experiences that will help them understand the nature of alcoholism and how to minimize its damage to their own lives.

The Alateens talked freely. There was a closed meeting, which I was allowed to attend on condition that I respect the participants' anonymity. The only other adult present was an attractive young mother who acted as moderator-counselor. She, too, was an insider, the wife of an alcoholic and a member of Al-Anon, the family group movement that has grown out of AA. She and the youngsters had agreed to report on their progress in coping with their common problems.

The Alateen case histories were at once tragic and heartening. The youngsters talked without self-pity about the tensions, the squalor, and fear that alcoholism imposed on their families.

At an early age, these children had learned that home was an unsafe place to bring friends. One boy told about a formal dinner that ended with his parents hurling plates and cutlery. A girl would never forget the birthday party that was climaxed by her father collapsing with his head in the cake.

The Alateens all confessed to having used the unhappiness in their homes as an excuse for their own weaknesses and misdemeanors that ranged from laziness and disobedience at school to criminal behavior.

Mark, a handsome, mop-haired 18-year-old, had served time in a state training school for stealing a car. It was his way of "paying back" his drunken father. Jacqueline, a pretty 17-year-old, had reacted to her father's alcoholism by taking to drink herself. At 16 she would raid his liquor stocks, then invite other teenagers to join her for drinking and driving in the family car.

Jacqueline's younger brother, Jay, had turned against their non-drinking mother. He explained: "Mother was always raging and having hysterics--I thought she was the sick one.

Dad was nice. When he was drinking he'd give us money and generally indulge us children."

It was at weekly Alateen meetings, the same youngsters testified, that they had gained insight not only into their parents' problems but also their own. Jacqueline stopped drinking. "When I understood about my father and how his drinking was a disease, I didn't get a charge any more out of alcohol," she said.

With unconscious pathos, 19-year-old Debbie, reporting her progress, said: "I used to think that if my mother really loved me, she wouldn't drink. I'd hide her liquor or throw it down the sink. But that just made things worse.

Then I joined Alateen and it was such a relief to learn about alcoholism."

From her Alateen handbook Debbie had learned that "the sick alcoholic doesn't want to make his family suffer. He doesn't want to get into debt, smash up cars, land in hospitals and jails. But the craving for alcohol is too strong. Even though he doesn't admit he drinks too much, he suffers from guilt, remorse, physical illness, loneliness and despair."

Debbie concluded: "But the main thing I learned from Alateen is that we children aren't responsible for our parents' drinking, and we can't make them stop."

The organization which answered these children's urgent needs came into being only ten years ago. Appropriately, it was the brain child of a 17-year-old Pasadena, California, boy whose father was a member of AA, his mother an Al-Anon. Impressed with the way they had been helped, he got together with five other boys whose parents had compulsive drinking problems and proposed that they, too, form a fellowship. His hope was that by pooling their experience and strength they could learn to cope with the complications that an alcoholic in the family added to their normal problems as teenagers. The response to Bob's idea was so enthusiastic that Alateen was founded and named that very night. Today, around 4,000 youngsters belong to 392 Alateen chapters in a dozen countries. The greatest concentration is in the United States, where there are 194 chapters; most of the remainder are in Canada. Although its rate of growth now surpasses that of Al-Anon, the sponsor and coordinator of its work, Alateen is still a mite, by comparison with the monumental need for its services.

According to the National Council on Alcoholism, there are some 6.5 million alcoholics in the United States. Canada has upward of a quarter of a million. But for every alcoholic, NCA estimates, there are at least four others whom his or her sickness directly affects. Explains Dr. Ruth Fox, a practicing psychiatrist and NCA's medical director:

"Alcoholism is a family disease. Excessive drinking of alcohol by a father or mother, or both, affects every member of the family--emotionally, spiritually, and often economically, socially, and physically."

The result often is a recurrence of the drinking problem in the next generation. As Dr. Fox points out: "Forty to sixty per cent of all alcoholics come from the disturbed background of an alcoholic family. The child of an alcoholic pays an appalling price in bewilderment, humiliation, and often in physical neglect and abuse. The security, love, and warmth that are necessary for a child's development are rarely present in an alcoholic home. Where these do exist, they are of such unpredictable quality that the child has difficulty developing the trust and confidence in himself that he will need for future successful living."

The desperation of that need is made plain in letters--about thirty-five a week--that youngsters write to Alateen world headquarters. Some of these letters ask for general information about alcoholism; others want the address of the nearest Alateen group, and all cry out for help.

A 15-year-old girl wrote from the Midwest about the distress of her whole family. Her father is an alcoholic who had tried AA briefly, then lapsed back into drinking. Her mother, despairing, has begun to talk about a separation. An older brother and sister, meanwhile, were "plotting to leave home; they just want to get out of the house." But the 15-year-old still loves her father, and "can't bear the thought of just leaving him with nothing and no one. He might fall asleep with a lighted cigarette and burn himself up."

Another youngster, also in his mid-teens, writes about how his family, under strains imposed by the mother's drinking, has disintegrated for the second time. The boy's own father had divorced his mother "because of her drinking problem." Now his stepfather has had enough.

His letter told a domestic horror story. My mother has been an alcoholic since I was about three. Don't get me wrong--I love her very much. I feel that if my stepfather had been a little more understanding she could have overcome her problem. But one night when she was drunk, he locked her out of the house. He is now living with a woman who, I guess, he plans to marry when the divorce goes through. My mother was pregnant when he threw her out. I now have a baby sister who will never know her father."

But the boy had not abandoned hope. He was writing, he said, "to find out how to combat my mother's sickness." He ended: "I would greatly appreciate it if you sent this information as soon as possible." Mrs. Timmy W., Alateen's international secretary, reads such tragic letters and realizes that "what these youngsters hope for by return mail is some magic formula that will make their parents stop drinking." Instead, Mrs. Timmy W. introduces them to a program concerned primarily with saving them, only indirectly with helping the sick parents.

What Alateen offers is much the same kind of treatment as AA prescribes. Trust in God is one of the first "steps of recovery" that both groups are encouraged to take. Then, through group education, they are helped to face up to their problems and to gain the strength and insight that will allow them to live with their problems. For a start, Alateens learn everything they can about alcoholism: that it is a disease--an abnormal sensitivity to alcohol, plus an emotional compulsion to drink--and that, to get well, the desire must come from the alcoholic himself.

"You can do nothing directly," their handbook, "Youth and the Alcoholic Parent," advises. "Persuasion, reproaches, bitter silences and tears--all these will only put your parent on the defensive and increase his guilt.

That leads to more drinking, more trouble."

The Alateen can best help his parent by helping himself. "Fear and dread are destructive emotions; put them out of your mind. There is hope for every alcoholic, no matter how black things look at the moment. Learn to live one day at a time and live it so you will grow. Yours is the only life over which you have any control."

Pat, an Alateen whose family had been broken and impoverished by alcohol, was sustained by the idea of living a day at a time. She told her story at the Alateen meeting I attended.

Pat's father, a professional athlete, began drinking soon after she was born. When she was seven, Pat was put in the care of her paternal grandparents. Her father continued to drink and drift from job to job.

Pat was in high school when her father, by now ill and unemployable, arrived at AA. He introduced her to Alateen.

"At first," Pat remembered, "I couldn't stop talking. I had to tell everything about my terrible life. I had no mother, my grandparents were old and sick, and my dad was out of work. When my grandfather died and then my grandmother--both in the same year--I came to Alateen for comfort. The kids here were the first to understand. But I got more than comfort from our meetings. I learned to care about other people and their problems and I learned to live one day at a time."

Now 17 and living with her father, who finds occasional work, Pat manages housekeeping and a part-time job on top of school studies.

"When I wake in the morning," she says, "I -think: How awful it would be to live this way all my life! But I can stand it for 24 hours."

The youngsters all emphasize the healing effect of talking out their troubles. Jacqueline put it: "The tension in me has simmered down because I can discuss it. That, and taking inventory of yourself, are what help most."

It was Jacqueline who a year earlier had taken to hiding her problems in alcohol, just as her father was doing. Her arrival home one night, floundering in drink, was the shock that sent him to AA. Now, Jacqueline reports, her whole family was "on the program." Her father's efforts had encouraged her mother to seek help for herself at Al-Anon. Jacqueline and her brother, Jay, go to Alateen.

"It wasn't until we'd taken inventory of ourselves at Alateen that Jackie and I began to see our own weaknesses and how we'd been -using Dad's drinking as a crutch," Jay confesses.

If the service posts are staff members of a General Service Office, they may be following the same practices that the US/Canada GSO practices. They do not rotate in and out of the GSO but usually rotate from one service desk to a different one every two years.

The history of our Conference advisory actions reveals that sometimes our GSO or Board may do things that make others unhappy or disturbed. The solution to these matters is usually through a General Service Conference. If the service positions you describe are board members that gets a little tricky depending on what your country has defined in its charter and bylaws. If they are members of some other Service Committee then that would be yet another different set of conditions and remedies.

Could you provide a little more information so that the situation could be better understood?

I'd be loath to brand them as "bleeding deacons" until you elaborate on what they are doing and what you are unhappy about.

Cheers

Arthur

----- Original Message -----

From: Charles Bishop, Jr.

To: AAHistoryLovers@yahoogroups.com

Sent: Monday, May 12, 2003 4:40 PM

Subject: [AAHistoryLovers] Re: suggestion: 3rd Legacy

Hi David B. from Sweden:

The problem of those "old bleeding deacons" controlling everything is not new.

Before the next election, put a "no confidence" motion on the floor, have it seconded

and discussed. Especially discuss "rotation of service."

Then when the next election of trusted servants comes around...

put up a slate of newcomers for the positions and vote them in.

ARE YOU DRIVING YOUR ALCOHOLIC TO DRINK?

BY SHIRLEY KESSLER

Unless you know what you're doing, your efforts to cure can kill

You live with an alcoholic and you want to help. You've tried "sweet reason," emotional appeals, tears, lectures, coaxing and threats. You don't keep liquor around the house or you hide it. Or you pour it down the drain. But everything you do backfires. You're a heartbroken failure. What now?

Now look into an organization called Al-Anon Family Groups. Patterned after Alcoholics Anonymous it is aimed directly at you and the 20,000,000 others in America who are made miserable by 4,000,000 alcoholics. You cannot be innocent bystanders. What you do at home can greatly hinder or speed an alcoholic's recovery. Al-Anon helps you help your alcoholic. Its principles are based on sound, psychological grounds. The first fact it helps you face, for instance, is that alcoholism is an obsession disease. According to Dr. Ruth Fox, a noted psychoanalyst who has treated thousands of alcoholics, "A patterned response has been set up in the brain during ten or 15 years of turning to the bottle as the only source of comfort for the vulnerable personality disappointed in a cruel world." It is impossible to destroy or remove this pattern. Your alcoholic's only hope, therefore, is total abstinence. Even after analysis or 20 years in Alcoholics Anonymous, a first drink will start up the pattern. Your alcoholic can never drink again.

Getting your alcoholic to give up a self-prescribed formula for feeling better and for saving himself sometime later from his disability, is not your job. But you can help by spotting symptoms:

- 1) Drinking with defiance or out of necessity, not for either fun or relaxation.
- 2) Inability to limit the amount imbibed (unlike the "heavy drinker" who can moderate.
- 3) Progression. Untreated, the disease grows more virulent.
- 4) Blackouts—a later stage, a form of amnesia. This isn't passing out but "not remembering a thing" while under the influence.

Dr. Fox interviews an alcoholic's mate early in treatment. It's urgent he or she understand that alcoholics are supersensitive, easily upset and likely to project blame rather than face up to inadequacy. Dr. Fox reassures husbands and wives of her patients that they are not responsible for the illness, and cautions against adding to the difficulty.

If they will allow themselves to become allies of psychiatry, "the disease," according to Dr. Fox, "can be arrested at any stage, not after Skid Row or tragedy."

Yvelin Gardner of the National Committee on Alcoholism says, "members of the family mustn't let an alcoholic's gyrations send them into such a spin they think he's `mean' or `willful.' He's sick. It has been definitely shown that family members who have adopted understanding attitudes and approaches have brought alcoholics to seek help and recover many years sooner than would have been the case, and thus have prevented many broken homes and death itself."

Just as your alcoholic can't fight the battle alone, you need the support of others in the same boat. This focus on you came into view after the advent of Alcoholics Anonymous. Alcoholics struggling toward sobriety were often being encouraged by everyone except their families. Husbands and wives sat about AA anterooms waiting until group therapy began to work for their alcoholics.

While some of them had the patience to wait for the alcoholic to regain emotional balance, others worked unwittingly against AA by sarcasm and needling, shoving many AAers off the wagon.

In Come Back, Little Sheba, analyzed recently in the "Journal of Psychiatric Social Work," the sensitive hero was doing fine in AA until "by reminding him of the past and by not having any life of her own, the wife confronts her husband with his former inadequacies, provoking a bout with open aggression against her."

Growing aware of the importance of the non-alcoholic's role in a slip or a comeback, some wives of AA members organized a "clearing house" in 1951 to seek the help they needed before they could help their mates. This clearing house became Al-Anon Family Groups.

Mail coming to the still current P.O. Box 1475, Grand Central Station, New York 17, tells of pitiful mistakes. Some family members punished alcoholics by horsewhipping or not cooking for them, while others coddled them into asylums.

Information underlined by the National Committee on Alcoholism was sent out. Mates were told that alcoholism is not a sin, but a disease, an addiction manifested by uncontrolled drinking and not to be subject to home therapy.

Al-Anon Family Groups incorporated this year as a separate entity from AA. There are 700 world-wide groups, mostly in the U.S. and Canada. Any two people can start a group meeting in a home, church, school or any other room, to help each other, and eventually take the alcoholic into treatment in AA or psychiatry.

The Family Groups give husbands and wives a chance for releasing tensions in talks with others who understand. It is an experienced-exchange oasis. Doctors and social workers have called alcoholism a "family illness," because the wife or husband and children suffer emotional impairment, too.

So, until you straighten yourself out, you can't act with balance and the kind understanding to which alcoholics respond.

Since most alcoholics are men, the emphasis of Al-Anon is on the wife's role in his cure. However, the Family Groups are open to the man whose wife is alcoholic and the Al-Anon methods are equally effective for him. What are these methods and how do they work? Joan T., a Stamford, Conn., housewife, who sought out an Al-Anon Family Group, is typical.

She considers herself modern and fairly intelligent. But until recently she coped with the "problem" of her husband, Ted, a top engineering consultant, as families did 40 years ago.

For a long time, Joan wouldn't acknowledge the fact that Ted, a top engineering consultant, was an alcoholic. When she did, her concern centered on the growing social isolation and the pile of bills, while giving lip service to the concept "alcoholics are sick."

As Ted grew worse, heading for the inevitable straightjacket or hearse, Joan belittled and screamed abuse of him in her "private little closet." She avoided seeking the necessary outright help. Acting the shrew, she put Ted on the defensive. Partly to spite her, he refused to struggle against their enemy, alcohol.

Luckily, Joan saw a doctor about her "nerves." She couldn't sleep, laugh, or talk coherently any more. Ted's sexual demands, abuses in front of the children, and other selfish behavior, characteristic of the disease, were making life impossible. She was startled when it was suggested that although Ted wasn't ready for help, there was a new organization she could join.

In a neighborhood Al-Anon Family group, Joan was welcomed by 15 other wives and two husbands of alcoholics. All were well groomed, alert and cheerful. First, Joan received pamphlets on alcoholism. Then she heard others tell of their experiences, stories all could feel kinship with. Gradually Joan felt relief and hope. Finally she achieved a sense of peace as the meeting closed with the prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

At Al-Anon meetings the tales that are told are not gripes about mates but self-inventories. "My name is Peggy Adams and I am the wife of an alcoholic," one pretty brunette facing the group says. She tells of beatings

and other indignities, but admits that she has provoked hostilities. She'd greet her husband with name-calling, like "bum" or "no good."

Since coming to the group her resentments haven't changed. But her tactics are more subtle and in keeping with the facts she's learned about alcoholics. "Hon, it's okay," she says now after an outburst, "call me anything you like. It won't change my love for you." This stops him cold. She then gets him into bed and then leaves him gracefully alone.

Others tell of their experiences about abusive behavior, understanding that it isn't the mate's "real self" but things erupting from his unconscious while drunk.

A middle-aged man confesses to forcing his wife along as a drinking companion, even when she pleaded for a "recover." When she tried suicide, he sobered.

Exploring their own motivations, Al-Anoners discuss the problem of being a crutch to an alcoholic. All agree it's as destructive to be too permissive or to pamper an alcoholic as it is to punish. Tortured clock-watching, going along on bouts to protect and running at the alcoholic's every phone call can be emotional crutch methods. These don't help the immature individual to grow up.

A girl named Nancy came to a Jackson Heights, New York, group with her mother. Nancy wanted to marry Tom, a newspaperman who drank, but Mama said no. A few months later, Nancy was insisting to the group, "If I jilt Tom, he'll drink himself to death." She was advised that "disappointment in love" is an oldie, like "a death in the family," and she was actually preventing his getting better by always being around to lean on.

Nancy, like all Al-Anoners, has been learning to live by the AA program. She has developed more assurance and is now helping others. Now when Tom phones for her to hurry over, a calmer Nancy is able to answer, "Drinking is your problem, not mine. You can go on and on and get worse or stay sober." Tom is already on his way to a cure through AA.

At first the Family Group members works on self-improvement. Week to week progress is reported and commented on with encouraging suggestions. Advice needn't be taken, however. Al-Anon has no pat formulas. Its aim is first to root out neurotic fears.

Harmonious family relations are the next goal. Questions of finances are discussed frankly in the groups. "I like to eat and pay bills. Ben cares only about his credit at the local bars. Am I a 'financial crutch,' if I go to work."

Usually it's considered best to let the male head of the house support it.

But if he's swollen from dehydration or can't concentrate, the wife may have to work. If she does, she must make it clear that it is for the family budget. She must not flaunt her superior earning capacity.

After an Al-Anon member is sure of her facts and feels more detached and nurselike about her alcoholic's condition, she leaves literature about the house. Discussions are held off until the hangover stage. Then alcoholism is talked about objectively. In sober moments the alcoholic is usually impressed with the statistics on the 4,000,000 compulsive drinkers and the 150,000 recoveries through AA and psychiatry.

A family's best weapon in this slow, patiently fought battle is the change in themselves. "Those meetings sure do you good," one alcoholic told his wife between drinking bouts. "The whole atmosphere at home has improved. Even the children aren't sassing anymore."

To prevent children from growing up feeling nobody cares, and often becoming alcoholics, too, they must know the facts. The ex-alcoholic can't drink, they're told, although it's socially acceptable. His emotional makeup is such that alcohol makes him sick. He'll get better, when he understands he can live without the bottle. But meanwhile he's confused and needs encouragement for the struggle ahead. Once the truth is known, he often goes to his first AA meeting with his teenager along as an ally.

You, the non-alcoholic, must be something of a psychological juggler. You mustn't pit the children against your mate or bar the alcoholic from the family circle. (on the other hand, the children may have to pick up and leave, if a drunk becomes dangerous. In that instance, they must, without warning, just pull up the rug and go.)

You must lead an active, normal life. You cannot be obsessed with "the problem" as the alcoholic himself is obsessed with drink.

When Ann's husband blurted out, "So I drink too much. But I don't need AA. I'll limit myself," she told him it was no use, but she said, "Okay, test yourself. For at least three months have any prescribed number of drinks per day, but no more. You'll see." He did.

She didn't plead with the old hat, "Stop drinking if you love me and the children" or "Please, be a good father." She simply reminded him if he went on he would lose his mind and probably die of a "wet brain" or a heart attack during D.T.'s. Slowly he realized that he wanted to stop drinking. He would no longer put off what Ann termed a "necessary operation."

The convalescence period is rough. Converts are usually over-zealous. They are on call like a doctor at all hours. Their home was crowded with drunks, where before there'd been just one. But unlike the women of a decade ago, Ann had her parallel work in the Family Group. She and her husband had a



I WAS A TEEN ALCOHOLIC

The Number one drug turn-on among teens today is alcohol. Half of the heavy users among teens are likely to become alcoholics, and it is estimated that there are already 450,000 teen alcoholics in the country.

Recent Parent Teachers Association surveys gauge that 75 per cent of high school youth now drink, and that more than half of those have serious alcoholic problems.

During the past ten years, arrests of girls eighteen and younger who were intoxicated by liquor have more than tripled. Arrests of boys in the same age group have jumped almost two and a half times, according to Dr. Morris Chafetz, director of the National Institute of Alcohol Abuse. Dr Chafetz also asserts that a third of all high school students state that they drink with regularity, while only 14 percent of teen-agers are total abstainers. (Among adults 32 percent don't drink at all.)

Alcoholics Anonymous a leading self-help organization, says that they currently have twenty-five groups oriented to young people. A year ago there were only twelve such groups, five years ago none. (Columbus Hospital, in New York City, has just expanded its alcohol treatment center to offer help to adolescent alcoholics, the first such program in America.)

Many young people are turning from hard drugs to alcohol, particularly beer and wine, states a recent report in the "Christian Science Monitor." Sales of "pop" fruit-flavoured wines are up from three million gallons in 1968 to 33 million gallons last year, and these wines are consumed almost entirely by young people.

Following is the true personal story of one teen-age alcoholic.

My name is Cathy C., and I am an alcoholic. I started to drink when I was fifteen. My first drink was in the park near my house, where a number of older neighbourhood teen-agers used to gather regularly, to socialize and drink beer.

One day one of the boys offered me a can of beer. I had always been painfully shy. In the past I'd felt ignored and left out by this group of older kids. But as soon as I drank the beer everything seemed wonderful. I was no longer shy; I couldn't talk to people, dance and sing. Everybody seemed to like me and find me fun to be with.

This was going to be it, I thought. Whenever the opportunity arose, I was going to drink. The taste meant nothing to me, though at first I stuck to

milder stuff like beer and wine. It was the effect I was after, and the effect was wonderful as far as I was concerned!

In the beginning it was only weekend drinking. I soon graduated from beer and wine to screwdrivers (vodka and orange juice) which tasted better to me and had an even quicker effect in getting me high.

I had always done well in school, and during that first year of strictly weekend drinking I managed to keep up my usual good grades. But by my sophomore year my drinking began to increase, and my marks started to go down drastically.

I was part of a whole gang of kids who got together for parties or just casual drinking in the afternoon. Not all of them were that interested in alcohol. About half were strictly marijuana smokers, or were into pills. I tried pot and pills, but they just weren't my sort of high. Give me a six-pack or a can of those prepared screwdrivers then just becoming popular and I was happy. Though my parents weren't heavy drinkers, they did keep a small supply of liquor on hand for social occasions. Before long I was into this too.

By the time I was sixteen, at the end of my sophomore year, I was doing so badly at the parochial school I attended that I was asked to leave. But I was glad to go to the high school which was much larger, had less supervision, and was much less strict about attendance. Besides, most of my new friends attended that school.

I got in with what I considered to be the real "in" crowd, something I felt I could never have done before I started drinking. None of us really went to school. We would just check into the home room in the morning; then we'd get together and find out whose parents would be away that afternoon and go there and party. I don't think we attended school more than one third of the time that year.

At least 20 percent of the students were involved in this kind of thing, but I guess my closest friends were the real troublemakers. None of them wanted to be in school in the first place. They all wanted to quit, even if they had no plans for the future. At this point I'd say that at least half of the gang were still on drugs, but I stayed strictly away from that, not only because I didn't like it, but because of the danger with the law. I figured I was being pretty smart to stay with liquor, which was not only safer from a legal point of view but also cheaper and easier to get. Age was no barrier to getting alcohol though most of the taverns were pretty strict about ID cards. There were always a few phony ID cards being passed around, and there was seldom a problem buying the stuff in supermarkets or liquor stores. If a liquor store wouldn't sell to us, we could always recruit an older person to go in and get a bottle for us - just tell him we were planning a party or something.

That was the thing about drinking. People generally approved of it - they were glad that at least we weren't on drugs. Alcohol was familiar, something they could understand. Even the cops weren't too tough if they found us with booze. Of course, possession of liquor by underage kids is not a crime.

Toward the end of my junior year my behavior came to the attention of school authorities. They sent for my parents and I had many conferences with the school psychiatrist to find out why I was skipping so many classes. My father had been aware that I was in danger of becoming a problem drinker from the start. A year before, when I, had been out until two in the morning and had come home obviously tipsy, my father had been very concerned. When I sobered up he took me aside and said: "Kathy, you are one of those people who should never drink. You change drastically when you are drinking. Your personality is completely different."

I remember answering him "Yes, but the change is for the Better! I don't feel shy. Its terrific!"

One day, when I was sixteen, I found out that my mother wasn't going to be home that afternoon so I had the gang over and we had a groovy party, swinging on beer, screwdrivers and wine. But even though I was to some extent the life of the party, there was one guy there who wouldn't pay any attention to me. I am not sure what made me do it, maybe something I had seen in a movie or on TV, but I went into the bathroom, took a razor blade from my father's medicine chest, and with two quick movements slit both wrists. I really had no intention of killing myself. It was just a play for this boy's attention, and when I reappeared at the party, bleeding heavily, it certainly got attention.

Of course that was the end of the party, since I was rushed to the hospital. I know that I would never have done that if I had not been drunk out of my mind. When I was drunk, I didn't even feel the pain. I was sent to a private psychiatric hospital for two weeks as a result of this incident. When I returned to school, everyone seemed to know what had happened.

I told my father I couldn't go back to school because I was sure everyone was making fun of me. I went with him to the guidance counselor, and she agreed that my parents might as well take me out of school since I was getting nothing from it. The next season my parents, who had always hoped I would go to college, enrolled me in a business school. That was the year I turned seventeen. Now that I was no longer in high school, my life began to revolve more and more around bars. But I was still not aware that I had a problem; I felt I could quit drinking anytime I wanted to. This was the year I met Peter, my first serious boy friend.

Peter would drink occasionally, but he was not part of my crowd, and he thought my excess drinking was caused by the people I associated with. He

introduced me to his crowd - much straighter than the group I went with and drinkers only on the weekends or special occasions.

The business school I was going to encouraged me' to take courses that would help me get better jobs when I got out, such as accounting and business English. But in two months I had dropped all courses except typing. It seemed to be the only one I could cope with when I had a hangover, which was often. By now my parents were deeply troubled, but I still refused to take their advice and even told them that unless they locked me up and chained me to the bed, there was nothing they could do about it.

Then I started to go in for morning drinks. I remember sitting in a bar one night and saying: "I'm going to have a beaut of a hangover tomorrow. The noise of those type-writers is going to drive me crazy!"

One of the fellows answered, "Try a drink in the morning. It'll bring you around."

So I figured: "This is marvelous! Now I can drink and not even feel sick the next day!"

Toward the end of my seventeenth year, I had my first blackouts - periods when I couldn't remember anything that happened. I was scared at first but I was still going with Peter, who was a very dependable guy, so I knew I'd get home all right.

Just after I turned eighteen Peter was drafted. I decided I would be a faithful girl and go out only with my girl friends or stay home at night and write letters to Pete. So instead of going to bars to get drunk, I would drink alone in my room.

I got my first job about that time, and it was terrific. I didn't have to depend on my folks for money or on my boy friends to but me booze.

But I was hurting myself desperately, without realizing it. I would go out with my girl friends on Wednesday nights, and the blackouts were getting worse, only now I didn't have Peter to protect me; often I didn't know how I got home or who had taken me there. I was still very straight and religious and I worried what might happen to me some night during one of those blackouts.

Up to this point I didn't drink at work. I knew this was different from school and that if I drank I'd be fired. But one day I decided I would just have a drink to break up the boredom at lunchtime. I took a bottle to the office, but I had this terrific hangover and felt I couldn't wait until lunch. By five I was in a blackout and couldn't remember anything. I know that I behaved very foolishly at the office and apparently fell down a flight of stairs and had to be taken to the emergency ward at the hospital.

When my father came to get me, he said; "Kathy, You must go to Alcoholics Anonymous. Nobody drinks the way you do. You shouldn't be drinking alone or hiding bottles."

By then even I began to realize I had a bad problem. But I hated the idea of A.A. There weren't many young people in A.A. then and I was sure it would be some kind of Salvation Army evangelistic crew. I finally agreed to go to my local chapter meeting, but to do that I had to get drunk.

The next day they sent two people over to see me and even arranged to have a twenty-three year old woman talk to me, as she was closer to my age. But she was married and had a baby. I was single. What would happen to my social life if I stopped drinking? The parties? The bars? I couldn't face giving up alcohol.

The next two years were a hazy nightmare. I became a "periodic drinker," drinking one week out of the month. I lost my job and drifted into a series of temporary jobs. The minute I got a paycheck, I was off on a binge. I began to let everything go - even my dress and appearance. Sometimes I didn't bathe for days. Peter got out of the army and saw that his girl had become a full-fledged, full-time drunk. This romance eventually ended.

Even then, I didn't consider myself an alcoholic. I felt all I had to do was learn to drink like a lady and control myself. I did attend a few more A.A. meetings, but I wasn't impressed. I got sick and was hospitalized several times. The thought of suicide crossed my mind, but I was afraid of failing at it. Besides, I'm a Roman Catholic and my religion was one of the main things that kept me from going that route.

At my family's urging I even went to a psychiatrist. He helped me with many problems, but not with the drinking, because I wouldn't let him.

I really didn't think much of myself at the time. My self-esteem was at a low point, and the only way I seemed to be able to avoid my feelings of self-hatred was to drink. My family life was miserable. It reached the stage where the family was ashamed to have guests come to the house when I was around. I began to wake up in the morning sick and nauseated. I was throwing up constantly and losing weight.

Finally I collapsed again, at the end of my physical endurance. This time somebody recommended that I be sent to the Freeport Hospital, in Freeport, Long Island - one of the few in the country devoted to the treatment of alcoholics. I was carried in on a stretcher.

In the hospital I was put to bed and given a complete physical examination. It was determined that I was in a severe state of malnutrition - my weight had dropped to 85 pounds from my normal 110, largely because during my drinking bouts I simply had no interest in eating. I was also suffering from

vitamin deficiencies, particularly of B-12, which is the first to be destroyed by alcohol. I was put on a high-protein, high-calorie diet, given massive injections of B-12 until my bottom was sore, and given high-potency vitamins orally too. My liver showed signs of damage, but the doctor felt it would easily recover.

During the first few days I was also given a mild tranquilizer to help me cope with the shakes and withdrawal symptoms. But this was quickly discontinued.

"Alcoholics, above all, should avoid any sort of tranquilizer or stimulant. Their bodies have built up a high tolerance for drugs and they tend to increase dosage when they are troubled," I was told by hospital director Dr. Frank Herzlin. "This puts them right back into the alcohol habit in short order,"

Patients are usually ambulatory when they are admitted to Freeport, and all admissions are voluntary - nobody is committed, as they might be to a mental institution. In my case I was on my feet in two days and encouraged to take my meals with the others. I had pictured the patients as being "Bowery bum" types, but I could not have been more wrong. Most were attractive and well spoken. Though at twenty-one I was the youngest at the hospital, a number of patients were under thirty.

I was then entered in the educational program, which consisted first of orientation lectures to explain what alcoholism is and what it can do to you. There were three of these a day.

This was followed by another series of lectures for an hour and a half every morning, seven mornings a week. Afternoons were devoted to group therapy and individual counseling sessions. I was soon made to realize that I was not like other people, that I had a severe reaction to alcohol and could never be a "social drinker."

To me alcohol was, in effect, an allergy. I was told that the only way I would be able to stay sober, once I was discharged, was to join an A.A. group, and I attended several sessions which were handled by outside A.A. volunteers. Much time was spent trying to build up the patients' "self-esteem" - to convince them that being an alcoholic was not a sign of a weak or evil character but a condition that could be treated, like diabetes, though not ever cured.

I was started on a family program and my parents, brother and sister were invited to attend what we called the FOG sessions (Family Orientation Group). There my family was given lectures similar to my own orientation course, explaining what alcoholism is and how I should be treated. They were encouraged to join Al-Anon, an organization specially for the families of alcoholics. One of the important points stressed was that families should

not disrupt their entire lives because one of them was an alcoholic, but must learn to start living for themselves. Sometimes after hearing the orientation lectures, other members of the family would realize that they too were alcoholics and apply for a course of treatment.

Altogether there were twenty-five different programs in one week for the alcoholic patients, including films, group and private therapy, rap sessions and lectures. We were also given a complete physical checkup every day. I know of no case in which any of the patients tried to smuggle in drinks or have any alcohol at this period. They had all been too close to disaster.

Treatment at Freeport is usually for one week. This costs \$405 and is allowable on Blue Cross, but since I had no regular job at the time I was admitted, the cost had to be picked up by my family.

I finally left Freeport after two weeks, restored in physical and mental health, and convinced I could and must stay sober.

I was able, after a few months, to start another relationship with a boy I had known in high school. He knew of my illness and was confident we could fight it together. This did much to help my self-esteem.

But it was hard to stay sober. I still couldn't realize that in my case, I could not drink at all. Shortly after I left Freeport, I took a bottle of Vodka to my room, just to lift me out of the blues. I fell off the wagon with a bang, and within two weeks I was in almost as bad shape as when I'd first arrived at Freeport. I agreed to return for further treatment and was reminded of what I had been told so many times in the hospital and at A-A meetings. When you go back to drink, you don't go back to the beginning; you return to the point where you last left off.

This time I cleared the hospital in one week, convinced that I would really stay sober forever. I had another scare not long afterward while I was having some dental work done. The dentist had given me the usual dose of Novocain and started confidently to drill, when I let out a shriek of pain.

I had forgotten one of the warnings in the lectures at Freeport. If you are given anesthetics, you must always warn the doctor or dentist that you are a recovered alcoholic. Alcoholics often develop such a special chemistry with regard to drugs that they have been known to come suddenly out of anesthesia even during surgery!

I have finally learned that I can cope with my illness by facing it day by day, with the help of my family, my boy friend and Alcoholics Anonymous. I've learned to love waking up not feeling sick.

I took and passed a high school equivalency test and have now passed entrance exams for a local university, which I plan to attend next semester.

THE FURROW, NOVEMBER, 1953

(Details amended to 1972)

ALCOHOLICS ANONYMOUS

A CATHOLIC MEMBERS APPRECIATION

"I HEAR the A.A. want to start a group here. Do you know anything about these fellows?" I was shown this part of a letter from one country priest to another not so long ago. I am an alcoholic myself and a member of A.A. for twenty-four years. My own success in the adventure of sobriety is bound up with the success of A.A. in Ireland. The object of this article is to tell something about "these fellows": what we are, what we try to do and what we have so far achieved. For we have found a knowledge and understanding of A.A. has made us friends and gained us helpers.

Up to comparatively recently, Society has placed all drunks in the same category - weak-willed, callous, helpless and unhelpable, intentional sinners, skeletons whose greatest offence is that they will not remain snugly in their family cupboards. Yet nearly everyone knows at least one person whose drinking has apparently almost without warning become incomprehensible. Men with good homes, money, good business or jobs, good reputations, healthy, in no way unhappy, suddenly go off the rails. Normal, seemingly, when not drinking, their characters undergo a complete change once they start on alcohol. Their former occasional "night-outs" develop swiftly into bouts, the bouts come closer and closer together. In many cases they are seldom completely sober. Their drinking is followed by periods of intense remorse, by sincere though short lived attempts to stay off liquor. Their relatives are in turn startled, puzzled, anxious to help, resentful, contemptuous, enraged. They themselves are at first sure they can find a way of retaining control "next time," then frightened when they fail repeatedly, then hopeless. Their complete ignorance of what has happened to them, what is still happened to them, what is still happening to them, makes it impossible for them to explain to, and gain the understanding sympathy of, those they love and respect. Little by little they cut themselves off from their world; they live in a state of desperate loneliness and finally become outcasts. These are the persons sometimes called the Problem Drinkers. They are, in fact, alcoholics or compulsive drinkers, suffering from a physical allergy to alcohol combined with a mental obsession to take more once they start to drink: drinkers whose compulsion to drink is a sign of disease. There are few alcoholics who have recovered who would deny that this disease is really spiritual.

A.A. is a loose knit society of men and women alcoholics who have banded together in groups all over the world to share their experience, strength and hope with each other, that they may solve their common problem and

help others to recover from alcoholism. There are at the time of writing over 14,000 such groups, with a total membership of about 500,000 spread all over the world. The only requirement for membership is a sincere desire to stop drinking. A.A. is not allied with any particular religion, creed or denomination. It has nothing to do with politics, other organizations or any institution. A.A. simply minds its own business to stay sober and help other alcoholics to achieve sobriety. Alcoholism is not a purely Catholic, Protestant or Jewish disease; it is not the exclusive illness of either the millionaire or the down-and-out. Alcoholism strikes at all creeds, class and income--grades impartially. A.A.'s success has largely derived from its refusal to recognize any difference between one alcoholic and another. They are all sick persons, requiring A.A.'s help. A.A. does not usurp the place of Church or Medicine. The alcoholic who joins in poor physical condition is strongly advised to consult his doctor. The alcoholic's religion, or lack of it, is his own affair. In general, it has been our experience that a good A.A. member becomes a better member of his Church. But our primary object is to achieve sobriety. From that sobriety the other things will stem; without it, they are impossible. A.A. is not concerned with money. It has nothing to sell and none of its members are paid for A.A. work. There are no positions of authority to be obtained ;each member is on exactly the same footing. Its policy of anonymity does away with the danger of membership being used as a means of obtaining personal kudos. Thus the three most ordinary occasions of disunity and disruption are guarded against. Each group is autonomous. Its own members care for the necessary money to meet expenses of rent, printing and incidentals. Donations from outside sources are politely refused. Its officers are elected in rotation. Its policy of anonymity was first chosen as a worldly safeguard for its members; the spiritual value of anonymity has become more apparent since. But while personal anonymity is required, A.A. is only too glad of any publicity to its aims and being.

It came into existence thirty six years ago in America through a chance meeting between a New York stockbroker named Bill (in A.A. all members go by their first names), and an Akron doctor, Bob. Bill had already managed to keep sober for six months as the result of following out a few principles of living largely based on the Oxford Groups "Absolutes." He had, however, just had the bad end of a business deal and came to realize that to preserve his own sobriety he must make contact with another alcoholic and help him to achieve sobriety as well. Both of these men had long and dreadful histories of drink; but from that first meeting, they both remained sober. Bob died twenty-two years ago, but Bill lived till 1971, a total abstainer for over 36 years, after he had been given up as a hopeless and unhelpable drunk. The society they started that day grew slowly and shakily; it took over four years to muster the first hundred members. Since then it has grown in increasing tempo to its present size. In numbers it is still mainly American, United States and Canada. Twenty-nine years ago it was carried to Australia by a travelling

American. Three years later, it came indirectly from Australia to Ireland, this time by a priest.

This priest was on holiday in Dublin in September 1946 and was interviewed by an evening paper on the subject of a Boy's Town with which he was connected in Australia. In the course of his talk he commented at length on the success that A.A. was having in Sydney and expressed the hope that Dublin would do well to take it up. This interview was read by a member of the Philadelphia group, an Irishman who had gone to live in the States, who was over here on holiday. Spurred on by his wife, he determined to start a group in Dublin, with the help of a doctor and by advertising, he managed to scrape together a small number of men willing to make the experiment. Their first public meeting was held in The Country Shop on November 25th.; and here on that night the first A.A. group in Europe was formed. As in America, the start was slow and uphill. Today it is firmly established in Dublin (35 Groups); there are many large groups in Belfast; there are several groups in Limerick, Cork and Galway, and smaller ones elsewhere. Public meetings are held every Monday night, still in The Country Shop, where attendance's range from 50 upwards to 100. The maximum attendance was at a meeting held in the Mansion House when over 400 came along to listen to the Co-Founder of the Society, Bill. At a conservative estimate, there are at least 2000 members in Ireland and an estimated 8,000 in England, Scotland and Wales. A good many others, though partially convinced, are not yet ready to make, and act on, the necessary admission that they are beaten by drink. A world estimate is that about 70% of those who join and give the A.A. program a fair trial recover, though a great many of these suffer one or more relapses before they finally settle down. A short time ago, I was asked at a clerical meeting to explain to them why an alcoholic went on drinking long after it was evident that he was incapable of exercising control. I find it almost impossible to do so. I can only say that for a very long period of my own thirty years drinking I honestly believed I could, someday and somehow, find a way of drinking all I wanted without losing control. Life without drink seemed to me to be an unnatural and quite impossible way of existence. Later I became drearily hopeless and fatalistic about it. Though I still continued to make attempts to pull up, I felt even at the time that they were quite useless. I felt it would start again sometime, so what was the use of trying too hard? The truth is that we don't know why we drink; but when we tell the truth, we are not believed. Strength of will and sincerity of purpose do not enter into it. I have entered my name for a Retreat to find help in Quitting drink, yet gone to that retreat with a bottle of gin in my bag, which I drank between the first exercise and going to sleep. After a month's voluntary treatment in a private home, I felt convinced I had mastered drink; and been drinking again within a few hours. Drink makes us mentally unbalanced and we cannot be honest even with ourselves for long at a time.

My own case history may be cited as typical of an A.A. member, though

space will mercifully prelude any but the minimum necessary details. I am seventy-five years of age, single and come from a good class Catholic family. My home life was happy and I went to a Catholic College in England. Later I entered the profession I wanted to join; I was very happy in it, I got on well. I was good at games; I was considered good at work, above the average of my rank in the British Army. I had a promising future to look forward to, I had nothing from which to escape. There was no previous history of drink in my family. I can see no reason why I should have become an alcoholic, yet almost from the start I drank like an alcoholic. At first I had some sort of control over myself as to when I drank. If circumstances seemed to indicate the need for it, I cut out drinking without much effort and with no feeling of self sacrifice. But even in those first years if I drank at all I went on for the rest of the night. Soon I was losing even that control. I began to drink at the wrong times, in the wrong places and before the wrong people. Good luck and good friends covered up for me for many years, but finally life caught up on me and I was retired on retired pay, branded as not to be re-employed. This virtual dismissal made very little impression on me. I still had enough money for drink and I had a home to live in. Six more years were to pass before the climax came. I had been inflicting every kind of unhappiness not only on myself but on my parents, not the least for the latter being my complete indifference to my religious duties. In April 1947 they ordered me out of the house and the family and their lives. By now I had added drugs to alcohol. My routine had become one of the drugs in the morning to revive me, drink all day and another drug at night to give me sleep. My parents' "revolt" opened my eyes for the first time to where I had descended. It proved to be my own gutter. Fear for my security and at the prospect of becoming one of the legion of the homeless lost (with the next stop almost certainly a Night Shelter), at last made me genuinely willing in my own interest to do anything I could to stop drinking ("Give me back my Legions" .). The trouble was that I could think of nothing useful. Doctors, homes, hospitals, promises, all had proved in vain. Then my memory went back to that interview I had read nine months before, about A.A. The Grace of God must have put it into my heart to go to a meeting that night, and I managed to strike a one-sided bargain with my parents that if A.A. could do some good I might stay at my parents on probation. I arrived at that meeting, more than half-drunk, shaking from drugs and nerves; not too good a prospect, even for A.A. By the goodness of God and the help He has sent me through A.A. I have not had another drink since then.

There is no set blueprint of recovery in A.A. Each member succeeds in his own way and time and at his own pace. So what I write must be taken as my own experience only. For me, recovery came from Knowledge, Decision, Group or social therapy, a return to Realism and the program of the Twelve Steps. All of these together for me make up the A.A. way of life. And I attacked my recovery problem in just that order, which seems to me to be entirely logical. Without Knowledge, I could not come to any decision that

would stand up for long. Without Decision to recover, group therapy would be a waste of time. Without Realism I should have been continuing my old pattern of running away into dreamland from the inescapable facts of life. And while all these things were essential to me to stop drinking, I had to bring another factor into play, the Twelve Steps, to learn not only how to remain abstinent but to be happy in remaining so.

That Knowledge was elementary, though new to me. Alcoholism is a sort of disease acquired by two or three percent of the world's drinkers. The disease in simplifying language is the disease of not being able to drink in moderation. It is the first drink the alcoholic takes that sets his disease in active virulence, not the total quantity consumed. Alcoholism cannot be completely eliminated once it gains a footing. No matter how long I might remain abstinent at a time, I would never be able to control my drinking if I started again. But if I could find a way of not taking a first drink, I could stay sober and normal.

The decision I had to take was to give up drinking for good. I had to face the unpalatable fact that I must make abstinence my own first and most vital aim. As for the group therapy, I was prepared to accept that the older members had had to make themselves essential to their groups and the groups essential to themselves. If I was going to avail myself of the same means that they had found necessary and successful, it followed that I must attempt what they did. Group therapy to me does not merely mean coming together at stated times for formal meetings. These meetings are important for many reasons and as the visible sign of coherence. The equally valuable, though invisible, sign is keeping the closest possible touch with the members of the group even when they are not in actual physical contact. That can be done by constantly thinking about the group, working for it, praying for it; keeping it in mind as much as possible.

Reality consisted in recognizing that my alcoholic life must be cut down to a size I could hope to deal with. My disposition was such that if I continued to think of abstinence in terms of months or years, I would be pretty certain that nothing would be done. So I adopted the A.A. suggestion of living my life in periods of twenty-four hours at a time. Today, the only day in reality that I ever have at my disposal. From the beginning, I slowly advanced to being content to accomplish only what of the rest of my life I could fit into Today. That again required further realism to determine which things were of the most immediate importance to be done Today. But my primary reality will always remain concentrated on not taking one single drink Today.

Finally, the program of recovery, contained in the following Twelve Steps:

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 awakening as the result of these steps we tried to carry this message to alcoholics and practice these principles in all our affairs.

These steps seem strong meat for reforming alcoholics. It helped me greatly to remember that this program was not some optimistic chart for super-saints. It was based on the actual experience of human beings, alcoholics like myself. They were not impossibly idealistic steps; they had all been attempted by others successfully. It is sometimes said that all the steps are spiritual except the first. For me, the first step is also essentially spiritual. I could admit in words to myself that I was powerless over alcohol, but where would that take me unless that admission embraced not only the actual wording but also what was implicit in it? No, taking that step was a declaration to myself that because I sincerely wanted to recover, I was fully resolved to try to live out the way of life suggested in the following eleven steps.

The second step, too, called for determination. Here I could no longer avoid my spiritual life. I had to subdue my pride and acknowledge that a greater Power, God, was in complete control of my life. I had to strive to

make God a daily living reality in my life, not a pious Sunday morning superstition. The third step was perhaps the hardest, relinquishing control and guidance of my life to God. But in the measure of the success I attained here would lie the measure of success I would meet with in continued sobriety, happiness and peace of mind. The fourth step was akin to our general confession. For me, that moral inventory was not a moral mudrake but a serious effort to find out about myself, to find what things stood in the way of my carrying out the third step. The fourth step taught me self-knowledge. We take an inventory of ourselves; we do not attempt to beat our neighbor's breast.

The fifth was only a practical application of the truism that confession is good for the soul. This and the next few following steps contain no great difficulty for the alcoholic who is sincere in his acceptance of the third. The tenth was our nightly examination of conscience with the added obligation of owing up to human beings when we were frankly wrong. The eleventh was a guide to our carrying out the third. The sting of the steps is contained in the tail of the Twelfth, that part which suggests we carry out the foregoing principles in all our affairs. Many may be willing enough to practice them in their alcoholic affairs. The older members had found out that this would not be enough to ensure happiness and a good conscience. This part of the steps is that which binds them all together. It cannot be ignored with safety.

It always remains important that we remember why we joined A.A. It was to recover our own sobriety for our own sakes; not to preach to the unconverted. That must remain our primary goal. We cannot afford to forget our previously helplessness when friends talk prettily of our apostolic mission. Charity begins at home.

Since A.A. has been operating there for longer and on a very much greater scale, the Church in America has had more opportunity to assess its work and direction. An extract from a letter received here from the Chancellor of a very large archdiocese will give some idea of the impression made. "The Bishops of our country up to now have not taken any official stand on A.A. The movement has not been condemned; the movement has not been officially approved. Personally I am convinced that the A.A. movement is the most sound and the most successful approach that has ever been made in our country to the problem of the alcoholic. In my archdiocese, I am under the impression that about one-half of its members at one time were Catholics. The Twelve Steps appeal to me as being entirely in harmony with the Catholic faith and morals, as being clearly stated religious and moral principles in language which is simple and easily understood. Honesty to oneself, humility, contrition, purpose of amendment, unburdening one's soul and accusing one's self of failing to another person, placing one's hope and confidence in God, making restitution, relying upon prayer and meditation, spiritual reading, seem to me to be sound and solid principles necessary for rehabilitation. The apostolic step to carry the message to

alcoholics and to help others to rehabilitate themselves `is also in conformity with Christian teaching and seems to be psychologically of utmost importance. Cases have come to my attention of priests who were victims of alcoholism being re-instated through A.A. A large number of lukewarm and indifferent Catholics have returned to an active practice of their faith; and strange as it may seem, several instances are known of non-Catholics who have been brought to the Catholic faith through the A.A. movement.. .The Chancery has been very solicitous to avoid giving the impression that the archdiocese was trying to take over the A.A. movement or trying to take over the A.A. movement, or trying to interfere in either the organization or activities of the Group."

It may sound ungracious to stress the importance of that last sentence, considering that A.A. is looking for all the help the Church can give. But one of the biggest attractions to the prospective member is that he is joining a society of alcoholics run and controlled in every way by alcoholics. Any suggestion that the group was in some way controlled or unduly influenced by an outside "partisan" body, however benevolently disposed, would be bad news for the unity of the members. We seem to be forced into the ungenerous position of having to say to our outside helpers:

"Please do all you can for us; but stay in your corner until we want you."
In truth, we are only guided by our experience, which is that one alcoholic is the best ambassador to another. We speak the same language, a language that cannot be entirely understood by even the most sympathetic of our friends who is not himself an alcoholic.

What we ask from priests who have a will to help us is that they will be content with steering alcoholics towards us and that they will be willing to stand aside when they have done so; that they will, even though perhaps with every conscious effort, try to understand that the alcoholic is not, in his present condition at least, a deliberate sinner but a very sick person requiring experienced treatment; and that they will examine our successes rather than our failures, for our successes are being gained in a field considered hopeless until recently. And we ask them, too, not to look on us as rivals to any temperance movement already sponsored by them. We are not in competition with anyone or anything.

A.A. is not a charitable society in the sense that it engages to supply its members with loans of money, employment or even clothes for which it has no further personal use. It is a charitable society in the meaning of Christ's teaching. We ask for nothing material for ourselves personally or as groups. We do ask for charity for the sick alcoholic; sympathy for his problem; understanding of his condition and a willingness to advise him to seek recovery where so many thousands have already found it. A.A. is in no way a substitute for the Sacraments"; it has proved to be in most cases of Catholic alcoholics a positive urge towards them. It is with confidence

then that we ask for the good will of the readers of The Furrow and for their prayers - that those of us who have recovered may maintain our sobriety and that the Grace of God may bring our members and their families that happiness which is the end of man.

A Member

C/o The Country Shop, 23 St. Stephen's Green, Dublin.

March 1972

The Vatican and Alcoholics Anonymous. A Dublin member of Alcoholics Anonymous, 23 St. Stephens Green, Dublin 2, writes:

Archbishop Enrici, Apostolic Nuncio to Great Britain, came to, and spoke at the recent European Convention of A.A. held at Bristol at the end of September last. Afterwards he made the suggestion that, as he believed little was known at the Vatican about A.A. and its suggested way of recovery, a visit from a couple of its members might be of great value to both parties.

Accordingly, in January of this year, an English Catholic member and I departed for Rome and remained for a fortnight. Our only contact, up to the time of our arrival there, was through the Bishop of Clifton, the very recently appointed rector of the English College. But through his generous guidance we obtained a list of those he thought we should try to contact. And through the kindness of the Irish mother superior of the Poor Servants of the Mother of God at Mater Dei Convent (they have a sister house in Raheny, Dublin), we were lent the services of an Italian-speaking nun to help us to effect the necessary approaches by telephone. We acknowledge with deep gratitude that all of them, very willingly and at very short notice, agreed to make the appointments which enabled us to carry out the program given briefly as follows:

Talks given to the students and staff of the English, Irish, Beda, Scottish and North American Colleges.

Reception by Mgr. Uylenbroek, Secretary of the Council of the Laity.

Reception by Cardinal John Joseph Wright, Prefect of the Sacred

Congregation for the Clergy.

Reception by the Superior General of the Society of Jesus, Very

Rev. Father Arrupe, S.J.

Reception by the Servants of the Paraclete.

Membership is open to anyone with an alcoholic relative or friend; even teen-agers are welcomed. (In some communities, teen-age children of alcoholics have set up their own groups, called Alateens.) Most members are women, largely because there are many more men alcoholics than women. There are no bylaws or dues; members make small, voluntary contributions to cover the rental of a meeting place and the cost of refreshments. In addition, each member is encouraged to contribute a dollar twice a year for the support of the national headquarters.

Most groups meet once a week or twice a month. A typical meeting might open with a nondenominational prayer for serenity, followed by the introduction of new members. Next might come a group discussion, an address by an outside speaker (a doctor, psychiatrist, or clergyman), or a reading of inspirational literature. Typical problems discussed might be: how to protect the children from the impact of alcoholism; whether the wife (if the husband is the alcoholic) should go to work to ease the financial situation; or what the basic cause of excessive drinking is.

The heart of most Al-Anon meetings, however, is the "personal story" period, in which two or three members recount their own experiences in living with an alcoholic and either ask the group's help in easing some of the problems or recount the methods they themselves have found successful. Members are encouraged to be frank but urged to withhold particularly intimate or emotional problems for private discussion with individual members.

Basic to Al-Anon's philosophy is the idea that the family of an alcoholic is powerless to control his drinking. But a nonalcoholic can control himself, and the Al-Anon program tries to help its members by urging them to live one day at a time; to accept the idea that alcoholism is a disease; to examine their own consciences and try to remove from their conduct toward the alcoholic any trace of self-righteousness, resentment, or irritation; and to live full lives themselves, even if that means developing interests and activities the alcoholic cannot share. In carrying out this program, Al-Anon, like AA, stresses the need for reliance on spiritual help.

Al-Anon promises no miracles. About ten percent of its new members usually drop out after two or three meetings, when they discover the organization does not attempt to solve the basic problem of alcoholism itself. In other cases, the alcoholic relative bitterly resents having his problems discussed with strangers. Often the Al-Anon program just does not take. But even more often, Al-Anon says, its members are greatly helped by simply being able to talk over their problems with others in the same situation. As they struggle to overcome their own resentment, fear, or despair, they make at least their own lives more bearable. And in some instances, the resulting improvement in home life encourages the alcoholic relative to seek help himself from doctors, psychiatrists, clergymen, or AA.

suggested 'why not go start an AA meeting?', when Connor was depressed that the Irish weather had rained on his golf vacation.

If anyone knows anything more about Flynn, like from what part of Philly he hailed, or anything, please let me know.

Jim McGovern

--- John Reid <johnyr1@iprimus.com.au> wrote:
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> the bartender from the USA was there, but not
> travelling too well. The bartender's wife read the
> Fr. Tom narration on AA and said to her husband, why
> do not you go down and talk to the Priest from
> Australia. History takes it from there, but I would
> dearly love to see a copy of the article/letter that
> appeared in the Dublin newspaper, circa 1946/1947.
> In that it is important in just how AA became truly
> International. ie Australia was the first Continent
> outside of North America to start AA (and the
> Morisset Hospital NSW Australia was the first
> hospital outside of North America to have AA
> meetings), but it really went "international" (past
> two Continents), when Fr. Tom got the attention of
> someone in Ireland. Hoping someone can help. Kind
> Regards, John R
>

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alcoholics because of the stigma that is attached to the label. Medical science has at least tagged alcoholism for what it is: a disease. But public opinion is slow to follow. So, when a friend tries to tell you that you're not an alcoholic, he thinks he is doing you a kindness.

In the second place, many people still have a fixed and stereotyped conception of what an alcoholic is—a human derelict on Skid Row, or a moneyed ne'er-do-well languishing in some institution. If you don't fit into either category, they find it impossible to believe you have lost your tolerance for alcohol.

In the third place, your admission that you are an alcoholic disturbs some of your friends because it is a threat to their own drinking habits. "If this fellow is an alcoholic," they say to themselves uneasily, "what about me?" There is little logic in such a reaction: only one drinker out of 15 or 16 becomes an alcoholic. But I have had the distinct impression on many occasions, that the person loudly assuring me that I couldn't be an alcoholic was really trying to reassure himself.

And finally, alcoholics often have to face strong opposition from close relatives who feel that any such admission will bring disgrace or disapproval upon the family. Recently a good friend of mine died of alcoholism at the age of 43. Doctors found her physical disabilities indicated she had been an alcoholic for a great many years. Yet six months before she died, her father told me impatiently that she wasn't an alcoholic, and named a dozen women who drank more and behaved far worse. All her friends and relations had assured her that she wasn't an alcoholic. Most of them still think she died of heart failure, a falsehood that the newspapers faithfully recorded.

The only way an alcoholic can begin a program of recovery is through recognition of his disease. This is never easy since addiction invariably carries with it a deadly tendency to justify, to rationalize, to deny anything that might bring about the end of drinking. Believe me, I know. I went through it myself.

A GRIM REALIZATION

A number of years ago, three people very close to me seemed to have drinking problems, so I obtained and read Marty Mann's "Primer on Alcoholism" with a view of being of help. Several years later, my own drinking behavior was sufficiently abnormal and depressing to make me recall the book. I reread it, and I also read "Just One More," by James Lamb Free. It was a grim experience. I tried frantically to dodge - I sought every means to prove that I wasn't an alcoholic. But the evidence was too strong.

What evidence? Well, in one of his classic studies, Dr. E.M. Jellinek lists the characteristics displayed by the victim of alcoholism in three

successive stages of the disease. I found that many of these descriptions applied to my own behavior. Black-outs, for example. These are episodes involving loss of memory, and should not be confused with "passing out."

There were many times when I would play bridge quite competently all evening, and have little or no recollection of it the next day. Once I drove 120 miles from San Francisco to my home in pebble beach, and woke up the next day with no awareness of having made such a trip.

MORNING-AFTER REMORSE

Many other symptoms listed by Dr. Jellinek were present in my drinking pattern, although, like many alcoholics, I usually succeeded in keeping them from my friends. Sneaking drinks, evasiveness about drinking habits, excessive remorse the morning after - the signs were all too plain. I was still years from Skid Row, but I was on my way. I didn't look like an alcoholic, and I obviously didn't act like one-but when I finally described my symptoms to a doctor, he confirmed my fears - I was one!

I remember very well the reaction among some of my closest friends. It was almost violent: derision, denial, anger, endless proof that I could be an alcoholic. Soothing, wonderful words to a man who craves a drink! Welcome justification for starting all over again!

I remember very well the reaction among some of my closest friends. It was almost violent: derision, denial, anger, endless proof that I could not be an alcoholic. Soothing, wonderful words to a man who craves a drink! Welcome justification for starting all over again!

I know now that these reactions were based on ignorance - false conceptions of what an alcoholic is and how the disease works. Nobody knows all about alcoholism; even to the experts, some aspects of it remain a mystery. Let me try to dispel a few of the major misconceptions.

To begin with, please don't consider the alcoholic a moral weakling. Actually, he may have more will power than you have. But he is ill-the sickest of men.

Next, don't limit your mental picture of an alcoholic to the derelict in the last stages of the disease. There lies the derelict in the gutter, close to insanity or death. Has he just recently become an alcoholic? Was it five years ago when he became a dishwasher? Was it ten years ago when his wife divorced him? Was it 15 years ago when he lost his bank job? Was it twenty years ago when he first began sneaking his drinks to make sure of "getting his share?" Was it 25 years ago when he had his first blackouts? Today science knows that he became an alcoholic at least 25 years back-and that he was just as much an alcoholic then as he is now.

Try to remember that alcoholism is an iceberg disease - the symptoms are largely hidden, at first. In fact, during the first five or ten years of their addiction, alcoholics generally take great care to appear as normal social drinkers. It is the heavy drinkers or occasional drunk who misbehaves. It is the alcoholic who apparently remains sober. But it is the alcoholic who slips away first from a cocktail party, often on the pretext that he has "work to do" but who then goes home or to an out-of-the-way bar and satisfies his grim, compulsive need.

Don't be misled by appearances. My wife, Virginia, who recovered from alcoholism when she was 29, is a youthful and energetic woman. People meeting her for the first time and learning of her disease invariably protest, "You can't be an alcoholic, you look as healthy as a child!" She is an alcoholic-and looks as youthful as any victim of the disease who has been blessed with an early recovery.

Alcoholics Anonymous leaves statistics to the authorities and the research groups, but it is a generally accepted fact that in the beginning, some 24 years ago, the average age of AA members was 50 or more because only end-of-the-liners were thought to be alcoholics. Today, thanks largely to the remarkable educational work of the National Council on Alcoholism, younger people are joining in various programs of recovery. Most newcomers to AA nowadays range from teen-agers to persons in their 20's, 30's or 40's. They are recognizing the disease early.

THE INVISIBLE LINE

This brings me to one last recommendation. Sometimes the young recovered alcoholic is told that he must have had a light case since it didn't progress very far, and that surely he must be able to take a little wine or beer. In the first place, there is no such thing as a "light" case. The alcoholic who crosses the invisible line is - and will remain - an alcoholic all his life. And there is no such thing as a partial alcoholic: either you are one or you are not. In the second place, it doesn't matter whether the fatal drink is wine, beer, 100-proof bourbon--or for that matter a cough syrup with an alcohol base. It is the alcohol that does the damage, in any form.

So please try to help us. Recommended to those who may be problem drinkers that they write to the National Council on Alcoholism in New York or one of the 55 community committees throughout the country, or call AA. Or read Marty Mann's "Primer on Alcoholism," or James Lamb Free's "Just One More."

But don't tell them they're not alcoholics. If you are wrong and they believe you, they may die.

=====

+++Message 1028. Re: Early AA Message in Ireland
From: John Reid 5/22/2003 8:04:00 PM

=====

Dear Jim, Yes, from what I have heard over the years what you say is correct & it does all come together, it was Connor F who spoke to Fr. Tom Dunlea, when Connor was depressed and his wife noticed the article in the Dublin Evening Mail (reference Email received as follows : We have in our Archives the October 1946 Evening Mail article about Fr. Dunlea.) and Connor F's wife said why don't you go and talk to this Priest from Australia. And what happened after is as you say below. Bill W also had a golf experience, in the Club House Bar on Armistice Day 1934, I believe it was? Thank God that the down side of Golf can be put to good use? Kind Regards, John R

----- Original Message -----

From: "James McGovern" <batesius@yahoo.com>
To: <AAHistoryLovers@yahogroups.com>
Sent: Friday, 23 May 2003 3:30
Subject: Re: [AAHistoryLovers] Early AA Message in Ireland

- > John and hist lovers,
- >
- > I've been told that a Philadelphian named Connor
- > Flynn was the person responsible for bringing AA to
- > Ireland. In fact when i was in Ireland in the winter
- > of '01, I met a 31-yr sober Dublin chap named Wille D
- > who told me he knew Flynn...but even knew better a
- > Irishman named Pecival who was the first guy Flynn
- > helped to get sober and who died not that many years
- > ago. He also told me that, a la Bill Wilson's wife
- > being the one to reassure him that indeed it WAS
- > working as he'd stayed sober when he was depressed in
- > going oh-fer 5 months getting anyone sober before he
- > met Dr Bob, that it was Connor Flynn's wife who
- > suggested 'why not go start an AA meeting?', when
- > Connor was depressed that the Irish weather had rained
- > on his golf vacation.
- >
- > If anyone knows anything more about Flynn, like from
- > what part of Philly he hailed, or anything, please let
- > me know.
- >
- > Jim McGovern
- >

>
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>

help and encouragement of his wife he devoted the rest of his holiday to this task.

From the outset he discovered that his assignment would be a difficult one. He ran into stone walls everywhere. He was even told at one stage that there were no alcoholics in southern Ireland-but he would probably get them in Northern Ireland.

It was pointed out to him in no uncertain terms that if people had problems with the "demon drink" all they had to do was join The Pioneer Association-Ireland's highly respected temperance society, and not waste time with some new and unusual idea taught by Americans.

He also gave an interview to the Evening Mail newspaper outlining AA's endeavours to help people suffering from alcoholism "to overcome the obsession which compels them to drink against their will." The article also included a Box Number for people to write for information.

He received a few replies-one from a man telling him that he should contact his brother. He made contact with a few people but nothing concrete came from any of them.

He was just about to give up and with time running out fate played its hand-as it did with Bill W in Akron eleven years earlier-when once again, and in more or less similar circumstances, an understanding non-alcoholic woman played a part in the birth of AA-this time in Ireland.

Her name was Eva Jennings and she was staying in the same hotel as Conor and over breakfast he confided in her his many problems in getting AA set up in Dublin.

She was very sympathetic towards his plight and arranged for him to meet a Dr. Norman Moore from St. Patrick's Hospital in Dublin (founded by Dean Swift) whom she believed would be of some help.

Dr. Moore was quite enthusiastic and listened to what Conor had to say as he had already read about AA in a Readers Digest article. He informed Conor that he had a patient in the hospital "whom he feared he might be saddled with for life" and was willing to introduce them both stating: "If you can help this man, I'll believe in AA 100 percent."

The patient, Richard P. from County Down in Northern Ireland, was sent under escort to Conor's hotel and immediately they "clicked" and Richard was released from hospital.

Both men then set about arranging the first closed meeting in Dublin which took place two weeks later on November 18th 1946. Neither man was ever to drink again.

There are currently 13,000 members in Ireland with over 75,000 meeting annually.

Noted dates:

Conor F. died in Philadelphia on July 8th, 1993.

Richard P. died December 19th, 1982

Eva Jennings became a great friend of AA until she died in August 1997.

Bill W and his wife Lois paid their first visit to Dublin in 1950.

----- Original Message -----

From: "James McGovern" <batesius@yahoo.com>

To: <AAHistoryLovers@yahoogroups.com>

Sent: Thursday, May 22, 2003 1:30 PM

Subject: Re: [AAHistoryLovers] Early AA Message in Ireland

> John and hist lovers,

>

> I've been told that a Philadelphian named Connor

> Flynn was the person responsible for bringing AA to

> Ireland. In fact when i was in Ireland in the winter

> of '01, I met a 31-yr sober Dublin chap named Wille D

> who told me he knew Flynn...but even knew better a

> Irishman named Pecival who was the first guy Flynn

> helped to get sober and who died not that many years

> ago. He also told me that, a la Bill Wilson's wife

> being the one to reassure him that indeed it WAS

> working as he'd stayed sober when he was depressed in

> going oh-fer 5 months getting anyone sober before he

> met Dr Bob, that it was Connor Flynn's wife who

> suggested 'why not go start an AA meeting?', when

> Connor was depressed that the Irish weather had rained

> on his golf vacation.

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> If anyone knows anything more about Flynn, like from

> what part of Philly he hailed, or anything, please let

> me know.

>

> Jim McGovern

>

>

> --- John Reid <johnyr1@iprimus.com.au> wrote:

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>> article or letter written by an Australian Catholic

>> Priest who was visiting Ireland. A Father Tom Dunlea

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>> also started Boystown in a form which is now an
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>> and as the Founder of Boystown. But it was not until
>> some years ago and more recently during a visit to
>> Ireland that I was able to see the threads that bind
>> us together, were more strongly stitched by Fr.
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++++Message 1030. A.A. History Help
From: Thom K. 5/23/2003 1:23:00 AM

=====

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1. I'm helping a gal pull material together on A.A. and Buddhism. I gave her the stuff from A.A. Comes of age, Not God, The Spirituality of Imperfection and lots of bits and scraps I've accumulated from A.A. and non-A.A. sources over the years.

I know that Dr. Tiebault wrote some stuff on A.A. and Buddhism (some of it in the A.A. Grapevine and some published elsewhere), but I can't track it down. That, or anything else you have or can point me to, will be a great help.

"The Collected Writings of Harry Tiebout" is another recent book, and if Dr. T had written a comparison with Buddhist principles, I can immediately refer to his multiple essays on surrender. I wouldn't expect much more than a few phrases or sentences on the subject, though I may be in error. Our AA Grapevine is a most excellent magazine but it doesn't always go into depth on anything outside of our AA principles.

The history lovers of Alcoholics Anonymous most definitely must admit that Hazelden has attempted to fill in the existing gaps that might never be found in Conference-approved literature, where those gaps may never be made accessible from the GSO Archives. If Hazelden had not bought the rights to "Not-God," "Grateful To Have Been There," and negotiated the placement of such treasures as Dr. Silkworth's papers, AND MORE, your questions might never get answered.

Of course there are other publishing houses where our AA history can be found, but you will find a lion's share of credible scholarship that Hazelden has made available.

Have a great search!

Rick T.,

Illinois

----- Original Message -----

From: Thom K.

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, May 23, 2003 1:23 AM

Subject: [AAHistoryLovers] A.A. History Help

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"New Groups Include One In Dublin." The new groups listed in the column had registered with the NY office between November 10 and December 10, 1946.

Sackville M's story (The Career Officer) says that he showed up at "The Country Shop" restaurant for a meeting on April 28, 1947 and he "found about thirty-five or forty people in the room" for their "open night meeting." Grapevine Vol IV, No. 5 October 1947 on pg 13 had a letter from Sackville acknowledging that the Dublin Group had just received its first issue of the Grapevine (the August 1947 issue). It announced that the group had about 20 members.

Then in the November 1947 issue Sackville wrote again announcing that the group would celebrate its first anniversary on November 25.

In the December 1947 issue Sackville wrote again outlining the format of the Dublin group's "member meeting":

1. Correspondence read; reports of any contacts made.
2. In weekly turns:
 - a. Reading of three or four selections from the current AA Grapevine, followed by discussions.
 - b. Reading of a chapter of Alcoholics Anonymous followed by discussions on it.
 - c. Round-table debates on a series of alcoholic questions.
 - d. Impromptu discussions on alcoholic subjects - names of speakers (who can choose own subject) drawn from a hat.
3. Any general group business.
4. Appointments for speakers for next public weekly meeting.
5. Recital of the Lord's Prayer.

Signed - S. O.C. M.

In January 1948 issue of the Grapevine there was a letter posted from Sackville about the Dublin Group's anniversary party

"No Froth on the Tea At Dublin's First Birthday"

From Dublin Ireland

A dinner was held at the County Shop November 27 when 33 members, their

wives and friends got together. Many of us looked around furtively to see if anyone was noticing us pouring water into our glasses and one or two absentmindedly attempted to blow the froth off the tea. But a real happy evening, which spun out far later than we realized, was spent by us all. We led off with a cable from C. and a special message written to our own group by Bill. These had a grand reception. Then our founder spoke of AA and in particular of the invaluable advice, [illegible], information and practical assistance received from The Foundation so far away yet so closely in touch.

Our doctor advanced the proposition that alcoholism is not hereditary from a family sense but is from a racial point of view. He said Poles and Irish were the two peoples most addicted to alcoholism.

A musical performance finished with Auld Lag Syne, and the party reluctantly dispersed.

The keynote of the party was the surprisingly happy atmosphere and the "we must have more of this" attitude. Our thanks to AA for giving 33 men and women the opportunity of having their return to society and for recovery itself.

It wasn't a large number judged by American parties, yet we all felt that behind those 33 of us hovered the spirit of happiness engendered by all the 50,000 in AA.

A happy Christmas and New Year - and may we have the pleasure of seeing a lot of you in Dublin in 1948.

Signed - S.M.

Cheers

Arthur

----- Original Message -----

From: John Reid

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, May 22, 2003 8:04 PM

Subject: Re: [AAHistoryLovers] Early AA Message in Ireland

Dear Jim, Yes, from what I have heard over the years what you say is correct

& it does all come together, it was Connor F who spoke to Fr. Tom Dunlea, when Connor was depressed and his wife noticed the article in the Dublin Evening Mail (reference Email received as follows : We have in our Archives the October 1946 Evening Mail article about Fr. Dunlea.) and Connor F's wife said why don't you go and talk to this Priest from Australia. And what happened after is as you say below. Bill W also had a golf experience, in the Club House Bar on Armistice Day 1934, I believe it was? Thank God that the down side of Golf can be put to good use?

Kind Regards, John R

----- Original Message -----

From: "James McGovern" <batesius@yahoo.com>

To: <AAHistoryLovers@yahoogroups.com>

Sent: Friday, 23 May 2003 3:30

Subject: Re: [AAHistoryLovers] Early AA Message in Ireland

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|||||

+++Message 1033. Re: Early AA Message in Ireland
From: Shakey1aa@aol.com 5/23/2003 2:02:00 PM

|||||

the Archives committee of the SouthEastern Penna. Intergroup Assn.in Phila, Pa (where conor got sober)has recently obtained a copy of a tape of the 20th anniversary meeting of AA in dublin Ireland.I donated the tape whichhas Conor as well as 5 of the original 6 members of Irish AA discussing how Aa started in Ireland and spread to the rest of europe. I have asked Anne marie S. who taped Conor F to explain her recollections of her taping of Conor. yis shakey mike g.

(NANCY, HI...ANNE MARIE HERE)

Conor resided in Southwest Philadelphia, with his wonderful Irish wife, Margaret.

I taped Conor at his home there. Margaret was present, along with Conor's niece, myself and John H. (Berwyn Butterfly).

Conor and Margaret went to Ireland in 1946 for a vacation. They took a pile of Big Books with them, and what they referred to at that time as "Can openers;" Can openers were predecessors to our present day pamphlets, Can openers contained information regarding AA: steps, traditions, prayers, meeting locations sometimes.

It took more than a month to flush out one single alcoholic in Ireland. Eva Jennings was an Irish social worker who encouraged Conor to stay on, that an alcoholic would materialize sooner or later. The clergy was not very helpful, except Fr. Tom Dunlea who went to Australia, and told AA members there that AA in Ireland needed support; according to Conor people got on boats and came to the fledgling AA in Ireland. I believe it was Eva who suggested the short blurb in the local newspaper and the first call came in.

|||||

+++Message 1034. Re: A.A. History Help
From: corafinch 5/23/2003 8:28:00 PM

|||||

--- In AAHistoryLovers@yahoogroups.com, "Thom K." <thomkil@e...> wrote:

were held was:

23 St. Stephen's Green

Dublin, Ireland

Cheers

Arthur

----- Original Message -----

From: Shakey1aa@aol.com

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, May 23, 2003 6:02 PM

Subject: Re: [AAHistoryLovers] Early AA Message in Ireland

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+++Message 1037..... Re: A.A. History Help
From: tim102848 5/23/2003 11:13:00 PM

=====

Thom--

You mention the similarity of the 12 Steps to the Spiritual Exercises of St Ignatius. In fact there is a book out that I read a couple of years ago on this very subject. The title is "A 12-Step Approach to the Spiritual Exercises of St. Ignatius." It is written by Father Jim Harbaugh, a Jesuit priest from the Seattle area.

I thought the book a good read and an excellent study in the similarities--often strikingly so--between the 12 Steps and the Spiritual Exercises. As one ancient sage lyrically put it, "There's nothing new under the sun!"

--- In AAHistoryLovers@yahoogroups.com, "Thom K." <thomkil@e...> wrote:

- > Hi,
- >
- > This is my first time posting to this group, recommended by a friend
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- me

Archives Press, Order No. 1119. Pages 114-115. An excerpt:

"The great religions are conscious of the need for nothingness if one is to attain Grace. In the New Testament, Mathew 18:3-4, quotes Christ with these words: 'Truly I say to you, unless you turn and become like children, you will never enter the kingdom of heaven. Whoever humbles himself like this child, he is the greatest in the kingdom of heaven.'

Zen teaches the release of nothingness. A famous series of pictures designed to show growth in man's nature ends with a circle enclosed in a square. The circle depicts man in a state of nothingness ... the square represent the framework of limitations man must learn to live within. In this state 'Nothing is easy, nothing hard' and so Zen, too, has linked nothingness, humbleness and Grace. ..."

Cheers

Arthur

----- Original Message -----

From: corafinch

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, May 23, 2003 8:28 PM

Subject: [AAHistoryLovers] Re: A.A. History Help

--- In AAHistoryLovers@yahoogroups.com, "Thom K." <thomkil@e...> wrote:

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> to, will be a great help.

Just a thought: Harry Tiebout's son, Harry Tiebout, Jr., was a philosophy professor who taught a very popular course in world religions at the University of Illinois. His particular area of expertise was Asian religion, at a time when few people knew much about it. I have wondered if Tiebout Sr.'s observations about Buddhism and recovery developed through correspondence with his son. I have seen references to an article on the subject (by Tiebout Sr.) but it doesn't seem to be accessible.

Sent: Friday, May 23,
2003 10:07 PM

To:
AAHistoryLovers@yahoogroups.com

Subject: Re: [AAHistoryLovers] Re:
A.A. History Help

Hi

I've
found only one reference to Buddhism by Tiebout (he refers to the Zen
variant).

In
Grapevine issue 22, number 4 (September 1965) Tiebout authored an article:
"When the Big "I" Becomes Nobody" (he emphasizes the need
for reduced ego and humility as a safeguard against alcohol). The article is
reprinted in "Harry Tiebout -The Collected Writings" Hazelden Pittman
Archives Press, Order No. 1119. Pages 114-115. An excerpt:

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Sent: Friday, May 23, 2003 8:28 PM

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"Courier New";color:black;">

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Education and Welfare's National Institute of Alcohol Abuse and Alcoholism (NIAAA). "Youths are moving from a wide range of other drugs to the most devastating drug--the one most widely misused of all--alcohol."

The upsurge of problem drinking among the young is only part of a more disturbing nationwide and even world-wide problem. In the past few year alcoholism--among youths and adults alike--has at last been recognized as a plague. From 1960 to 1970, per capita consumption of alcohol in the U.S. increased 26%--to the equivalent of 2.6 gal. of straight alcohol per adult per year. It is now at an alltime high, probably surpassing the levels during such notoriously wet eras as the pre-Civil War and pre-Prohibition years. Moreover, according to the NIAAA, about one in ten of the 95 million Americans who drink is now either a full-fledged alcoholic or at least a *problem drinker (defined by NIAAA as one who drinks enough to cause trouble for himself and society). Uncounted thousands of the problem drinkers are under 21 and, in fact, the approximately 9 million excessive drinkers are representatives of--and affect--the whole spectrum of American society.

The facts gathered by NIAAA about alcohol abuse are as depressing as they are impressive:

After heart disease and cancer, alcoholism is the country's biggest health problem. Most deaths attributed to alcoholism are caused by cirrhosis of the liver (13,000 per year). An alcoholic's life span is shortened by ten to twelve years. Recently, medical researchers have found evidence suggesting that excessive use of alcohol may also quietly contribute to certain kinds of heart disease, and that it `eventually damages the brain (see [sidebar: The Effect of Alcohol]).

In half of all murders in the U.S., either the killer or the victim--or both--have been drinking. A fourth of all suicides are found to have significant amounts of alcohol in their bloodstreams. People who abuse alcohol are seven times more likely to be separated or divorced than the general population.

The dollar cost of alcoholism may be as much as \$15 billion a year, much of it from lost work time in business, industry and the Government.

At least half of each year's 55,500 automobile deaths and half of the 1 million major injuries suffered in auto accidents can be traced directly to a driver or pedestrian "under the influence." (In virtually all states, that influence is legally set at a blood concentration of .1% or more alcohol. A 150-lb. man can reach this level if he takes three one-jigger-- 1 1/2 oz. per jigger--drinks within an hour.)

Many of the deaths and injuries are caused, by the under-21 age group, and arrests of young people for drunken driving have skyrocketed since states began lowering the drinking age from 21. In the year following its lowering

of the drinking age, for example, Michigan reported a 41% increase in such arrests.

But parents seem relatively unconcerned about their children's drinking. In fact, children who drink are often simply following the example set by their fathers and mothers. Teen-agers know that their parents make scenes if they catch them smoking marijuana. But if the youngsters come home drunk, most of them are merely sent quietly to bed. "Often when we report to a parent that his kid isn't acting the way he should and smells of liquor," says Don Samuels, a Miami drug-education coordinator, "the reaction is: Thank God! I thought he was on drugs." Actually many teenagers use both marijuana and alcohol.

The alcoholic tide has been pushed higher by the fast-selling, inexpensive pop wines, which disguise their alcoholic content with sweet fruit flavors. "Kids seem to look on the stuff as a zippy, sophisticated soft drink," says Houston's Bruner Lee, education director for the Texas Council on Alcoholism. "But this `kiddie stuff,' this pop wine, contains 9% alcohol--about twice as much as beer." After the pop wine phase is over, the kids often go on to much stronger drink.

Vanilla Extract. Most school officials are too embarrassed by the alcohol problem to do much more than reluctantly admit that it exists. One system that has faced up to it and conducted reliable surveys is in the suburban county of San Mateo, south of San Francisco. There, in 1970, school officials found, 11% of the ninth grade boys (13-and 16year-olds) said that they had drunk some kind of alcoholic beverage 50 or more times in the past year; in 1973 the figure had jumped to 23%. Among senior class boys (17-and-18-year-olds) the percentage of such relatively frequent drinkers rose during the same time span from 27% to 40%. Senior class girls drank less, but they are catching up fast: 29% said that they drank 50 or more times in 1973, compared with only 14% in 1970. Notes Paul Richards, an adviser at a San Mateo high school: "This school represents a socioeconomic background from welfare to upper middle class, and the drinkers come from all categories."

The under-21s are not the only ones who are drinking more. Reversing past patterns, which showed middle-aged men the most prone to alcoholism, there has recently been a marked increase in alcoholism among people in their 20s and 30s and among women. In the `50s, by National Institute of Mental Health estimates, on of every five or six alcoholics was a woman; the ratio is now one woman for every four men.

These figures may in fact be under-stating the problem for women, because a nonworking woman, who does not have to punch a time clock or stand scrutiny in the office, finds it easier than her husband might to hide her habit. One alcoholic housewife in Miami admitted stashing Clorets in every jacket pocket and downstairs drawer to disguise her liquor breath from unexpected

callers. Others try to hide their alcoholic breath by sipping Listerine, Scope or vanilla extract.

In some places the ratio between men and women problem drinkers is already equal. For example, in Florida's Dade County (pop. 1,385,000), authorities estimate that there are 78,000 alcoholics--and almost half are women. At the Women's Alcohol Education Center in South West Miami, patients can relax in a pool or on a patio and their kids can play in a garage full of toys and live animals. The center is open from 9 a.m. to 11 p.m., and has a daily average of 18 women visitors.

Who is an alcoholic, and who is "merely" a problem drinker? The definition depends on the definer. Thus Mrs. Fred Tooze, head of the National Woman's Christian Temperance Union, maintains that an alcoholic is "anyone who drinks alcohol. As soon as they start to drink they're on that road downward." By that definition many of the researchers in alcoholism would be practicing alcoholics themselves.

Quantity consumed is only one criterion--and not necessarily the decisive one. "We see little old ladies who drink less than a pint a day who are dying," says Harold Swift, of the Hazelden Foundation's model treatment facility in Minnesota. "Yet we see men who go through better than a fifth a day and still function well."

An alcoholic does not necessarily know that he is an alcoholic. The stereotype of the stumbling, mumbling Bowery bum applies to no more than about 5% of the alcoholics in the U.S. Most alcoholics hold jobs, raise families, and manage to hide their addiction from everyone, often even from themselves. An alcoholic may go on for years, imbibing three martinis at lunch, two more on the way home and three when he gets there. One day, however, he may wind up in a hospital with a broken leg and, deprived of his daily quota, may suddenly find himself in the middle of the DTs (delirium tremens), which are characterized by extreme agitation, confusion and frightening hallucinations.

Social Custom. The National Council on Alcoholism, a voluntary health organization, has drawn up a checklist of 26 questions for drinkers. In its view, a yes answer to any one of them warns of possible alcoholism. Some of the council's questions: Do you drink heavily after a disappointment or a quarrel? Did you ever wake up on the morning after and discover you could not remember part of the evening before, even though you did not pass out? Do you try to have a few extra drinks when others will not know it? Are you secretly irritated when your family or friends discuss your drinking? Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?

The Rutgers University Center of Alcohol Studies offers a more concise definition: "An alcoholic is one who is unable consistently to choose

whether he shall drink or not, and who, if he drinks, is unable consistently to choose whether he shall stop or not." Yet the more researchers study alcoholism, the more complex they realize it is. There are, in fact, almost as many "alcoholisms" as there are alcoholics. Behavioral Scientist Don Cahalan of the University of California at Berkeley objects to even attempting a strict definition. Drinking, he says, is a continuum, and no one can draw an exact line between an alcoholic and a severely troubled drinker. "The issue," he states, "is why some people apparently waste their lives on alcohol while others don't. What's the 'glue' that binds some people to their alcohol problems?" Adds Marty Mann, the woman who founded the National Council on Alcoholism: "No one has ever found the way to turn a non-alcoholic into an alcoholic. There is a basic difference in people."

For those who are susceptible, U.S. society offers powerful temptations. Observes NIAAA's Morris Chafetz: "There are houses where they don't even say anything to you when you come in the door before they ask, 'What will you have to drink?'" He also notes that "in our crazy-quilt value system, masculinity means that if you can hold a lot of alcohol and seemingly not show its effect, that's somehow a sign of strength." Chafetz points out that in some other countries--Italy and Israel, for example--drinking is an accepted social custom, but there is little alcoholism. Why? The reason, he thinks, is that alcohol in those countries is a companion to a happy occasion, not the occasion itself.

Many other countries, however, have a much worse problem with alcohol than the U.S. France, for instance, has the highest rate of alcoholism in the world (an estimated 10% to 12% of the population, including some children), and the Soviet Union may not be far behind. Soviet newspapers now blame 60% of their country's murders, holdups and burglaries on that old demon vodka. Soviet Party Chief Leonid Brezhnev gave tacit recognition to the problem when U.S. Secretary of State Henry Kissinger visited him recently. Discussing with Kissinger plans for a U.S.-built soft drink factory in the Soviet Union, Brezhnev mused: "Maybe we can teach our people to drink less vodka and more Pepsi-Cola."

Bad Reflection. Some experts believe that alcoholism may be encouraged by the destruction of traditional values. Buttressing this notion is the experience of the American Indians and Eskimos, whose cultures have been disrupted more than those of any other ethnic groups on the continent. "The major problem is one of social disintegration," says Dr. Charles Hudson, chief of psychiatric services at the U.S. Public Health Service's Alaska Native Medical Center. "The original social structure in many places in rural Alaska has been blown apart, much as it has been in central cities, the ghettos

and Appalachia. The things that were important to people have been taken away, and when there's nothing to do, they'll take their last buck to get a bottle and stay drunk all the time."

Blacks and Chicanos are also particularly prone to alcoholism, possibly for similar reasons. Among whites, the Irish Americans probably rank highest on the alcoholic scale. No one can explain precisely why, although Irish American social life has often centered around the pub or bar, and heavy drinking has been a culturally accepted means for temporarily getting away from problems. Jews, by contrast, have a relatively low incidence of alcoholism, though it is rising among them too. Jews have always frowned on public drunkenness as being a bad reflection on their entire culture, and drinking has not been the accepted way to relieve problems ("Jews eat when they have problems," quips one Jewish psychiatrist in Manhattan).

Although alcoholism, when it occurs, often follows ten years or so of problem drinking, there are also alcoholics who apparently skipped even the social-drinker phase. They passed from total abstinence directly into chronic alcoholism. This may be due in some cases to a biochemical imbalance of some sort. "There have been people I call 'instant alcoholics' who are in trouble the minute they drink," says Marty Mann.

There may be some yet unknown hereditary factor that fosters alcoholism. Dr. Donald Goodwin, a psychiatrist at Washington University in St. Louis, studied the case histories of 133 Scandinavian men who had been separated from their natural parents and raised by foster parents. The sons of alcoholic fathers were four times as likely as the sons of non-alcoholics to be alcoholics themselves. Similar studies by Goodwin of twins raised by different families seem to offer even stronger support for some genetic explanation. Most researchers are reluctant to accept such biological determinism as the sole cause, but many agree with Goodwin that there may very well be some errant gene that makes at least some alcoholics more vulnerable than the rest of humankind to the bottle. "There is no one overall answer," concludes Don Cahalan. "We are trying to exorcise a devil, but there is no one devil. There is a host of demons."

There is also a host of treatment centers - 7,500 by latest count - and treatments.

Until recently, alcoholics were thought to be all incurable, afflicted with a kind of psychic leprosy. Doctors would scarcely touch them (many still refuse to treat them), and the law looked upon them as human vermin who had to be swept off the streets and thrown into drunk tanks. Old attitudes still persist, but within the past five years there has been a remarkable change in prognosis. No miracle cure, no equivalent of the Salk vaccine is in sight for the alcoholic, and none is ever likely to be found; but for every one of the many alcoholisms there is at least one treatment or combination of treatments that offers a good chance of cure.

The common element in most of the cures is group support. Explains Jim Bryan, director of therapy at Chit Chat Farms, a highly successful alcoholic

treatment center west of Reading, P.: "We tell the patients it can be done and you don't have to do it alone. The patients help each other get well." Half the staff-including Bryan himself-are recovered alcoholics, providing even more credence to the support they give to patients during Chit Chat's 28-day, \$840 treatment. "We do not look into the whys of their drinking," says Bryan, "but how can they stop."

No In-Depth Therapy. At Lutheran General Hospital northwest of Chicago, where the treatment runs 21 days and costs \$1,827, there is also an emphasis on interaction between patients and staff and among the patients themselves. For most patients, there is no in-depth therapy. "We're off this kick of using psychotherapy," says Medical Director Dr. Nelson Bradley, a psychiatrist, echoing the general opinion of experts that classical psychoanalysis is of limited help for most alcoholics.

The patient at Lutheran General is treated for withdrawal symptoms-which can range from the shakes and hallucinations to convulsions and full blown DTs-and given a medical assessment during his first five days. On the sixth day he is assigned to one of three 25-patient teams. They meet three times a week-in many cases with wives, husbands, children and even employers-in sessions designed to bring the alcoholic back into society through lectures, educational films and discussions about drinking problems. Lutheran General follows up its patients for about two or three months, some of them with psychotherapy, and it estimates its success at about 50% after three years. "Beyond 50%," says Bradley, "you've got to have the involvement of the family and the employers. Then the success rate can go as high as 80%."

A variant of the Lutheran General and Chit Chat models is the treatment center that combines group therapy and hypnotic suggestion with a behavioristic kind of aversion treatment: electric shocks or drugs to make the very odor of liquor abhorrent. At Seattle's Schick's Shadel Hospital, which offers an eleven-day, \$1,500 program, each patient is taken to "Duffy's Tavern," a small room decorated with enough bottles of whisky to lubricate a regiment. The patient is given a nausea-inducing shot and then handed a glass of his favorite brand. He sniffs the aroma, takes a sip and swirls it around in his mouth. Then, sickened, he spits it out into a handy container.

Fatal Illness. The patient goes through a similar process four more times during his stay at Schick's Shadel, at the end of which he will presumably associate nausea with liquor-and have a long-term aversion to the stuff. "Aversion conditioning is not fun at all," Schick's Shadel's Director Dr. James W. Smith tells incoming patients, "but you are dealing with a fatal illness. In other fatal illnesses, such as cancer, surgery is often called for if it gives the patient the best fighting chance for survival. At the moment this is the best we know of--the method that will do the best job in the shortest time."

Aversion therapy has been widely criticized. Says one social scientist: "I think doctors who emphasize aversion conditioning are misguided. They claim that they are curing alcoholics by giving them a shot in the behind, which makes them sick. But how long does that really last?" A program that draws even more fire is one in which doctors study alcoholism by *offering drinks to alcoholics. Indeed, Dr. Edward Gottheil, who oversees such a research project at the Coatesville Veterans Administration Hospital in Pennsylvania, admits that his work is "extremely controversial." Still, he argues, traditional centers either study alcoholics without their alcohol or alcohol without the alcoholics--but not drinking itself. `The idea that complete abstinence is the only treatment interferes with research," he says.

At Coatesville, patients are not only given individual psychotherapy, group therapy, music therapy and antidrinking seminars but are also allowed one or two ounces of pure alcohol (ethanol) once an hour on the hour, from 9 a.m. to 9 p.m., simply by asking for it. If he drinks the allowable maximum every hour, a patient can achieve a considerable buzz by 9 p.m. More important, 13 times every day he must make a conscious decision: to drink or not to drink. In a follow-up study of their first group, Gottheil and his associates claim that, after six months, approximately half of the group members were either dry or drinking less than twice a week.

Almost everyone else who works with alcoholics regards this study as heresy against the almost universally accepted belief that a recovered alcoholic can never drink again. "Out of 3,000 alcoholics treated at this hospital and another 12,000 consulted, I have never seen one return safely to social drinking," says Richard Weedman, head of an alcoholic treatment center at Chicago's Grant Hospital. "One drink won't push him off the wagon, but if he takes another three weeks later, bang! He's gone."

Most of the methods owe a large debt to Alcoholics Anonymous, the oldest, the biggest (650,000 to 750,000 members) and still the most successful organization by far for helping alcoholics. "Until the researcher is able to demonstrate some better practical techniques, the A.A. approach continues to merit our admiration and endorsement," says Gottheil. And, write Sociologists Harrison Trite and Paul Roman: "Despite lay leadership, A.A. has apparently achieved a success rate that surpasses those of professional therapies."

An A.A. member is anyone who considers himself a member. There are no required dues, and lest riches corrupt the fellowship, no one is allowed to contribute more than \$300 per year. Instead of using professional therapists, the members help each other; one alcoholic is always on call to come to the aid of another. The treatment is nothing more sophisticated than the gathering together of a dozen or more other alcoholics who share their drinking histories and admit to themselves and each other that they are powerless to control their drinking. Members attend meetings as often as they feel the need. "My name is John," a member will intone at each meeting,

"and I am an alcoholic" Says an Atlanta executive who has been a member for 25 years: "I am deeply convinced that AA. is the only way. Doctors cannot cure alcoholism because it is not simply a sickness of the body.

Psychiatrists cannot do it because it is not simply a sickness of the mind, and ministers cannot do it because it is not a sickness of the spirit alone.

You must treat all three areas, and that is what AA. does." (If a member's physical problems are acute, A.A. gets him admitted to a hospital.)

Easy Cop-Out. Even A.A. requires the alcoholic's commitment to change. Many workers in the field are now trying to downplay the idea--espoused by Marty Mann 30 years ago--that alcoholism is a disease. The label may make problem drinking worse by absolving the drinker of responsibility. An over-emphasis on the psychological causes of alcoholism can have a similar effect. "A search for the roots of the personal problems that cause a person to become addicted can become an easy cop-out," says Psychiatrist Robert Moore. "The classic therapy game becomes a technique of protecting his alcoholism."

What about the alcoholic who does not want to change--or does not even recognize his problem? For many there is still no answer, no lifeline that can be thrown to them. For many others, however, there is new hope in an old and hitherto unacceptable technique--arm twisting by the boss. Recognizing that alcoholic employees are costing them countless billions a year, many companies are investing money and effort in affirmative action. Since the late '40s, when the first industrial programs started, some 200 firms, including General Motors, Hughes Aircraft and even Hiram Walker, the distiller, have jumped on the bandwagon, the majority of them in the past five years. Many of the firms have written the plans into their union contracts. Although the programs are costly, they actually save money in the long run because they can salvage valuable careers.

An alcoholic employee is absent 2 1/2 times as often as a non-alcoholic. Indeed, he is partially absent even when he is working, often without drinking. The industry could no doubt change its pitch--use older models and show people drinking only at parties--without cutting sales or profits.

Public Awareness. What else can be done? For a starter, the Nixon Administration should give Chafetz's agency the entire \$137,947,000 it has requested for the coming fiscal year, instead of attempting to cut it to \$99,800,000. The money would be well spent on research, training, community health services and public education. Second, the 30-odd states that have not yet removed drunkenness from the criminal statutes should do so, adding treatment centers and halfway houses on the Minnesota model. Third, more companies should start alcoholic rehabilitation programs, looking upon money spent combating alcoholism as almost an efficiency measure, which it certainly is.

How is the battle against alcoholism going? Again, there is good news and bad news--with an emphasis on the latter. Senator Hughes, who, more than

anyone else, was responsible for the turnabout in the Government's attitude, is as good a judge as any. He is happy that tax dollars are joining the fight against alcoholism, and that the public is finally becoming aware that alcoholism is a treatable condition from which, with dedicated help, two-thirds or more of its victims can recover. But he sees even that as only limited comfort. "I'm not optimistic that we're gaining on the problem," he reckons, "Instead, it's gaining on us."

SIDEBAR: The Effects of Alcohol

Almost immediately after it hits the stomach, alcohol is coursing through the bloodstream to the central nervous system, where it starts to slow down, or anaesthetize, brain activity. Though it is a depressant, the initial subjective feeling that it creates is just the opposite, as the barriers of self-control and restraint are lifted and the drinker does or says things that his well-trained, sober self usually forbids. Only later, after a number of drinks, are the motor centers of the brain overtly affected, causing uncertain steps and hand movements.

How quickly the alcohol takes effect depends on many factors. One person may be bombed after a glass, while another stays relatively sober after several. Because alcohol is diluted in the blood, a 200-lb. man can usually tolerate more liquor than a 110-lb. woman. Food also retards absorption of alcohol from the gastrointestinal tract, and a few ounces taken with a meal are less powerful than an equal amount downed an hour before. By the same token, some drinks with food in them--eggnogs made with eggs, milk and cream, for example--have slightly less wallop than straight drinks. The tomato juice in a Bloody Mary or the orange juice in a screwdriver is not enough to make any appreciable difference.

The total quantity of alcohol in a drink and the rate of consumption determines the alcohol level in the bloodstream. Thus a Scotch and water would pack the same punch as Scotch on the rocks or a Scotch and soda if all three were drunk at the same speed; drinking more slowly gives the system a chance to eliminate some of the alcohol. The mixing of different types--beer, wine, whisky and brandy, for instance--might make a drinker sick, but it would not make him any more drunk than the same alcoholic measure of just one of these drinks.

So far medicine has found no cure for the hangover, although aspirin can alleviate the headache. Despite a plethora of folk cures (none of them really effective), the best policy is to avoid drinking in excess the night before. Actually, no one knows exactly what causes the hangover's unpleasant symptoms of headache, demonstrating much less efficiently than his non-alcoholic colleagues. If he is fired, the investment that the company has put into his training is lost altogether. "The company of any size that says it does not have an alcohol problem is kidding itself," says Ray Kelly, an Illinois state mental health official. In any typical group of workers,

3% to 4% are likely to be disruptive drinkers.

In the typical industrial program, a supervisor, noticing an employee's work slipping, alerts a counselor. If the counselor's investigation finds that alcohol is the culprit, he calls the man in and recommends a treatment-and-rehabilitation plan that falls under the company's medical insurance coverage. There will be no stigma attached if he enters the plan, the counselor tells him, and if he successfully completes it, his career will not be hurt. "If they do not want to go for treatment," says Jack Shevlin, an alcohol counselor in Illinois Bell Telephone's pioneering program, the answer is in effect: "Of course you do--if you want your job."

The results have been more than encouraging, and in most programs about 90% of the alcoholic employees do elect treatment. When a company puts its weight behind an employee's rehabilitation, the chances of success are better than 2 in 3, say doctors at Lutheran General, which works with 52 companies in the Chicago area.

Halfway Houses. Government at all levels has become sensitive to the alcoholic's plight--and the enormous damage that he wreaks. Since 1970, when Congress demonstrated Washington's changed attitude by passing an alcohol abuse and alcoholism act, a score of states have enacted laws that remove drunkenness (though not drunk driving) from the criminal statutes. Thus drunks are no longer put in jail. Other places, however, must be provided to receive them. These are called Local Alcoholism Reception Centers (or LARC), where the alcoholics are detoxified. They then graduate to "halfway" houses for outpatient treatment. Because LARC makes a strenuous effort to reach alcohol abusers early, the centers can usually help improve the physical condition, earning ability and family situation of their patients.

Sparked by Iowa's Senator Harold Hughes, who is himself a rehabilitated alcoholic, the Government has begun an expensive program to combat alcoholism through research, education and funding of local programs. Starting with \$70 million in 1971, federal spending has now reached \$194 million. Eighty-five percent of this amount is allotted to treatment, rehabilitation centers and halfway houses, many of which would no doubt still be only token efforts without substantial federal funding to the states.

The liquor industry has awakened to the problems that excessive use of its products causes. Some of the companies have been promoting moderation through advertising and posters. Seagrams, for example, last year spent \$250,000 for hard-hitting magazine ads against excessive drinking. Licensed Beverage Industries, Inc., the public representative of the distillers, spends \$150,000 a year on research projects and allots \$250,000 each year for a national advertising campaign, promoting "responsible" drinking. (Know when to say when" is the theme of one ad. "If you can't stop drinking, don't start driving" is the message of another.) Last week liquor industry leaders

and state beverage-control officials met in Miami with experts from the Rutgers Center of Alcohol Studies to consider other measures that could or should be taken. Jack Hood, board chairman of the National Alcoholic Beverage Control Association, told conferees of plans to use "the unmatched power of education to convince every American, young and old, that responsible drinking is the only kind that anyone should tolerate."

Still, for an industry that has revenues of \$18.3 billion a year (after federal, state and *local taxes), such expenditures are probably only a fraction of what they should be. Contrasted with this are all the ads pitched toward the young, implying that not even a weekend in the country can be truly enjoyable nausea, depression and fatigue, which many drinkers experience at one time or another.

Some recent research indicates that even social drinking can have both immediate and possibly long-range deleterious effects on the body. According to Dr. Peter Stokes, a psychobiologist at Cornell University Medical College, the liver becomes fatty and therefore less efficient after only a few weeks of downing three or four drinks a night. But in the early stages, at least' the condition can be reversed by abstinence. More moderate imbibing--two drinks a night with meals, say--almost certainly does no harm to most people. New studies link drinking to heart-muscle damage and deterioration of the brain. Research by Dr. Ernest Noble of the University of California at Irvine shows that alcohol inhibits the ability of the brain cells to manufacture proteins and ribonucleic acid (RNA), which some researchers believe play a role in learning and memory storage. After 20 or 30 years, says Dr. Noble, two or three drinks a night on an empty stomach may impair a person's learning ability. Both Stokes and Noble cite studies showing premature and irreversible destruction of brain cells after years of heavy drinking.

Some frightening studies of the results of drinking have not yet been accepted throughout the medical profession, but the physical effects on an alcoholic of very heavy drinking are beyond dispute. A pint of whisky a day, enough to make eight or ten ordinary highballs, provides about 1,200 calories--roughly half the ordinary energy requirement--without any food value. As a result, an alcoholic usually has a weak appetite and often suffers from malnutrition and vitamin deficiency. The slack cannot be taken up by popping vitamin pills; heavy alcohol consumption impairs the body's utilization of vitamins. At the same time, excessive intake of alcohol also affects the production and activity of certain disease-fighting white blood cells, giving the alcoholic a particularly low resistance to bacteria.

Inevitably, the alcoholic develops a fatty liver, and his chances of developing cirrhosis, a condition of the liver in which liver cells have been replaced by fibrous scar tissue, are at least one in ten. A severely damaged liver cannot adequately manufacture bile, which is necessary for the digestion of fats; as a consequence, the alcoholic often feels weak and

suffers from chronic indigestion. This may be made worse by gastritis, which is caused by alcohol irritation of the sensitive linings of the stomach and small intestine. The troubles of a heavy drinker do not end there, and through damage to the central nervous system and hormonal imbalance, alcohol may even cause impotence.

The Price of Alcoholism:

Five Case Histories

No one is a typical alcoholic, and the only thing all alcoholics have in common is their

addiction. That fact was reemphasized by the reports of Time correspondents who interviewed many of them across the U.S. and Canada, including the following:

JOE, 52, an Atlanta stockbroker, began his career as an alcoholic at 15 when he went camping with his brothers. One of the boys opened a bottle of wine, and Joe instantly discovered his weakness. "That night was it for me," he says. "I went looking for a drink in the morning, and I drank all the way through high school. I was in the grip of an insidious, progressive disease." Joe continued to drink through Harvard and the service, but when he went home again his parents sent him to a hospital for "aversion therapy." "I stayed sober two or three months," he remembers. But for him, the aversion was only temporary.

Drinking, borrowing money, being arrested repeatedly, at 27 he was so far gone that he was not able to write his name. In December 1948 he went to Alcoholics Anonymous but fell of the wagon after only two months. In March he was back in A.A., and has been going to meetings ever since.

"People there welcomed me," he says. "My goal was to live. Survival, that's all. They told me that if I helped other people, I, would receive and be helped myself. A funny thing happened. I got better. In two or three months I was in better shape than I had been in for five years. I needed a miracle and got it. But it's not over yet. It won't be over until I die."

ELIZABETH, 44, a Manhattan advertising woman, was a fierce teetotaler because both her parents were problem drinkers. At 35, facing the prospect of a mastectomy, Elizabeth went to her psychoanalyst. The doctor proposed that she try a drink to calm her fears. "I'll never forget the feeling," Elizabeth says. "It hit me instantly. This was something I'd been waiting for without knowing it, and I never wanted to be without it again. I felt so warm and calm and safe."

It turned out that she did not have cancer, but she went on drinking anyway, "right around the clock." Although she sipped almost a fifth of Scotch a

day, it did not seem to affect her work. "I never got really drunk' never had a hangover." One night while waiting for a date she took an extra slug of Scotch "to be bright and special." Instead she stumbled and cut her forehead on the mantel. Her date found her bloodied and bleary and walked out. This shocked her so much that she went to AA.

Elizabeth dried out for a while and then had a relapse, drinking more heavily than before. Finally she returned to the A.A. program, which she has followed successfully for five years. "Mine was one hell of a binge," she says, "and I consider my sobriety precious. I wouldn't do anything to jeopardize it."

JAY, 45, a Montreal journalist, says that he began drinking heavily "out of a sense of fatalism"; his father, mother and brother are all alcoholics.

"I turned into a chronic liar and charlatan, trying to cover up my affliction. I made raucous scenes and picked fights for no reason. I often wet my pants and vomited all over myself in public. I went to doctors and got tranquilizers, which I proceeded to combine with liquor, which made me even worse. I went to private clinics, public hospitals and even ended up in a mental home. I went to a priest and then to Alcoholics Anonymous. They were well-meaning people, but their piety seemed too facile to me, and I usually had to rush to the nearest bar every time I came out of a meeting. I was thrown into jail, mugged, and slept in the gutter. I stank' my gums bled, and my hands were too shaky to shave without a couple of drinks."

The turning point for Jay came when he awoke in a seedy hotel with the DTs. "My eyes were bulging from their sockets. My arms and legs flailed about like windmills. Then those black dots started spreading across the walls and ceilings, and I had to choke back a scream.

This was the point at which I finally decided I wanted to live, not die, and forced myself to go get cured."

The cure came at Toronto's Donwood Institute, where he went into group therapy and was put on a daily dose of Antabuse, a drug that causes nausea, palpitations and anxiety at the first whiff of liquor. To ensure his long-term sobriety, a six-month supply was implanted under the skin of his abdomen. "I finally walked out--cured, tingling with life and vigor and almost hypersensitively aware. But as I saw a bar, the craving hit me so hard that I bent double. Was this the way it was going to be all my life? The answer apparently is yes. The desire would fade, but somewhere--in the clink of glasses or the sight of good red wine--is the trigger. It is a trigger that I dare not pull."

BARBARA, 26, a Miami divorcee with two young children, started drinking when she was 13. "My mother was a heavy drinker," she says, "and we always had lots of liquor around the house." Married soon after high school, she became

pregnant and--at doctor's orders--began downing a shot of brandy to help her sleep. "I didn't like the taste, but before my baby was born I was drinking half a bottle a night."

She and her husband eventually separated, and Barbara started to vary her drinking habits. "The kids were one and three, and I sipped wine while I prepared their lunch. Within six months, I went from a small bottle a day to a gallon, then on to martinis and Scotch. It could be blowing a blizzard, and I'd trek through anything to get my bottles."

"People are so drink-oriented," she adds. "It's the acceptable thing to do. You never go to a party or dinner without drinks." Guidelines morning or before driving--were discarded, and arrests for drunkenness began to pile up. Sent to a detoxification center after one eight-day binge, she sneaked out to a bar, then, at 5 a.m., accepted a ride back from one of the male patrons. He invited her to stop at his apartment for a drink. She had to fend off a rape attempt, suffering a broken jaw and scarring cuts on her face. "I thought I'd hit bottom before," she says through the wires that still hold her teeth together, "but now I realized that this was it."

After attending a Dade County alcohol rehabilitation center for the past three months, Barbara is sober and plans to remain that way. She fears, however, that her drinking may have permanently hurt her children. "They remember my wine-drinking days when I'd throw up in their wastebasket. Now if they see me drinking a Coke, my older girl will come over and taste it and then reassure the younger one: "It's OK."

BOB, 18, a New York City carpenter, started off on a bottle of Canadian whisky from the family liquor cabinet when he was twelve, and from that moment would drink whatever and whenever he could. "If it was beer, I laughed a lot. If it was wine, I would get very mellow. If it was whisky, I was sure to go wild and get into a fight."

Kicked out of school for fighting a guidance counselor in what he calls a "temper blackout," Bob was sent to Bellevue Hospital for a psychiatric examination. "At the nut house they told me I wasn't an alcoholic because of my age. I was told that if I handled my emotional problems, I would be able to drink normally." Bob nonetheless tried AA., not once but three times between binges. "I just hadn't decided that I wouldn't drink any more."

Finally the A.A. "cure" took when Bob was at the ripe age of 15. Sobriety has not been easy. A well-meaning social worker pressured Bob to take tranquilizers to relieve his tension. He refused. "If I did that," he asks, "then why not drink? I was tired of being told that (1) I'm alcoholic, and (2) I need to take tranquilizers to -survive. If I had taken drugs, I would have been in the nut house again in a matter of months."

to another not so long ago. I am an alcoholic myself and a member of A.A. for twenty-four years. My own success in the adventure of sobriety is bound up with the success of A.A. in Ireland. The object of this article is to tell something about "these fellows": what we are, what we try to do and what we have so far achieved. For we have found a knowledge and understanding of A.A. has made us friends and gained us helpers.

Up to comparatively recently, Society has placed all drunks in the same category - weak-willed, callous, helpless and unhelpable, intentional sinners, skeletons whose greatest offence is that they will not remain snugly in their family cupboards. Yet nearly everyone knows at least one person whose drinking has apparently almost without warning become incomprehensible. Men with good homes, money, good business or jobs, good reputations, healthy, in no way unhappy, suddenly go off the rails. Normal, seemingly, when not drinking, their characters undergo a complete change once they start on alcohol. Their former occasional "night-outs" develop swiftly into bouts, the bouts come closer and closer together. In many cases they are seldom completely sober. Their drinking is followed by periods of intense remorse, by sincere though short lived attempts to stay off liquor. Their relatives are in turn startled, puzzled, anxious to help, resentful, contemptuous, enraged. They themselves are at first sure they can find a way of retaining control "next time," then frightened when they fail repeatedly, then hopeless. Their complete ignorance of what has happened to them, what is still happened to them, what is still happening to them, makes it impossible for them to explain to, and gain the understanding sympathy of, those they love and respect. Little by little they cut themselves off from their world; they live in a state of desperate loneliness and finally become outcasts. These are the persons sometimes called the Problem Drinkers. They are, in fact, alcoholics or compulsive drinkers, suffering from a physical allergy to alcohol combined with a mental obsession to take more once they start to drink: drinkers whose compulsion to drink is a sign of disease. There are few alcoholics who have recovered who would deny that this disease is really spiritual.

A.A. is a loose knit society of men and women alcoholics who have banded together in groups all over the world to share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from alcoholism. There are at the time of writing over 14,000 such groups, with a total membership of about 500,000 spread all over the world. The only requirement for membership is a sincere desire to stop drinking. A.A. is not allied with any particular religion, creed or denomination. It has nothing to do with politics, other organizations or any institution. A.A. simply minds its own business...to stay sober and help other alcoholics to achieve sobriety. Alcoholism is not a purely Catholic, Protestant or Jewish disease; it is not the exclusive illness of either the millionaire or the down-and-out. Alcoholism strikes at all creeds, class and income--grades impartially. A.A.'s success has largely derived from its refusal to recognize any

difference between one alcoholic and another. They are all sick persons, requiring A.A.'s help. A.A. does not usurp the place of Church or Medicine. The alcoholic who joins in poor physical condition is strongly advised to consult his doctor. The alcoholic's religion, or lack of it, is his own affair. In general, it has been our experience that a good A.A. member becomes a better member of his Church. But our primary object is to achieve sobriety. From that sobriety the other things will stem; without it, they are impossible. A.A. is not concerned with money. It has nothing to sell and none of its members are paid for A.A. work. There are no positions of authority to be obtained; each member is on exactly the same footing. Its policy of anonymity does away with the danger of membership being used as a means of obtaining personal kudos. Thus the three most ordinary occasions of disunity and disruption are guarded against. Each group is autonomous. Its own members care for the necessary money to meet expenses of rent, printing and incidentals. Donations from outside sources are politely refused. Its officers are elected in rotation. Its policy of anonymity was first chosen as a worldly safeguard for its members; the spiritual value of anonymity has become more apparent since. But while personal anonymity is required, A.A. is only too glad of any publicity to its aims and being.

It came into existence thirty six years ago in America through a chance meeting between a New York stockbroker named Bill (in A.A. all members go by their first names), and an Akron doctor, Bob. Bill had already managed to keep sober for six months as the result of following out a few principles of living largely based on the Oxford Groups "Absolutes." He had, however, just had the bad end of a business deal and came to realize that to preserve his own sobriety he must make contact with another alcoholic and help him to achieve sobriety as well. Both of these men had long and dreadful histories of drink; but from that first meeting, they both remained sober. Bob died twenty-two years ago, but Bill lived till 1971, a total abstainer for over 36 years, after he had been given up as a hopeless and unhelpable drunk. The society they started that day grew slowly and shakily; it took over four years to muster the first hundred members. Since then it has grown in increasing tempo to its present size. In numbers it is still mainly American, United States and Canada. Twenty-nine years ago it was carried to Australia by a travelling American. Three years later, it came indirectly from Australia to Ireland, this time by a priest.

This priest was on holiday in Dublin in September 1946 and was interviewed by an evening paper on the subject of a Boy's Town with which he was connected in Australia. In the course of his talk he commented at length on the success that A.A. was having in Sydney and expressed the hope that Dublin would do well to take it up. This interview was read by a member of the Philadelphia group, an Irishman who had gone to live in the States, who was over here on holiday. Spurred on by his wife, he determined to start a group in Dublin, with the help of a doctor and by advertising, he

managed to scrape together a small number of men willing to make the experiment. Their first public meeting was held in The Country Shop on November 25th.; and here on that night the first A.A. group in Europe was formed. As in America, the start was slow and uphill. Today it is firmly established in Dublin (35 Groups); there are many large groups in Belfast; there are several groups in Limerick, Cork and Galway, and smaller ones elsewhere. Public meetings are held every Monday night, still in The Country Shop, where attendance's range from 50 upwards to 100. The maximum attendance was at a meeting held in the Mansion House when over 400 came along to listen to the Co-Founder of the Society, Bill. At a conservative estimate, there are at least 2000 members in Ireland and an estimated 8,000 in England, Scotland and Wales. A good many others, though partially convinced, are not yet ready to make, and act on, the necessary admission that they are beaten by drink. A world estimate is that about 70% of those who join and give the A.A. program a fair trial recover, though a great many of these suffer one or more relapses before they finally settle down. A short time ago, I was asked at a clerical meeting to explain to them why an alcoholic went on drinking long after it was evident that he was incapable of exercising control. I find it almost impossible to do so. I can only say that for a very long period of my own thirty years drinking I honestly believed I could, someday and somehow, find a way of drinking all I wanted without losing control. Life without drink seemed to me to be an unnatural and quite impossible way of existence. Later I became dreadfully hopeless and fatalistic about it. Though I still continued to make attempts to pull up, I felt even at the time that they were quite useless. I felt it would start again sometime, so what was the use of trying too hard? The truth is that we don't know why we drink; but when we tell the truth, we are not believed. Strength of will and sincerity of purpose do not enter into it. I have entered my name for a Retreat to find help in Quitting drink, yet gone to that retreat with a bottle of gin in my bag, which I drank between the first exercise and going to sleep. After a month's voluntary treatment in a private home, I felt convinced I had mastered drink; and been drinking again within a few hours. Drink makes us mentally unbalanced and we cannot be honest even with ourselves for long at a time.

My own case history may be cited as typical of an A.A. member, though space will mercifully prelude any but the minimum necessary details. I am seventy-five years of age, single and come from a good class Catholic family. My home life was happy and I went to a Catholic College in England. Later I entered the profession I wanted to join; I was very happy in it, I got on well. I was good at games; I was considered good at work, above the average of my rank in the British Army. I had a promising future to look forward to, I had nothing from which to escape. There was no previous history of drink in my family. I can see no reason why I should have become an alcoholic, yet almost from the start I drank like an alcoholic. At first I had some sort of control over myself as to when I drank. If circumstances seemed to indicate the need for it, I cut out

drinking without much effort and with no feeling of self sacrifice. But even in those first years if I drank at all I went on for the rest of the night. Soon I was losing even that control. I began to drink at the wrong times, in the wrong places and before the wrong people. Good luck and good friends covered up for me for many years, but finally life caught up on me and I was retired on retired pay, branded as not to be re-employed. This virtual dismissal made very little impression on me. I still had enough money for drink and I had a home to live in. Six more years were to pass before the climax came. I had been inflicting every kind of unhappiness not only on myself but on my parents, not the least for the latter being my complete indifference to my religious duties. In April 1947 they ordered me out of the house and the family and their lives. By now I had added drugs to alcohol. My routine had become one of the drugs in the morning to revive me, drink all day and another drug at night to give me sleep. My parents' "revolt" opened my eyes for the first time to where I had descended. It proved to be my own gutter. Fear for my security and at the prospect of becoming one of the legion of the homeless lost (with the next stop almost certainly a Night Shelter), at last made me genuinely willing in my own interest to do anything I could to stop drinking ("Give me back my Legions".). The trouble was that I could think of nothing useful. Doctors, homes, hospitals, promises, all had proved in vain. Then my memory went back to that interview I had read nine months before, about A.A. The Grace of God must have put it into my heart to go to a meeting that night, and I managed to strike a one-sided bargain with my parents that if A.A. could do some good I might stay at my parents on probation. I arrived at that meeting, more than half-drunk, shaking from drugs and nerves; not too good a prospect, even for A.A. By the goodness of God and the help He has sent me through A.A. I have not had another drink since then.

There is no set blueprint of recovery in A.A. Each member succeeds in his own way and time and at his own pace. So what I write must be taken as my own experience only. For me, recovery came from Knowledge, Decision, Group or social therapy, a return to Realism and the program of the Twelve Steps. All of these together for me make up the A.A. way of life. And I attacked my recovery problem in just that order, which seems to me to be entirely logical. Without Knowledge, I could not come to any decision that would stand up for long. Without Decision to recover, group therapy would be a waste of time. Without Realism I should have been continuing my old pattern of running away into dreamland from the inescapable facts of life. And while all these things were essential to me to stop drinking, I had to bring another factor into play, the Twelve Steps, to learn not only how to remain abstinent but to be happy in remaining so.

That Knowledge was elementary, though new to me. Alcoholism is a sort of disease acquired by two or three percent of the world's drinkers. The disease in simplifying language is the disease of not being able to drink in moderation. It is the first drink the alcoholic takes that sets his

disease in active virulence, not the total quantity consumed. Alcoholism cannot be completely eliminated once it gains a footing. No matter how long I might remain abstinent at a time, I would never be able to control my drinking if I started again. But if I could find a way of not taking a first drink, I could stay sober and normal.

The decision I had to take was to give up drinking for good. I had to face the unpalatable fact that I must make abstinence my own first and most vital aim. As for the group therapy, I was prepared to accept that the older members had had to make themselves essential to their groups and the groups essential to themselves. If I was going to avail myself of the same means that they had found necessary and successful, it followed that I must attempt what they did. Group therapy to me does not merely mean coming together at stated times for formal meetings. These meetings are important for many reasons and as the visible sign of coherence. The equally valuable, though invisible, sign is keeping the closest possible touch with the members of the group even when they are not in actual physical contact. That can be done by constantly thinking about the group, working for it, praying for it; keeping it in mind as much as possible.

Reality consisted in recognizing that my alcoholic life must be cut down to a size I could hope to deal with. My disposition was such that if I continued to think of abstinence in terms of months or years, I would be pretty certain that nothing would be done. So I adopted the A.A. suggestion of living my life in periods of twenty-four hours at a time. Today, the only day in reality that I ever have at my disposal. From the beginning, I slowly advanced to being content to accomplish only what of the rest of my life I could fit into Today. That again required further realism to determine which things were of the most immediate importance to be done Today. But my primary reality will always remain concentrated on not taking one single drink Today.

Finally, the program of recovery, contained in the following Twelve Steps:

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 awakening as the result of these steps we tried to carry this message to alcoholics and practice these principles in all our affairs.

These steps seem strong meat for reforming alcoholics. It helped me greatly to remember that this program was not some optimistic chart for super-saints. It was based on the actual experience of human beings, alcoholics like myself. They were not impossibly idealistic steps; they had all been attempted by others successfully. It is sometimes said that all the steps are spiritual except the first. For me, the first step is also essentially spiritual. I could admit in words to myself that I was powerless over alcohol, but where would that take me unless that admission embraced not only the actual wording but also what was implicit in it? No, taking that step was a declaration to myself that because I sincerely wanted to recover, I was fully resolved to try to live out the way of life suggested in the following eleven steps.

The second step, too, called for determination. Here I could no longer avoid my spiritual life. I had to subdue my pride and acknowledge that a greater Power, God, was in complete control of my life. I had to strive to make God a daily living reality in my life, not a pious Sunday morning superstition. The third step was perhaps the hardest, relinquishing control and guidance of my life to God. But in the measure of the success I attained here would lie the measure of success I would meet with in continued sobriety, happiness and peace of mind. The fourth step was akin to our general confession. For me, that moral inventory was not a moral mudrake but a serious effort to find out about myself, to find what things stood in the way of my carrying out the third step. The fourth step taught me self-knowledge. We take an inventory of ourselves; we do not attempt to beat our neighbor's breast.

The fifth was only a practical application of the truism that confession is good for the soul. This and the next few following steps contain no great difficulty for the alcoholic who is sincere in his acceptance of the third. The tenth was our nightly examination of conscience with the added obligation of owing up to human beings when we were frankly wrong. The eleventh was a guide to our carrying out the third. The sting of the steps is contained in the tail of the Twelfth, that part which suggests we carry out the foregoing principles in all our affairs. Many may be willing enough to practice them in their alcoholic affairs. The older members had found out that this would not be enough to ensure happiness and a good conscience. This part of the steps is that which binds them all together. It cannot be ignored with safety.

It always remains important that we remember why we joined A.A. It was to recover our own sobriety for our own sakes; not to preach to the unconverted. That must remain our primary goal. We cannot afford to forget our previously helplessness when friends talk prettily of our apostolic mission. Charity begins at home.

Since A.A. has been operating there for longer and on a very much greater scale, the Church in America has had more opportunity to assess its work and direction. An extract from a letter received here from the Chancellor of a very large archdiocese will give some idea of the impression made. "The Bishops of our country up to now have not taken any official stand on A.A. The movement has not been condemned; the movement has not been officially approved. Personally I am convinced that the A.A. movement is the most sound and the most successful approach that has ever been made in our country to the problem of the alcoholic. In my archdiocese, I am under the impression that about one-half of its members at one time were Catholics. The Twelve Steps appeal to me as being entirely in harmony with the Catholic faith and morals, as being clearly stated religious and moral principles in language which is simple and easily understood. Honesty to oneself, humility, contrition, purpose of amendment, unburdening one's soul and accusing one's self of failing to another person, placing one's hope and confidence in God, making restitution, relying upon prayer and meditation, spiritual reading, seem to me to be sound and solid principles necessary for rehabilitation. The apostolic step to carry the message to alcoholics and to help others to rehabilitate themselves is also in conformity with Christian teaching and seems to be psychologically of utmost importance. Cases have come to my attention of priests who were victims of alcoholism being re-instated through A.A. A large number of lukewarm and indifferent Catholics have returned to an active practice of their faith; and strange as it may seem, several instances are known of non-Catholics who have been brought to the Catholic faith through the A.A. movement. .The Chancery has been very solicitous to avoid giving the impression that the archdiocese was trying to take over the A.A. movement or trying to take over the A.A. movement, or trying to interfere in either the organization or activities of the Group."

It may sound ungracious to stress the importance of that last sentence, considering that A.A. is looking for all the help the Church can give. But one of the biggest attractions to the prospective member is that he is joining a society of alcoholics run and controlled in every way by alcoholics. Any suggestion that the group was in some way controlled or unduly influenced by an outside "partisan" body, however benevolently disposed, would be bad news for the unity of the members. We seem to be forced into the ungenerous position of having to say to our outside helpers:

"Please do all you can for us; but stay in your corner until we want you."
In truth, we are only guided by our experience, which is that one alcoholic is the best ambassador to another. We speak the same language, a language that cannot be entirely understood by even the most sympathetic of our friends who is not himself an alcoholic.

What we ask from priests who have a will to help us is that they will be content with steering alcoholics towards us and that they will be willing to stand aside when they have done so; that they will, even though perhaps with every conscious effort, try to understand that the alcoholic is not, in his present condition at least, a deliberate sinner but a very sick person requiring experienced treatment; and that they will examine our successes rather than our failures, for our successes are being gained in a field considered hopeless until recently. And we ask them, too, not to look on us as rivals to any temperance movement already sponsored by them. We are not in competition with anyone or anything.

A.A. is not a charitable society in the sense that it engages to supply its members with loans of money, employment or even clothes for which it has no further personal use. It is a charitable society in the meaning of Christ's teaching. We ask for nothing material for ourselves personally or as groups. We do ask for charity for the sick alcoholic; sympathy for his problem; understanding of his condition and a willingness to advise him to seek recovery where so many thousands have already found it. A.A. is in no way a substitute for the Sacraments"; it has proved to be in most cases of Catholic alcoholics a positive urge towards them. It is with confidence then that we ask for the good will of the readers of *The Furrow* and for their prayers - that those of us who have recovered may maintain our sobriety and that the Grace of God may bring our members and their families that happiness which is the end of man.

A Member

C/o The Country Shop, 23 St. Stephen's Green, Dublin.

March 1972

The Vatican and Alcoholics Anonymous. A Dublin member of Alcoholics Anonymous, 23 St. Stephens Green, Dublin 2, writes:

Archbishop Enrici, Apostolic Nuncio to Great Britain, came to, and spoke at the recent European Convention of A.A. held at Bristol at the end of September last. Afterwards he made the suggestion that, as he believed little was known at the Vatican about A.A. and its suggested way of recovery, a visit from a couple of its members might be of great value to both parties.

Accordingly, in January of this year, an English Catholic member and I departed for Rome and remained for a fortnight. Our only contact, up to the time of our arrival there, was through the Bishop of Clifton, the very recently appointed rector of the English College. But through his generous guidance we obtained a list of those he thought we should try to contact. And through the kindness of the Irish mother superior of the Poor Servants of the Mother of God at Mater Dei Convent (they have a sister house in Raheny, Dublin), we were lent the services of an Italian-speaking nun to help us to effect the necessary approaches by telephone. We acknowledge with deep gratitude that all of them, very willingly and at very short notice, agreed to make the appointments which enabled us to carry out the program given briefly as follows:

Talks given to the students and staff of the English, Irish, Beda, Scottish and North American Colleges.

Reception by Mgr. Uylenbroek, Secretary of the Council of the Laity.

Reception by Cardinal John Joseph Wright, Prefect of the Sacred Congregation for the Clergy.

Reception by the Superior General of the Society of Jesus, Very

Rev. Father Arrupe, S.J.

Reception by the Servants of the Paraclete.

On January 19, we had the supreme honour of being received by His Holiness Pope Paul in private audience. The Pope graciously greeted us not only for our own sakes, but for the work we were engaged on (i.e. Alcoholics Anonymous), which he described as fine work, a real apostolate. He urged us to press on with our work, gave it his blessing and told us that he would keep it and us in his prayers.

The granting of this private audience went far beyond our dearest dreams and was a most wonderful experience for us both. It was, too, a historic event in the thirty-six--year history of our fellowship, being the first

Canadians over the age of twenty there were 2,190 alcoholics; in 1973 there were 3,850. Alcoholics, specifically male alcoholics - may be defined as those who consume more than fifteen centiliters of absolute alcohol every day, which means about fourteen ounces of whisky, thirty-two ounces of wine, or nine bottles of beer. Another index, the sale of alcoholic beverages, is equally discomfoting. The total annual volume sold in Canada increased, of course, is accounted for by our growing number of youthful drinkers. In the United States the Director of the National Institute on Alcohol Abuse and alcoholism has informed us that the number of American teenagers who get drunk has doubled over the past twenty years.

Encouraging male teenagers, at least, is the persistent macho image around drinking. If the thought of a man's drinking heavily were disgusting, Dean Martin would never come on as a lush. But the thought is not disgusting. A "hard drinking" man is still a slightly romantic figure, usually, "hard living" and "two fisted" as well. (Although, curiously enough, belligerent drunks are usually timid and rather submissive when sober.) Women have no such encouragements, since a hard-drinking woman has never been a charming figure in popular mythology - she's either sad and lonely or somebody like a rich heiress in a Palm Beach mansion with a voice like Lauren Bacall's. (This does not prevent women from drinking, of course, but it may inhibit them from seeking treatment - it is only in the past year or so, for example, that woman have been joining Alcoholics Anonymous in numbers nearly equal to men.)

Alcoholism may be our largest drug problem, then, not only because it is the most readily available drug in our society, but because our culture seems to have an ambivalent attitude towards alcoholism. Drunkards are disgusting, but on the other hand boys will be boys - if you're an Irishmen and a poet, for example, it's almost obligatory to be a boisterous and winning drunk. In some special grows I like the Canadian Armed Forces, or teenagers in northern mining towns, heavy drinking is so much a part of expected behaviour that an abstemious drinker, not to mention a teetotaler, runs the risk of being an outcast.

Even when drinking is not openly encouraged, it is still fatally easy, in all social groups, for a man or woman to become an alcoholic without ever becoming noticed as a person with a problem. The alcoholic, unlike the junkie or the speed freak, can indulge his vice in the best social situations and still fit in like the priest at the Communion breakfast. These people are often the "functioning alcoholics" - Men and women whose daily consumption of alcohol is well above those fifteen centiliters, but who still have their families, their high-salaried jobs, their position in society. They don't fall into alcoholic stupors, they never even become involved in loud alcoholic scenes. They're not drunkards - most people, including themselves, would never think of them even for a moment as alcoholics.

Sooner or later, however, they run into problems. A successful thirtyish lawyer, say, wakes up in the middle of the night in a state of approaching panic. He goes downstairs, notes the car parked in the garage, the children sleeping in their rooms, the lights off in the kitchen and the living room. Only one thing keeps troubling him; he cannot remember going to bed. He remembers the party he attended, but he doesn't remember driving home in his car, coming into the house, taking off his clothes, and climbing into bed. He has suffered a "black-out", a mild case of amnesia.

As time goes on, he notices he suffers more and more of these blackouts. He knows that it is a warning sign that he is drinking too much, that he may, in fact, be an "alcoholic." But he can always brush this thought aside. An alcoholic is a woman who spends all day in bed with a bottle, who has spare mickeys of gin hidden in the breadbox. Alcoholics are men like the character Jimmy Cagney played in some movie from the 1940's, sweating and writhing on the floor from a bad case of delirium tremens. Alcoholics are not like him, a responsible person who plays bridge, goes to the Caribbean on skin diving holidays, and never gets drunk.

Of course he would have to admit that by the time eleven A.M. rolls around he becomes a little restless in his office, waiting for lunchtime and a few officially sanctioned martinis. And in mid-afternoon he usually rewards himself for a hard day - or consoles himself for a rotten one -with a few drinks from the built-in bar in his office, and then goes home and has a drink or two before dinner, and then, while he's getting dressed for a party, he has another one, and of course at the party knocks back a few, and coming home afterwards treats himself to a stiff nightcap. If he counted up all those centiliters of absolute alcohol on his pocket calculator, starting at lunchtime, he might indeed come up with an alarming figure, but who bothers to count? The important thing, really, is that he's steady on his toes -he'll start to worry about his drinking when he slobbers on the hostess and walks around with a lampshade on his head at parties.

The warning signs are by now well known, but they are easily ignored by people like this lawyer. He usually has powerful rationalizations on hand to quiet the doubts. If he gets really jittery he can go on the wagon for a couple of weeks and absolutely, definitely, prove to himself that he has no problem with liquor. (Ignoring the fact that during these two or three weeks he is always mindful of the reward in store for him when he hops off the wagon - ignoring, too, the tranquilizers he turns to now and then to help him over the dry spell.) Usually such people continue for years before they start descending the long alcoholic slide into more serious drinking -when their work definitely does suffer and their family starts to fall apart from the general unhappiness solidifying into outright misery. It's a melodrama too familiar, by now, to recount in detail.

But it is still a North American melodrama that increasing numbers of people regularly play out. The cost to society is staggering. (A billion dollars a

year to the Canadian people, according to the LeDain Commission of Inquiry into the Non-Medical Use of Drugs.) Nobody is sure how to ease this cost. And the suspicion keeps arising in people who have to deal with the problem that the epidemic of alcoholism, frightening though it is, may be just the most noticeable and dangerous form of addiction in a society of many widespread addictions. In the end, all addictions - whatever their source - may be alike.

This point will become more important in future considerations of alcoholism. If it generally accepted, the social view of alcoholism will doubtless be revised - revised a second time. The first great revision occurred sometime in the 1930's with the establishment of Alcoholics Anonymous. A.A. was heavily responsible for spreading the notion that alcoholism was an illness, and that drunkards were not primarily moral failures who succumbed to the bottle through lack of willpower but sufferers from a mysterious but very real disease, perhaps an "allergy" to booze or a metabolic imbalance or a chemical deficiency of some kind in the body. This was an entirely commendable achievement on A.A.'s part. In effect, it immediately raised the status of alcoholics, at least in respectable circles. But the A.A. view also raised a few questions. There is still no way you can predict whether a child will have trouble with alcohol from a biochemical examination of his or her body. And, practically speaking, A.A. itself treats alcoholism more as a spiritual dilemma than a disease. (The key notion of A.A. is that the first step towards recovery for any alcoholic lies in his admitting that he is powerless over alcohol, and that only a reliance on a Higher Power - sometimes referred to as a Power greater than ourselves - can restore sanity to his life.)

There were certain consequences of this view. One of the consequences was that alcohol itself became kind of personification of evil for the alcoholic - a force in itself that has taken hold of the sufferer's life like a plague bacillus and will not let go. As a writer in the Big Book, a kind of operating manual for A.A. says; "Remember that we deal with alcohol - cunning, baffling, powerful." Other consequences are an insistence that an alcoholic can never take another drink as long as he lives (the fatal-glass-of-beer syndrome) and the general feeling that many alcoholics cannot free themselves from this disease - this enticing, relentless disease until they hit "rock bottom."

Today most theorists of alcoholism don't even bother to debate the question of whether alcoholism is a disease; when not even medical doctors seem able to come up with an acceptable definition of "disease." It hardly seems a fruitful topic for debate. That some of the implications that have been widespread because of the general selling of alcoholism as a disease are now being challenged-the implications, chiefly, that a return to controlled drinking is always impossible for a true "alcoholic," and that a man cannot free himself from the "disease" of alcoholism until the abyss beckons and he realizes that spiritual means are the only means left to fight it. Perhaps

the most important implication being challenged is that there is something in the nature of alcohol itself - the "subtle ease." as A.A. writers call it - that causes addiction. If this idea is false, reasons those who question it, the possibility arises that alcoholism may have the same roots as the behavior of a person who deals with life by "TVing it," getting glued to his set for forty hours a week -or, for that matter, a person who goes on eating binges.

The people who are leading the attack on these very beliefs, and thereby intending to revise accepted notions of alcoholism, are those Trojans of the rat labyrinths, the behavioral psychologists. In a way it is inevitable that they would stake out pieces of turf traditionally associated with groups like A.A. The Alcoholics Anonymous approach - heartfelt, exhortatory, spiritual-was bound, sooner or later, to clash with the clinical, empirical human-engineering approach of the psychologists. Nobody denies that A.A. has been the most effective group by far in dealing with alcoholics, and its unlikely that any government or private program in the foreseeable future will help alcoholics give up their dependence on alcohol to the extent that A.A. has done. But ours may be a time when the most significant contributions to understanding alcoholism will come from other than A.A.

To the clinical psychologists alcoholism is not a medical problem but a learned behavior. "The way most psychologists would view excessive alcohol consumption," says Howard Capell, a psychologist at the Addiction Research Foundation of Ontario, "is that, for whatever reason, it's something that's learned, just the way a lot of other things are learned, and that in some sense it's an adaptive response. A lot of people think that what it's adaptive to is conditions of stress, and that what alcoholics are really doing is medicating themselves for anxiety." This in spite of the fact that it has been clinically demonstrated that large quantities of alcohol actually make a person less able to handle tension, stress or anxiety. (But of course, the first few drinks always do seem to lighten a man's load - the only problem being that a man who depends heavily on alcohol for this purpose never knows when to stop.)

In this view, alcohol is a kind of problem solving technique that is too easily and too accessible - despite its disastrous consequences - for the person to give up, once he has learned to depend on it. Dr. Martha Sanchez-Craig, who formerly directed a residence for alcoholics in Toronto for the Addiction Research Foundation speaks passionately for this view and its efficacy in treating alcoholics. It is a view that does, in its own way, invest the alcoholic with a certain amount of dignity. "Look," she points out, to say "you have a problem is very different from saying You are sick." To say, "everybody has problems, but you, unfortunately, have discovered alcohol." "You would feel more comfortable in knowing that you and I are not different. You have problems, I have problems, everybody has problems. But you have discovered alcohol."

Dr. Sanchez-Craig tried a simple experiment to shed some further light on the uses of this problem solving technique. "I sat with numerous people and asked them to describe in very specific terms the last time they drank in excess. This had to be in specific terms -I held them to that. Second, I asked them how they felt about the event. How did they interpret it? How did they come to a decision to drink? How did they rationalize it? How did they feel the alcohol was going to function? Ninety-five per cent of the respondents, according to Dr, Sanchez-Craig, were reacting to what she termed, using the odour-free language of the social sciences, an "aversive" social situation - where the boss picked on them, or their lover walked out them. "They were feeling depressed, lonely, anxious - the negative feelings. The thinking was rigid and catastrophic. They would think. This woman has rejected me. Therefore no one will ever love me. I will be alone for the rest of my life."

That people will turn to booze when they feel hit hard by life, or when they succumb to what the A.A. folks term "stinking thinking" -the low, sweet descent into despair and self-pity - is hardly news and yet if alcoholic behavior can be traced back, as Dr. Sanchez-Craig and other psychologists feel it can, to this kind of habitual response, gradually imprinting itself on the nervous system of an alcoholic -the response of seeking relief from painful situations in the soothing touch of alcohol - then it may be possible to imprint new responses, new awareness of different choices, on that same nervous system. Alcohol itself is not the problem. It could just as well be Valium the alcoholic loved, if that alcoholic had grown up in a culture where there were two or three Valium bars on every city block. Alcoholics, or "problem drinkers," once they are taught new responses to the painful stimuli that drove them to drink, could conceivably even learn to drink moderately again.

This suggestion infuriates many workers in the field of alcoholism who feel that one of the greatest enemies of the recovering alcoholic is the delusion he often cherishes that one day he will be able to drink again - drink again and handle liquor like a gentleman. For alcoholics one drink will always be too many and a million not enough. But sometimes the issue of just who is, and who is not, an alcoholic becomes almost metaphysical in its elusiveness and remoteness from specific, concrete touchstones. A.A. for example, insists that any "alcoholic" who subsequently learns to drink moderately and never goes on a binge for the rest of his life was not a true alcoholic in the first place - a formulation that obviously begs the whole question.

Part of the problem is that most alcoholics do not seek any form of treatment until they are in their forties, in which case they've usually had about twenty hard-drinking years behind them. If you have been drinking heavily for that long, your brainstem is pretty-well shell-shocked anyway, and obviously not capable of resisting the lure of those first few drops of Alcohol. The critical question revolves around young people in their twenties who are clearly on the road to alcoholism. Dr. Gordon Bell,

president of the Donwood Institute in Toronto, a hospital that treats mostly alcoholic patients, concedes that "many of the patients we've had, had they been fortunate enough to come to us much earlier, would have had another alternative besides total abstinence. "If a program of teaching controlled drinking were ever launched successfully, it would have a great deal more impact on this group of budding young alcoholics than programs that had total abstinence as their only aim.

Dr. Sanchez-Craig, who is very much interested in such a program of controlled drinking, insists that people who enrolled in it would have to meet very definite criteria - they would have to be young, intelligent, in good health, strongly motivated to overcome these drinking problems, and strongly attached to things like jobs or families they knew they stood to lose from chronic heavy drinking. No one who has been abstinent for any length of time, even somebody who was under thirty, would be submitted into the program.

The concept of controlled drinking for "problem drinkers" is one fruit of the approach to alcoholism that treats it as a learned response rather than a disease. Another fruit is the concept of "constructive coercion" wherein alcoholics are confronted by their employers or their spouses or someone else, who threatens them with severe consequences if they don't enter treatment for their alcoholism. According to this concept, you don't have to wait for the alcoholic to recognize one morning, through the mist of his pain, the awful unmistakable image of his utter helplessness. This coercion implies, in a way, that alcoholism is no big deal. It is based on the premise that people, unless their nervous systems are completely warped, will respond the way you want them to when you make it absolutely clear to them what they have to do and what will happen to them if they don't do it. Clinical psychologists tend to feel that if you could just apply constructive coercion to the alcoholic on a daily basis you would have the means once and for all to reduce or eliminate his drinking problems. Arrange it so that the spouse has to spend fifteen minutes in an isolation booth before he can take a drink, things like that; a few "behavioral interventions" imposed upon him. Enough behavioral intervention and you've probably got the problem licked, supposing the subject is not too far gone at the start of the project.

Of course this means that you've got to have many allies, agents so to speak, in your struggle to tinker with the environment of the individual alcoholic. Dr. Capell sums up the perspective of the behavioral therapist in this way; "When you start to talk about effective individual interventions you're probably going to end up having to think of ways to intervene that involve more than just interaction between a patient and a therapist. Rather we'll have to recruit the environment. It's probably the case, as with most things, that effective treatment will involve more than one approach to the same individual but my basis is that behavioral interventions of the type that experimentally oriented psychologists advocate look like the way to go.

had by nibbling at the raw fruit that Eve insisted he try.

All sorts of people, from philosophers to stew-bums, have argued both sides of the alcohol question since the dawn of civilization. One can cite volumes of authoritative opinions to support either view, pro or con. Even the Bible doesn't give much help. Take your choice:

Wine is a mocker, strong drink is raging.

-Proverbs XX., 1

Drink no longer water, but use as a little wine for thy stomach's sake and thine often infirmities.

-I Timothy v., 23

Woe to them that rise up early in the morning, that they may follow strong drink.

Isaiah v., 11

Drink thy wine with a merry heart.

- Ecclesiastes ii,13

Today, in the light of modern science plus the accumulated wisdom of the ages, we know a lot more about alcohol and human nature than did Adam and his immediate descendants. But despite the millions of dollars and the millions of laboratory man-hours spent on research, the basic cause and cure of what we call alcoholism are still no more known than those of the common cold. Learned authorities can't even agree on whether it's a disease or a state of mind.

We drinkers have enjoyed a brief respite from the pointing finger, since the Demon Cigarette has taken the spotlight away from poor old John Barleycorn as the nation's Number One health menace.

But the hard fact remains that some 19.5 million American males and females, or about 10 per cent of the total population, are what the medicos politely call alcohol-dependent-and five per cent, or about 9.7 millions are real bottle-nursing alcoholics. That's a lot of luses, brother! We spend from 11 to 12 billion dollars annually on alcohol, and its consumption is constantly on the increase. The alcoholic population of New York State, to take just one example, is growing by 20,000 annually.

Spurred by statistics on the dangerous upcurve of alcoholism and its attendant evils of broken lives, broken homes, lost jobs, lost work-hours, crime, traffic fatalities and all the rest, more and more attention is being

paid of late to finding ways and means to stamp out or at least cut down this ancient and costly social blight.

Fortunately, we've advanced quite a way and become a bit more mature since the nave days of little more than a generation ago, when the tragic Volstead Act was voted into law with the starry-eyed idea that National Prohibition, the "noble experiment" that fizzled, would be the cure-all for drunkenness.

We've also progressed a mite since the times of the fire-and-brimstone temperance crusaders, when Carrie Nation, the terror of bartenders in the Gay Nineties, used to smash up saloons with an axe.

Today's more enlightened reformers, by and large, no longer insist on throwing out the baby with the bath water. From banning all booze at the source, the emphasis has shifted toward eradicating the abuse of the right to drink. The spotlight is on treating and trying to cure the individual "alcoholic," and the immediate tactical target is to find out just what makes him tick.

State, federal and local government health and welfare agencies, big private foundations, universities, medical and sociological research groups, and nationwide industries-including even a segment of the liquor industry-have teamed up in a concerted and determined drive on alcoholism. The current campaign is sparked not by moral ideals but by the cold, businesslike realization that there is simply no place nor time for the bumbling drunkard in today's stepped-up Space Age economy. He costs society too much. He can no longer be coddled. He has to go.

The California State Legislature at this writing is near final passage of a bill greatly expanding and reorganizing the state's Alcoholic Rehabilitation Program. The McTeer Bill, considered a model for other states, sets up a special Division of Alcoholism under the Department of Public Health, and provides increased state financial support for locally-operated alcoholic clinics. The long range plan contemplates "comprehensive and integrated local programs, subject to State Health Department approval, for the prevention, treatment and control of alcoholism."

Research labs are probing deeply into the problem of the problem drinker. Not long ago, University of California scientists spent 14 adventurous days pouring large quantities of vodka down the not unreceptive gullets of two "volunteers," recruited through an employment office with the guarantee that they were 100-proof alcoholics. EEG recordings of the subject's brain-waves, while apparently in a drunken stupor, showed that behind their closed eyelids, their brains were "teeming with ideational activity"-the antithesis of the supposed sedative effect of alcohol.

A research team in the VA's psychopharmacology Research Lab at Sepulveda,

California, recently used 70 stray cats in an experiment to determine the effects of alcohol on different personality types. Both the "anxious-withdrawn" and the "out-going-aggressive" types of kitties were quickly put to sleep by a moderate dose of grog, while the felines classified as "normal" stayed perfectly alert on the same amount, and "often seemed to take more interest in their surroundings."

Similar studies are going on all over the country—notably at Rutgers, Yale, and several other universities. It was recently proposed that the federal government should put a special bottle tax on liquor, the revenue to be earmarked for "organized research on alcoholism including all its aspects."

Amid all this furor of concern over the Anti-Social Behavior of the American Drunk, and the conflicting theories on the nature of "alcoholism" itself, one constant factor has come into more and more prominence in the past decade or so; the phenomenal success of Alcoholics Anonymous in rehabilitating thousands of men and women who had been given up as hopeless.

Started in Akron, Ohio, in 1935 by a New York stockbroker and an Akron physician who had lick his own drinking problems by achieving a spiritual rebirth, AA now numbers more than 300,000 members through-out the world. As of 1963, there were over 10,000 local AA groups in 80 countries—most of them, of course, in the U.S.

A.A. is described as "a fellowship of men and women who share their experience, strength, and hope with each other, that they may solve their common problems and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. The primary purpose is to stay sober and help other alcoholics achieve sobriety."

While it includes members of all religions and many of no religion at all, AA's basic concept is a religious one in the broadest sense. The alcoholic, according to the AA book, must start with the First Step: admitting that he is "powerless over alcohol, that his life has become unmanageable." Secondly, he must come to the belief that only "a Power greater than himself" can "restore him to sanity."

If the would-be AA doesn't sincerely feel these convictions deep down inside, he is fooling nobody but himself; he has little hope of advancing to the Twelfth and final Step, which is: "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."

AA's spectacular success in weaning several hundred thousand lushes away from the bottle and returning them to normal productive lives is a fact that can't be disputed. Admittedly neither medicine, psychology, nor organized religion can boast anywhere near such a record.

However, another indisputable fact is that a great many more thousands of drinking people, even though they realize their problems and seek help, shy away from AA because of its "cold turkey" insistence on total abstinence, on complete surrender of one's former bibulous ways. This is basic with AA; it's a foregone conclusion that you can't hope to follow the program and are wasting your time, unless you give up drinking entirely, for good and all.

And now, to further complicate the picture, comes a scholarly team of top-level psychiatric researchers from the University of Cincinnati College of Medicine, with the news that their study definitely shows that some alcoholics can be cured - rather than merely "arrested" - which is all that AA claims to do. In other words, there is a "Thirteenth Step."

The quasi-mystical belief that no recovered alcoholic can ever again take a drink safely without hitting skids was challenged by Drs. E. Mansell Pattison, E.B. Headley, L.A. Gottschalk and G.C. Gleser, in a report presented to the 121st Annual Meeting of the American Psychiatric Association in New York a few months ago. (The first three named are MD's the fourth a Ph.d. Dr. Pattison who read the report, is now a Research Fellow of the National Institute of Mental Health in Washington).

Their block-busting research paper, modestly entitled *The Relation of Drinking Patterns to Over-all Health in Successfully Treated Alcoholics*, was based on a painstaking and thorough fellowship study of 32 patients at the Alcoholism Clinic, Division of Mental Health, Cincinnati Health Department. The implication, of course, is that the 32 men picked at random for study are typical of many thousands more, both men and women.

"An untested assumption," the doctors said in their preamble, "is that the successfully rehabilitated alcoholic can never drink again, and that he is not successfully rehabilitated if he is still using alcohol. A clinical report by Davies in 1962 on the return to normal drinking by eight addictive alcoholics was followed by a furor of published protests of disbelief.

"Subsequently Pattison reviewed the evaluative literature on alcoholism treatment and found seven clinical reports which described groups of treated alcoholics who had returned to some degree of successful drinking.

"In light of these clinical findings, this study was designed to test the hypothesis that successfully treated alcoholics who engage in non-pathological drinking are as healthy mentally, socially, vocationally, and physically, as abstinent ex-alcoholics."

Note that the report deals with "non-path-ological" drinking. This means that ex-patients who returned to compulsive drinking, or got into self-destructive predicaments again by their drinking, were not counted as "successes."

The sampling on which the study was based consisted of 32 male alcoholics discharged as "improved" from the Cincinnati Alcoholism Clinic during 1962-63; all these patients were seen for 10 or more psychotherapy sessions and had been discharged at least one year.

(The sample was drawn from a total of 252 discharged patients. Not included were patients discharged from treatment less than one year before the follow-up study - because checkups had indicated that "the probability of loss of abstinence is highest during the first six months after discharge, and that after the first year, adjustment appears fairly stabilized.")

Complicated scales were set up to assess the various aspects of physical health, interpersonal health, and vocational health, from interview data; a "drinking scale score" was devised to reflect drinking quantity, behavior, and consequences. As the study progressed, the following sample was divided into three groups: abstinent, normal drinkers, and pathological drinkers. Some improvement was found in all three groups; the abstinent and the normal drinkers naturally had improved more than those who had returned to pathological tipping.

From the mass of data accumulated, the following case reports, among others, were cited as typical of patients who had returned to normal drinking:

Case No. 1. This 36-year-old white male machinist had drunk heavily since he was a teen-ager. Although he worked steadily, his drinking became a compulsive daily routine. His job was threatened and his marriage disrupted. He was seen in individual therapy in the Clinic for over two years, during which time he worked out the divorce from his first wife and remarried. He was interviewed two years after termination.

He was happy with his new wife and young children, but wished that he could provide more for them. He paid alimony for his first family, which he felt was just. He described his drinking as definitely changing in pattern during the course of therapy. He now drinks about once a week and never experiences any compulsion to drink more. However he occasionally feels like drinking when he feels depressed over finances. He felt that the Clinic had helped him to see his problems and work them out.

The next case was a bit more complicated, and went deeper into the roots of the subject's drinking:

Case No. 2. This 30-year-old white male mechanic had drunk heavily for 10 years. He felt that his alcoholism had started when he was a lonely teen-ager in the Army. He went AWOL to marry his fiance, and afterward was plagued by guilt and shame over his desperation and anger at his wife for seducing him away from the Army duty. For the past six years he had been unable to work steadily because of his heavy drinking, and marital quarreling had led to their separation at the time he came to the Clinic. He

was depressed and suicidal.

He was first seen individually and then jointly with his wife for a total of 20 interviews. He and his wife felt that they had learned to talk to each other and resolve long-harbored grudges. He had always felt inhibited but now felt able to express himself. Although he had stopped drinking for a short while, he and his wife tried drinking together at family gatherings, and he found that he now experienced no compulsion to continue drinking, nor did he find that drinking was desired or needed as a problem solving measure.

Now comes a case history that you can quote to your bartender friends, for their edification:

Case No. 3. This 38-year-old white bartender had been a heavy drinker all his life. He had drifted to various odd jobs and eventually landed in jail subsequent to public intoxication and marital quarrels.

He was divorced at the time he came to the Clinic on court probation. He was seen for 28 interviews, but he is uncertain that the Clinic was of much help. He feels that his severe drinking was due to his marital problems.

When interviewed 20 months after termination he was happily remarried, had two steady jobs, had saved a substantial sum for a house, and was a contented family man.

Although a bartender, he never drank except at home, and never got intoxicated. He used pseudo-masculine defenses, was nervous, and overtly aggressive. Nevertheless he and his family both agreed that alcohol was no longer a problem.

And as for the man in the gray flannel suit:

Case No. 4. This 26-year-old white insurance salesman had been a compulsive drinker since age 17. His marriage had been stormy and he accused his wife of running around with his drinking partners. He had had many arrests and came to the Clinic on court probation. He and his wife were seen jointly for 15 interviews, but they did not feel that it was of any help. They admitted that they had psychiatric problems, but he felt that he wanted to be told what do to rather than just examine his life.

However, since attending the Clinic a dramatic change had occurred: the couple had reconciled and were now working together to develop a stable emotional and financial marriage situation. He still drank occasionally, usually on the week ends, only at home, and without any feelings of compulsivity. He thought that he might be tempted to drink more than he ought, if he was in a tavern with his buddies, because they would pressure him. So he only drank at home. He has been working successfully for the

first time in his life, and has stable family relationships.

"It is evident," the medicos commented, "that none of these men received any long-term reconstructive type of psychotherapy. In fact there was little change in terms of personality dynamics. The same may also be said for most of the normal drinkers reported in previous clinical studies.

"There are those, of course, who will immediately claim that men such as these were not truly addictive alcoholics or subject to compulsive drinking. However by their own admission, by our measuring methods, and by clinical standards, these men were apparently as much addictive alcoholics as those who were now abstinent and those who continue pathological drinking. Likewise, the other clinical reports indicate that the normal drinkers did not appear to differ from other populations of addictive alcoholics."

The research report then went into various possible explanations of the successful readjustment these men had made. Then the doctors turned their clinical microscope on the other side of the picture: ex-drinkers who had continued to stay off the booze - but who were not doing so well in other departments of life:

Case No. 5. This 56-year-old white salesman had been a compulsive drinker since age 18. He had asthma and stuttered. Although deeply attached to his mother, he was angry with her for her over-conscientious religious principles. He was continually plagued by guilt feelings and still has difficulty expressing his anger. He was treated in the Clinic for about five years with both individual and group psychotherapy. Although he had been abstinent for two years, he continually feared a relapse.

He believed that the clinic was of tremendous value in helping him to understand himself. However, he believed that his very active participation in Alcoholics Anonymous was the main thing that kept him sober. His wife was a leader in the Al-Anon movement. Although he enjoyed his sobriety, he was plagued by many neurotic traits which interfered with effective social functioning, and his wife sheltered him. He remained very dependent and could neither assert himself nor handle rage without developing psychosomatic symptoms.

The next case reflected similar emotional crippling, in a man who was desperately hanging onto his sobriety as a life-preserver:

Case No. 6. This 39-year-old white technician had always felt inadequate and yet angry that superiors did not give him adequate recognition. He had started drinking five years previously over difficulties on the job. As the drinking increased he almost had a nervous breakdown, but instead drank himself to oblivion. He was on the verge of losing his job and was in legal difficulties when he came to the Clinic. He tested the therapist several times by coming to the Clinic drunk. When he found out that he was still

accepted, he stopped drinking and had been abstinent for two years.

At follow-up 19 months after discharge, he was working steadily and his family adjustment was good. However he had many anxiety attacks and psychosomatic symptoms. He frequently felt depressed and asked the interviewer directly for help. He had intense feelings of inadequacy, and although he was performing well on the job he had continuing difficulties with his superiors.

And here was another fellow who wasn't exactly to be envied simply because he was able to lay off the grog:

Case No. 7. This 48-year-old white public servant had been drinking at an increasing pace over the past five years until he drank continually on the job. He was on suspension when he came to the Clinic. He was seen for 12 interviews during which he stopped drinking and he had remained abstinent for 19 months. He felt that the Clinic sessions were of some help, but he felt that most importantly he wanted to stop drinking.

On interview 14 months after discharge, he was highly defensive and used overt paranoid defenses. He grossly denied any difficulties in any sector of his life. Yet his defensive needs led to a furtive type of existence, continually covering the tracks of his past difficulties, and maintaining a rigid self-concealment which left little room for any social interaction.

The psychiatric research team summed up its findings:

"The conclusion to be drawn from these two groups of clinical reports is that the criterion of abstinence is only one of several variables which are relevant to assessing the outcome of treatment of alcoholics. The presence of normal drinking subsequent to therapy does not need to imply that these patients are less well adjusted or less successfully treated than those patients who are abstinent. Nor does it follow that the patient who is abstinent has necessarily achieved a return to normal living or adjustment

"The current research was not designed to evaluate the efficacy of treatment, but rather to conduct a controlled design study of the outcome of some treated alcoholics. The findings of this study corroborate prior clinical reports that some alcoholics do return to normal drinking. The characteristics of these alcoholics remain to be determined, as well as the reasons for their type of outcome. Thus these findings do not necessarily imply a change in treatment philosophy.

"However, it calls into question the assumption that abstinence is always a requisite of successful therapy, and it also calls into question that abstinence should always be the goal of successful therapy. We would argue that abstinence as a condition of treatment is a prescription which should be used by the therapist with discretion, as with any other therapeutic

maneuver and that the goals of treatment, whether abstinence, psycho-social rehabilitation, or characterological changes, are goals which must be determined with each individual patient."

So there it is, the Cincinnati research, summed up, has shown that some alcoholics, successfully treated by the Clinic by ordinary methods of psychotherapy, have achieved a normal adjustment to life and are now able to indulge in social drinking without disastrous effects. Conversely, some alcoholics, similarly treated, who have remained strictly off the bottle - including at least one who attends AA meetings regularly - have not made such an adjustment, and remain ridden by tensions and anxieties; the only achievement they can point to is that they don't drink anymore.

The AA reply, of course, would be that those who have successfully returned to normal drinking were not real dyed-in-the-bourbon alcoholics in the first place-they were simply "heavy drinkers." The AA book (Alcoholics Anonymous, AA World Services, Inc., New York, 1935; second and revised edition 1955), goes fully into this aspect, stating flatly:

"We have seen the truth demonstrated again and again: Once an alcoholic, always an alcoholic. Commencing to drink after a short period of sobriety, we are in a short time as bad off as ever. If we are planning to stop drinking, there must be no reservation of any kind, nor any lurking notion that someday we will be immune to alcohol."

The Cincinnati researchers, however, have found that on the basis of various personality tests plus physical examination, those men who successfully took up drinking again, after therapy, were no different from other addictive drinkers.

The controversy is an old one, and we could go around in semantic circles. Just what is an alcoholic? If a man drinks heavily but continues to handle himself okay, or if he lays off and then returns and doesn't get into trouble, then AA would say he was "not a true alcoholic." On the other hand, if he is "cured" of drinking, later reverts to it, and lands back in the gutter-then he is an alcoholic. Somehow this sort of reasoning seems like putting the cart before the horse.

One primary aim of today's research is to determine whether the condition we call "alcoholism" is an actual, specific disease, or a personality disorder-which is not quite the same. Fortunately, today, we have more or less discarded the old view of drunkenness as a moral vice, to be cured by "will power"-by "pulling yourself together." The compulsive alcoholic can no more lay off the bottle by "will power" than can a man suffering from a cold simply make up his mind that he's going to stop coughing and sneezing. The question is, does the alcoholic have a definite physical disease that can be diagnosed and treated as such-or is it that his total character, his personality, is maladjusted and needs renovating?

Dr. E.M. Jellinek, in his authoritative review *The Disease Concept of Alcoholism* (Hillhouse Press, New Haven, 1960), points out that around 1940, the phrase "new approach to alcoholism" was coined, and that in the past 25 years we have come a long way from the old days when the drunkard was considered simply a no-good bum who could snap out of it if he really wanted to.

The AA view, oft repeated, is that alcoholism is "an obsession of the mind coupled with an allergy of the body." This is the "disease" concept-but AA takes no stock in cure by psychotherapy, auto-suggestion, or medical drugs.

It is AA's dedicated belief that true alcoholism can only be alleviated-the disease not cured but its symptoms arrested-by a deeply felt spiritual experience, specifically by complete surrender to the will of God. And AA has a strong argument in the fact that this approach has worked for thousands of people after everything else had failed. The proof of the pudding, says AA, is in the eating.

Medicos on the other hand, while giving full credit to AA's fine work, do not believe that all alcoholics will necessarily respond to the same sort of spiritual therapy. Further, the doctors look toward curing the disease, or disorder, by renovating the individual's entire personality. For that matter, AA likewise insists on a basic personality change: with the proviso, however, at which many doctors balk, that the rehabilitated person must never drink again.

Perhaps it would be well to state at this point that neither this writer nor this magazine have anything but admiration for the great work done by Alcoholic Anonymous, and for the phenomenal recoveries made by thousands of its members. Neither are we urging abstainers to go back to drinking, nor trying to give them excuses to do so. We are merely presenting here the latest findings of high-level psychiatric research, by men who are just as dedicated to eradicating alcoholism as are the AA groups.

There is not exactly a feud between AA and the psycho-therapists (it is an AA tenet not to engage in controversy), but there is a basic difference in approach. The Cincinnati researchers, in their report, pointed out that psychiatrists in the past have in general shied away from treating alcoholics, due partly to the various headaches involved, and partly to the pronounced lack of success. Dr. Pattison acknowledged this frankly-and at the same time took a crack at AA-when he said:

"In part, due to psychiatric abdication, lay groups have taken the lead in treatment, but not without detriment to scientifically conceived treatment programs."

This is not the first time the difference between AA and orthodox

psychotherapy have been pinpointed. Back in 1935, a noted psychiatrist, Dr. Harry M. Tiebout, of Greenwich, Connecticut, in an address to the 20th Anniversary convention of AA in St. Louis, told the assembled recovered alcoholics: "You cannot afford to wear haloes simply because you have achieved sobriety!"

Dr. Tiebout, as vice-chairman of the Connecticut Commission on Alcoholism and one of the first medical authorities to endorse the AA program back in the late 30's, was entitled to speak with authority. He earnestly reminded the AA'ers that "ego control will continue to be a problem if you hope to remain sober."

Citing 10 years of research into the problem of "ego reduction" among alcoholics, the doctor cautioned that "a return of the full-fledged ego can happen at any time."

"Years of sobriety," he said, "are no insurance against its resurgence. No AA, regardless of his veteran status, can ever relax his guard against the encroachments of a reviving ego."

Dr. Tiebout gave credit to AA for stressing the concept of "surrender." "The function of this concept is clear," he said. "It produces a stopping of the runaway ego by causing the individual to say, I quit, I give up my headstrong ways, I've learned my lesson. Very often, for the first time in that individual's adult career, he has encountered the necessary discipline which halts him in his headlong pace."

The Connecticut psychiatrist didn't go directly into the business of total abstinence-but his point was that not the mere giving up of liquor, but control of the headstrong, selfish, self-destructive ego in all its aspects should be the target of any therapy.

On the subject of total abstinence, the Rev. Christopher M. McElroy, O.Carm., of Oakland, New Jersey, spiritual director of the Matt Talbot Legion, a Catholic temperance group, recently wrote to the editor of America:

"Many consider that Alcoholics Anonymous is the answer to the problem (of destructive drinking). And certainly, although this organization has reached only 300,000 of the more than five million alcoholics, it is much more effective than pills or the pledge. I am afraid, however, that for the general run of people, anti-alcoholism movements are doomed to failure when they forsake the virtue of temperance and accentuate abstinence. For then abstinence becomes a positive virtue, and the taking of one drink becomes a vice.

"In our day, the hard reality is that most Americans drink because they like to-and want to. For 12 out of 13 of them, alcohol will never be a problem,



Programs that will help you stay on the wagon

In the current hit film, Neil Simon's *Only When I Laugh*, actress Marsha Mason portrays an alcoholic who spends her life's savings for a 12-week "cure" at a sanitarium - and falls off the wagon once she returns to the real world of career, motherhood, and friends who drink even as they try to keep her from doing so. If you know someone addicted to alcohol, or are among the 10% of all social drinkers who regularly become dependent on what counselors consider a mood-altering drug, don't think that a hospital stay alone provides a permanent solution. "Aftercare is every bit as important as the in-patient treatment," says Richard W. Easterly, executive director of the Chit Chat Foundation, which has a rehabilitation program for alcoholics in Wernersville, Pa.

While treatment as an in-patient can be expensive - the Chit Chat program costs roughly \$3,000 for 28 days of intensive therapy and behavior modification sessions - you can expect to pay nothing for aftercare to keep you sober. It is provided by Alcoholics Anonymous, the 45-year old "fellowship of men and women" with a record of success in helping addicts refrain from drinking. It collects no fees, charges no dues, and keeps no membership rolls - admitting anyone who simply has a desire to stop drinking.

Your first visit to an A.A. meeting will probably surprise you. Anonymity begins outside the meeting place, usually with a small sign bearing an innocuous name - such as "Discussion Group" - and no reference to A.A. Whether you have been provided with a contact by a therapist or hospital, urged to attend a meeting by an employer or family member, or realized that your ability to function effectively at home or work is being impaired by alcohol, you will be free to use your full name, nickname, or a factious name. Because groups meet in offices, schools, churches, lodges, and private homes, your chances of encountering Skid Row types are nonexistent if you drop in on one in your neighbourhood or near your office. The people around you will include your peers. One-third are likely to be female, and a few may be teenagers.

Do not expect anyone to rush toward you with a membership application - there are none to fill out - and chances are that at a meeting in a large metropolitan area, few A.A. members will even glance your way. At an "open" meeting, which can be attended by alcoholics and nonalcoholics alike, a volunteer "leader" will begin by saying something like, "Hello, I'm Robert, and I'm an alcoholic." He may then introduce one or two A.A. members who will discuss their own drinking experiences and relate what sobriety has meant to them. Afterwards, others may note their similar or dissimilar experiences.



Bill Pittman wanted to find out more about Dr. Howard, the psychiatrist in Montclair, New Jersey. In my own researches into early A.A. history -- as for example in some of the work I did putting together my book *The Factory Owner & the Convict*, about a group of A.A. leaders in the upper midwest -- I found that a very useful tool to use is city directories. All the local libraries I have checked in have all the old city directories for their locality going back to the 1930's and earlier, whereas around here at least, they don't usually keep all the old telephone books.

I'm writing this note, because I think a lot of A.A. historians and archivists in the U.S. would find this to be useful. The city directory will give not only the person's name, address, and telephone number, but also the name of the person's spouse, and what both of them do for a living. Sometimes, I knew the name of an oldtimer's spouse, or what the person's occupation was, and this enabled me to verify some other things about the person, and that I had the right person to begin with.

There was confusion for example, among my oral sources, about which member of the Keller family had been one of the founders of the A.A. group in Elkhart, Indiana -- it was the opposite of the normal problem in A.A. history, where I knew his last name but not his first name, or at least not for sure -- but I felt fairly sure that his wife's name was Henrietta, and I knew that he was not in the pharmaceutical business, which enabled me to find the right man, and establish that he sold real estate. It also enabled me to eliminate one other tale I was told about him, which could not have been true, based on the city directory entry.

For a physician or psychiatrist, there will also usually be a separate entry in the business section, which may give you more information about that early A.A. member's life. In this case, did Dr. Howard list himself as having certain kinds of psychiatric specialties, or was he associated with a treatment center of some sort?

A lot of early A.A. history is picking up bits here, and pieces there, until you can form a fuller picture. But I always try to check the old city directories to verify everything that people tell me, because sometimes people's memories get confused.

Glenn Chesnut

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+++Message 1049. Resurgence of Ego by Dr. Harry

Subject: Re: [AAHistoryLovers] Re: A.A. History Help

Hi

I've found only one reference to Buddhism by Tiebout (he refers to the Zen variant).

In Grapevine issue 22, number 4 (September 1965) Tiebout authored an article: "When the Big "I" Becomes Nobody" (he emphasizes the need for reduced ego and humility as a safeguard against alcohol). The article is reprinted in "Harry Tiebout -The Collected Writings" Hazelden Pittman Archives Press, Order No. 1119. Pages 114-115. An excerpt:

"The great religions are conscious of the need for nothingness if one is to attain Grace. In the New Testament, Mathew 18:3-4, quotes Christ with these words: 'Truly I say to you, unless you turn and become like children, you will never enter the kingdom of heaven. Whoever humbles himself like this child, he is the greatest in the kingdom of heaven.'

Zen teaches the release of nothingness. A famous series of pictures designed to show growth in man's nature ends with a circle enclosed in a square. The circle depicts man in a state of nothingness ... the square represent the framework of limitations man must learn to live within. In this state 'Nothing is easy, nothing hard' and so Zen, too, has linked nothingness, humbleness and Grace. ..."

Cheers

Arthur

----- Original Message -----

From: corafinch

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, May 23, 2003 8:28 PM

Subject: [AAHistoryLovers] Re: A.A. History Help

--- In AAHistoryLovers@yahoogroups.com, "Thom K." <thomkil@e...> wrote:

>

> I know that Dr. Tiebault wrote some stuff on A.A. and Buddhism (some
> of it in the _A.A. Grapevine_ and some published elsewhere), but I
> can't track it down. That, or anything else you have or can point me
> to, will be a great help.

is under review by the supreme court, changes alcoholism from a crime to a disease, a diagnosis already made by such diverse authorities as the World Health Organization in 1951, the American Medical Association in 1957, the American Psychiatric Association in 1965, the Department of Health, Education and Welfare in 1996, and a national commission in 1967.

The general acceptance of alcoholism as a disease not only reflects a new concept of the illness, but also requires a new public approach to its treatment, postulating as it does that alcoholics be handled in clinics and hospitals instead of in jails. New ward space is being opened and new institutions are being built; medical schools are beginning to add the subject of alcoholism to their curriculums. The federal government is now asking Congress to increase substantially its current \$20-million program, of which \$13,500,000 is marked for research, training, and education. State expenditures are running about \$10 million. There are, in addition, federal plans in the works to treat alcoholics among civil servants, and state plans are being drafted in California and Pennsylvania.

The year 1968 thus becomes the time when alcoholism finally receives recognition as the personal and social catastrophe that a quarter-century of sustained research effort has shown it to be: an illness of the magnitude of heart trouble, cancer, and severe mental disorder. A body of knowledge, remarkable in size for the small amount of research money expended, has been put together on its characteristics, causes, and treatment. No one expects that the incidence of alcoholism will diminish in the foreseeable future. There are no drugs available now or in prospect to work the kind of cure that has all but eradicated polio. Indeed, recovery rates from alcoholism are abysmally low. But the only direction to go is up.

The highest recovery rates, surprisingly, are to be found not in clinics and hospitals, but in offices and factories. By putting the body of knowledge about alcoholism to work in company programs, industry is achieving recovery rates as high as 65 to 70 percent - higher than those for other major diseases and far higher than any imagined only a short time ago. This achievement represents not only a successful use of research, but a major contribution to it as well. Alcoholism is one disease in which laymen, notably men in executive posts in business, play a role as diagnosticians and therapists as well as sufferers. Moreover, the simple fact that business is increasingly willing to admit that its executives can themselves be alcoholic demonstrates an important gain in knowledge about the nature of the disease.

There are some 80 million drinkers in the U.S., and of this number there are five million alcoholics, give or take a million, according to estimates of the Rutgers Center of Alcohol Studies. Such estimates have meaning, however, only if it is agreed that all statistics on alcoholism, are rough - far rougher than statistics on atherosclerosis, cancer or tuberculosis - and that precise definition of the disease is as yet impossible. Unlike other

diseases, alcoholism is discovered primarily through study of the behavior of the persons who are attempting to hide their behavior, not primarily through the study of invading organisms or infected organs. For statistical purposes, it can be thought of as a disease, in the words of Rutgers' Mark Keller, "causing injury to the drinker's health or to his social and economic functioning." By that definition, there is one alcoholic for roughly every sixteen persons in the country who ever consumed alcohol. Some years ago men outnumbered women by about five or six to one, but it may be that the ratio is now four to one or even lower.

The sufferers divide into three principal types:

The loss-of-control alcoholic. In this type preponderant in the U.S., Canada, Great Britain, and Northern Europe, increased tissue tolerance to alcohol and alteration in cell metabolism produce an addiction that makes control over drinking either difficult or impossible. This leads both to compulsion to drink and to harrowing physical symptoms when coming off drink. Typical of the out-of-control drinker is an executive vice president of an industry trade organization who lost family, friends, home, and job, who sobered up in one hospital only to get drunk and land in another, and whose recouping of losses and rise to his present post came only after his recovery. But just as typical is a senior officer of a company with \$300 million in sales who hid everything and lost nothing tangible at all (although he figures his drinking cost his company more than a million dollars' worth of business) and who surprised his colleagues when he told them of his alcoholism a year after his recovery began.

The unable-to-abstain alcoholic. Physical addiction also characterizes this type, which predominates in France and other wine-producing countries where heavy drinking throughout the day is socially acceptable. Addiction leads, however, not to the uncontrolled-spree behavior typical of American alcoholics, but to an inability to get off drink for even a day or two.

Social protection for such alcoholism is common in France but rare in the U.S. The president of a small business organization in New Jersey built his own kind of social protection around his drinking. He had secretaries, subordinates, bartenders, and family trained to help him keep a relatively constant volume of liquor in his system. But when he was suddenly separated from his family he quickly began spree drinking and ended by touring hospitals and jails. Dr. George N. Thompson of the University of Southern California reports another case: "A patient who had continued a desk job fairly successfully for twenty years while he drank two fifths of bourbon daily. He finally succumbed to hepatic cirrhoses but never seemed to suffer from toxic effects to his nervous system."

The dependent-but-unaddicted alcoholic. This type does not drink compulsively, but heavily enough to cause eventual damage to his family

and work relationships, and sometimes to his health. Often he progresses into out-of-control alcoholism. What happens to him depends less on the quantity he drinks than on his drinking behavior. He can cut down if he is aware that he is heading for trouble. It is not always easy to spot this type of drinker, and the difficulties are increased because so many alcoholics delude themselves into believing that they are heavy drinking nonalcoholics.

Executive suite and skid row

The alcoholic reinforces his delusion that he is some other sort of drinker by adhering to the popular notion that alcoholism has a definite location - skid row. But, in fact, only about 3 percent of all the alcoholics in the country are to be found there. Only recently has the general public been willing to acknowledge that alcoholics are also to be found in the bosoms of their families, the arms of their churches, and the management rosters of their corporations. In fact, alcoholism has been found to be more of a problem in the executive suite, in professional offices, and in workshops than on skid row. Generally speaking, the more educated, the more urban, and the better salaried Americans are, the more likely to drink.

The skid-row myth, says Dr. Selden D. Bacon, director of the Rutgers Center of Alcohol Studies, grew out of the old controversy between the wets and the dries. Many persons escaped both camps by avoiding the problems of alcoholism altogether; they came to believe that such problems simply did not exist in nice families or in good neighborhoods, but only in out-of-sight areas where they could be handled by the police, the courts, the jails, and the state mental institutions. Dr. Morris E. Chafetz of Massachusetts General Hospital has shown statistically that admitting physicians in hospitals tend to diagnose alcoholism as if it were a disease confined to the unwashed and the ill clad. When a disease is socially unmentionable, medical research in that disease is stymied by want of support. The new recognition that alcoholism is also found among respectable people is a fact possibly more important for research than was the similar recognition of cancer about a generation ago.

In short, social considerations are as much a factor in alcoholism research as are the physical and psychological characteristics of its victims. A concatenation of sociological, biochemical, and psychiatric happenings, alcoholism has to be studied by specialists in many fields. Moreover, it is an illness whose patients band together in great numbers - 400,000 of them in 14,154 groups throughout the world - as Alcoholics Anonymous to treat one another. Multiple approaches to the problem often commingle but sometimes conflict. The fact, for instance, that alcoholism is far less prevalent among Jews than among the Irish is explained in terms of cultural or psychodynamic conditions, but some physiologists explain it as the consequence of genetically determined body chemistry. Such diversity of approach is actually an important research aid, and it has already produced a very considerable body of knowledge about the nature of the illness, a

good deal of information about its treatment, and plenty of speculation about its causes.

The observable symptoms of the disease, its course from early manifestation all the way to recovery or death, together with its incidence and characteristics in various segments of the population, can now be defined roughly. There is, for instance, ample working data on alcoholism among factory and white collar workers with reasonably precise studies on work performance, absenteeism, accidents, and the like. There is also an increasing body of data about alcoholism among executives, a topic not generally discussed only a few years ago.

There is, moreover, a good deal more that is known about alcoholism's sundry complications. An HEW study of 1,343 patients at alcoholism treatment centers in California reveals that accidents kill seven times as many alcoholics as nonalcoholics, cirrhosis ten times as many, influenza and pneumonia 6.2 times, and suicide (a new research area) 3.5 times. A sampling of 922 drinkers (532 known to be and 390 thought to be alcoholics) and 922 nondrinkers at E.I. du Pont de Nemours indicates that various other degenerative diseases, including some not popularly associated with alcohol, strike drinkers with measurably greater frequency than nondrinkers: e.g., hypertension 2.3 times as frequently, cerebrovascular disease 2 times, stomach ulcer 1.9 times, asthma 1.7 times. "More alcoholics," declares Dr. Edwin Boyle of the Miami Heart Institute, "die of cardiovascular catastrophe than from all other causes combined."

Other studies, supported by A.A. experience, yield an equally important and far more heartening discovery: alcoholism can be arrested much earlier in its course than was previously thought possible and with much better likelihood of recovery than in its later stages. It was once believed that only those alcoholics who had gone down through the whole bitter sequence of the early, middle, and late stages would accept therapy. Today an estimated 50 percent of A.A. members join during the early and early-middle stages. "An alcoholic," explains a vice president of a company headquartered in New York, "is constantly building up a wall of defenses around his illness. Early in the process when the wall is low, it takes much less suffering to convince him to clamber over it than it takes when the wall is high."

Physiological research also has been yielding detailed information on the way alcohol acts in the human body, how it is metabolized, how it sedates - producing in the process an initial misleading euphoria, but subsequently depressing and anesthetizing - and how it leaves behind that jittery sense of excitation that often prompts the alcoholic to another drink or another bout. Established are such facts as alcohol's ability to induce hyperactivity of the brain through its effect on the brain's reticular activating mechanism. The ancient surmise that alcohol in the bloodstream is the agent of the alcoholic's compulsion to keep on drinking has been confirmed by a variety of experiments, including a thirty-one day test

conducted by Harvard's Dr. Jack H. Mendelson, in which alcoholic volunteers were subjected to twenty-four days of controlled drinking and seven days of observed withdrawal, in the course of which classic and unmistakable signs of physical addiction were manifest.

Why it comes and how it goes

Certain facts about the treatment of alcoholism are indisputable. As rooted, it has been established as a disease treatable by physical, psychological, and A.A. therapies. Medical authorities have perfected the hospital handling of its agonizing withdrawal symptoms - the physician has a whole battery of variously acting drugs at his command - and withdrawal is now rated no more of a risk than minor surgery. It is universally agreed that the one way to arrest the illness is to get the patient off drink altogether. And it is known that the alcoholic can't get off drink through his own will power, that he must seek outside help.

At this point, however, the various sociologists, psychologists, physiologists, and the A.A. laity tend to part company. Alcoholics Anonymous is widely conceded to have produced more recoveries than have all other therapists put together, but it suffers in the minds of some professional research men from being insufficiently scientific. A scientist can hardly quarrel with the fact of 400,000 recovered alcoholics, but he can nonetheless feel uneasy about a fellowship whose program begins with an admission of abject surrender of one's life as unmanageable, follows with belief in "a Power greater than ourselves that can restore us to sanity," and prescribes constant meetings and labor with other alcoholics. Such propositions, whose principal intellectual ancestor is the pragmatic philosopher William James, are not subject to quantitative measurements and are often troubling to outsiders. What is more, only about one alcoholic in fifteen in the country is a member of A.A. Its one requirement for membership - a desire to stop drinking - is thought by some to limit its therapeutic efforts to a relatively select few.

Sociologists come under cross fire from some of the other professionals for focusing on nonmedical aspects of alcoholism. Their basic proposal for treatment is the prevention of alcoholism by social and cultural change, a proposal whose value can be determined only at some time in the future. Moreover, they offer both statistical studies and cogent etiological arguments. "It has been noted," says sociologist Dr. Seldon Bacon of Rutgers, "by almost all observers for decades that by and large Americans are anxious, confused, ambivalent, at times guilt-ridden about their attitudes toward drinking." Sociologists have delineated such uncertainties in detail and have re-created in the process the history of drinking in the U.S., replete with such intriguing facts as nearly identical per capita consumption rates between 1850 and 1968, despite the intervention of the industrial revolution, urbanization, and world wars.

Knowledge through no-knowledge

Physiologists and psychologists, highly vocal about the causes and treatment of alcoholism, have contributed another body of facts, and also have delineated important areas of ignorance. Dr. Peter Stokes, research physician at Payne Whitney Clinic of the New York Hospital and co-discoverer of the effect of alcohol on white-cell mobilization, remarks confidently, "We don't know anything about the causes of alcoholism; we can't identify the susceptible individual; we can't treat specifically or chronically; and we can't prevent it." This state of knowing what one does not know, Dr. Stokes emphasizes, is essential for solid future discovery. Medical research in general has to explore areas of ignorance before arriving at areas of new information. Cancer research, more advanced than research in alcoholism, developed its virus theory only after assiduous exploration of the unknown.

Physiologists, of course, examine complex cellular, metabolic, glandular, and like biochemical events, while psychologists and psychiatrists apply a body of concepts ranging from learning theory and conditioned reflex formulations to personality testing and psychodynamics. Almost all researchers in these fields believe it is likely that alcoholism rests on a physical base upon which is built a psychological structure, but research knowledge both of base and structure is as yet not very deep. Alcoholism indeed coexists with various types of mental and emotional illness that require specialized medical attention. Until very recently it was believed that predisposing psychological factors played a causative role of some sort in the development of alcoholism. Alcoholics, after all, are so frequently separated from reality that they can be called schizoid, so regularly low in mood they can be called depressed, so often unsure they can be called dependent, and so obviously devoted to the bottle they can be labeled obsessive-compulsive and orally fixated. But these characteristics did not necessarily pertain to their condition before they became alcoholic, and the same characteristics, moreover, are not uncommon among nonalcoholics. Today there is less enthusiasm over predisposing factors.

Enthusiasm plays a key role in medical research, but in the search for remedies for alcoholism, it is now much more subdued. In the past, various therapeutic devices, based on various etiological theories, were put forward with considerable ardor as the therapies for alcoholism, but they turned out later to be at best adjuncts to standard therapy. Among these are psychodrama, group therapy, and hypnosis as well as individual counseling. The list also includes the barbiturates (useful but themselves addictive), aversion therapy, vitamins and sound diet, Ayerst Laboratories' Antabuse (still widely used), ACHT, tranquilizers (also useful and also addictive), LSD, Searle & Co., Flagyl, and latest of all, niacin, proposed for use in massive doses as an adjunct to therapy to deal with hypoglycemia and schizoid conditions.

Almost all alcoholics, of course, would welcome any pill or any procedure

that would not deprive them of liquor. For fifteen years a New Jersey management consultant read selectively in the professional literature to convince himself that he was a neurotic drinker who would be able to drink normally as soon as his neurosis was resolved. He persuaded his physicians and psychiatrists to let him try out a whole series of new treatments, from barbiturates to LSD. Despite repeated hospitalization, he believed fervently that his emotional health was improving - up to the very moment when desperation eventually convinced him he was a common out-of-control alcoholic. As U.S.C.'s Dr. Thompson says, "It is axiomatic that it is useless to attempt psychotherapy on a patient who is continuing his drinking."

The new social acceptance of alcoholism as a disease rather than as a stigma of sin, say the professionals, should help break down the massive defenses alcoholics develop against yielding to treatment. Acceptance is providing a cultural climate in which they may be more readily helped and a long needed financial base for an important burst of new research.

Crisis precipitation

There is already enough knowledge for dealing effectively with the problems of alcoholics on the job. An HEW study estimates that 70 percent of them, indeed, are still on the job and have been there for fifteen to twenty-five or more years. An alcoholic's job, in fact, is the last great bulwark of his defense against admitting his illness; the threat of its loss can often produce the inward crisis that is required before he will submit to treatment. Well-conceived company programs, moreover, can speed up the precipitation of such a crisis, in the process rescuing men from unnecessarily long suffering at a cost to the company that is far less than the amount it is already losing through poor productivity, absenteeism, severance or retirement payments.

Successful company programs - programs that succeed with two out of three alcoholics, as they do at Equitable Life, Eastman Kodak, Consolidated Edison, Allis-Chalmers, and du Pont - are still rare, although more than 200 companies have some sort of program or some statement of policy. Because alcoholics are so skilled in avoiding anything that looks like a trap, some programs are little better than no programs at all.

Good basic company procedure is relatively simple. It depends on early recognition of the alcoholic, employee or executive, by his immediate supervisor on the basis of his work performance and on his referral by the supervisor to the company physician. The physician has to be - or has to become - one of the small and select group of specialists in alcoholism, though he does not usually treat the man himself. He refers him after diagnosis to Alcoholics Anonymous, to a psychiatrist, a hospital, or a rehabilitation center. Follow-up is in the hands of the company physician. And in all cases, willingness to accept treatment is a criterion for

determining whether an employee continues to hold his job.

The mechanics of this operation are straightforward. It is not difficult to spot alcoholics on the job; usually they are recognized long before they think they are. Most of them can be identified simply by running through work records on absenteeism and performance. But getting a supervisor to refer a man to the medical department is a different matter. It is almost impossible if the program is not well conceived, difficult when even a good program is new, though relatively easy when the program is widely understood.

Removing resistance

When the medical director of a billion-dollar company was summoned one day to his company's executive offices, he found himself in the presence of two senior officers. He was told by one of them that the other was beginning to get into such trouble with drinking that he would have to report him to the board of directors unless he accepted medical help. The medical director simply said, "Since this is a health matter, we will treat this conversation as if it never happened." He then took the sick executive back to his office, talked with him, got him into the hospital for a two-day checkup, dispatched him to a rehabilitation center for a four-week "vacation," and on his return introduced him personally to members of an A.A. group. A few weeks before, the physician had handled a case involving a maintenance man employee in precisely the same way.

Implementing a program based on crisis precipitation requires a marked amount of organized wisdom, experience, and good sense in dealing with the tortured complexities and resistance's of the alcoholic mind. For example, it is essential that the confidential relationship between doctor and patient remain inviolate; otherwise the whole program will be bypassed by the alcoholic. It is not necessary for the word alcoholism to appear in company records. Equitable Life's Dr. Luther A. Cloud finds it wise even to avoid using the word in his conversation with a patient until the patient himself does so. At Eastman Kodak, executives not infrequently refer themselves to Dr. John L. Norris, associate medical director, who is also the nonalcoholic chairman of A.A.'s general service board. Among all employees about two out of ten are self-referrals.

One pitfall to avoid, warns Dr. Harrison M. Trice of Cornell's School of Industrial and Labor Relations, is a company plan that is designed to take care of alcoholism only among wage and salary workers. Alcoholics are so notably thin-skinned, whatever their level of employment, that it is advisable to handle all of them as if they were executives. If a plan works smoothly with executives, it will work smoothly with others down the line.

Atmospherics and the chief executive

Obviously a company plan cannot be rigid-Practicing alcoholics respond far better to a general atmosphere than to an inflexible system. At Equitable, atmospheric considerations include easy and unobserved access corridors to Dr. Cloud's office. Although Eastman Kodak is a pioneer in company alcohol problems, Dr. Norris and the company management still feel no urge to commit all of the program to paper; it is simply discussed between Dr. Norris and the top executives who frequently drop into one another's offices to talk informally about a wide range of company and community health matters. Olin Mathieson's Dr. J. Ray Chittum holds that his program should not even be called an alcoholism program, maintaining that alcoholism should simply be considered one of the various illnesses that his company helps treat.

One manufacturing company with a number of scattered plants in the Midwest has no organized plan at all and uses outside physicians instead of company doctors. But it is known confidentially to a good many men both at headquarters and down the line that both the president and their personnel head are recovered alcoholics active in A.A., and as such the company's authorities on alcoholism. This company has probably one of the lowest rates of active alcoholism in the country.

Most of the information required as the basis of sound and successful company programs can be found at four institutions where the problems of alcoholism in industry have been under scientific and professional study for many years. Dr. Milton A. Maxwell, of the Rutgers Center of Alcohol Studies, is an expert on problems of accidents and absenteeism. At Cornell, Dr. Trice is knowledgeable about problems of early identification and crisis precipitation. At the National Council on Alcoholism, Lewis F. Presnall has installed practical programs in a number of specific companies. And at the Christopher D. Smithers Foundation of New York, the organization that has given research in alcoholism most of its private financial support, R. Brinkley Smithers pays special attention to company programs. Smithers is the foundation's president and president also of the National Council on Alcoholism.

Obviously, the experience of particular men or particular companies cannot be overlaid on the organizational pattern of other companies. Such patterns typically represent a company's unique way of doing business, and any change in them is a matter for the chief executive officer. The chief executive, indeed, is the one person in any company who must take responsibility for an alcoholism program, not simply because it is advisable to have top backing for good ideas, but because it is essential for him to do the actual tailoring of any system to the company cloth.

On the chief executive falls further responsibility for the alcoholics the program does not help. To be sure, two men in three can

Recover and often achieve levels of performance not previously reached, but there remain the men who refuse therapy or abandon it. Some of them pass on

to other companies, end up on early retirement, relief, or skid row. Moreover, it has now become known that an alarming percentage of alcoholics commit suicide upon losing a job or separating from family. Such negative consequences of crisis precipitation can be mitigated in some part, however, by the chief executive taking two steps: first, making it clear to employees that acceptance of treatment for alcoholism is a defense against loss of job, and, second, separating alcoholics when necessary from the company on an on-leave basis, it being understood that they will be taken back whenever they accept therapy.

Pragmatic synthesis

For its successful crisis-precipitation approach to the problem of alcoholism, industry clearly owes a debt to research. Scholarship, however, owes a debt to industry programs, not simply for the statistical, psychological, or medical data they yield, but also for showing the way to the pragmatic achievement of the higher recover rates known. These results suggest that the synthesis of research findings with working industrial programs may be more significant than either the research or the programs alone.

Important in this synthesis is industry's use of Alcoholics Anonymous as the chief therapeutic agent of company programs. Business proved a new challenge to A.A. through its methods of crisis precipitation that sent men and women for therapeutic help long before they might otherwise have gone, and thus provoked a new response. Now that the dimensions of the disease of alcoholism are becoming widely known, it may well be that many physicians and psychiatrists, psychologists and social workers, together with their hospitals and clinics, will develop new forms of crisis precipitation and share their therapeutic load more widely with A.A. Today there simply are not enough professionals in the country to handle the number of alcoholics needing treatment, and there are 350,000 members of A.A. available anywhere and at any hour in the U.S. and Canada.

Whatever else A.A. may be, it is a successful method of treating a disease, and a study of methods of recovery can lead to important facts about the nature of the disease itself. A.A. recovery for one man, the executive vice president of a research and development corporation in the South, included listening to more than 1,000 case histories during the first two years of his membership, getting to know intimately the life histories of more than fifty persons, introducing fifteen newcomers directly to A.A. and twenty-five more in partnership with others, and discussing the problems of alcoholism with more than a hundred nonalcoholic friends, scientific colleagues, and business associates. A.A.'s response to the challenge of still-suffering alcoholics is the combined response of cohorts of such men striving to maintain their own recovery through helping the recovery of others. Working with A.A., business has worked wonders.

A.A. was conceived in Akron, when Bill Wilson, a stockbroker suffering from an uncontrollable drinking problem, got in touch with Surgeon Robert Holbrook Smith, a total stranger and also an alcoholic. Wilson's desperate idea: apply the buddy system to the problem of quitting. Since then A.A. has grown steadily. Participation in the organization, which defines itself simply as "a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism," has doubled over the past ten years. Explains Cathleen Willis, director of Alcoholics Anonymous of Chicago: "Alcoholism is increasingly recognized as a disease. People are more aware of what's wrong. A lot of employees are not tolerating alcoholism in the workplace, and a lot more famous people are coming out of the closet - people you wouldn't normally identify as having a drinking problem."

Anyone with a desire to stop drinking can join A.A. (There is no absolute definition of an "alcoholic.") People in the organization make themselves available to counsel and sponsor members. Alcoholics Anonymous is open to all ages, faiths (including atheists) and races. Says one member of the New York City branch: "People think A.A. is some monolithic kind of thing. But there is an awful lot of shading. Some groups are very spiritual. Some are very social. For example, over on the East side of Manhattan, meetings are packed with yuppies who talk like they have just swallowed their Apple computers, the jargon and the technical talk is so thick. But our theatre group has its own particular problems related to the stage industry. Regardless of the group, along with the differences there are the bonding similarities of the central problem: alcohol. "Some assemblies are dominated by a single profession. In Washington, for example, one, made up almost entirely of IRS employees, calls itself the "1040s," Another "911" consists of policemen. "Birds of a Feather" is a gathering for airline pilots.

Typical meetings last for one hour. A volunteer usually acts as a moderator, speaking for half the time on "experience, strength and hope." Usually the talk explains what life was like for the person while he was drinking and how it has changed for the better. Later the moderator opens the floor. He or she might ask: "Did anyone want to drink today?" Members respond, frequently dealing with personal issues. The groups have no regimen per se, only the so-called twelve steps that include such basic tenets as admitting one's powerlessness over alcohol and acknowledging the existence of a higher power than oneself.

Attendees are, of course, anonymous. They introduce themselves by first names only when they address the assembly and often follow their name with the almost liturgical, "I am an alcoholic." Anonymity protects them from the social stigma of the disease, but it also serves a subtler function. A.A. succeeds in part because it insists upon self-sacrifice. Members find themselves paying attention to other sufferers. Meetings stress togetherness and constantly reinforce the principle that self-pity and guilt over alcoholism are destructive. "It's a feeling that you've finally arrived and

in Akron, Ohio. The fellowship is reckoned to have started on June 10 of that year, the day that Dr. Smith took his last drink, a beer accompanied by a tranquilizer. Dr. Smith needed to steady his nerves--he was about to perform an operation.

The whole story starts a few years earlier. A pebble from the Alps had started the avalanche of recovery that was to become Alcoholics Anonymous. In 1931 the Swiss psychoanalyst Carl Jung was treating an American named Rowland H. for a drinking problem. No sooner had therapy ended, however, than Rowland lapsed back into drunkenness. Refusing to take him back as a patient, Jung told Rowland bluntly that further psychiatric measure were pointless. His only hope of recovery, said Jung, lay in a "vital" spiritual experience.

Returning to the United States, Rowland found spirituality--and sobriety--with the Oxford Group, an evangelistic organization founded by a Lutheran minister, Dr. Frank Buchman. Rowland shared Jung's message, and his own experience, with other problem drinkers whom he met through the group.

As a result of Rowland's efforts, at least one member, Ebby T., was able to stop drinking for a time. Near the end of 1934, Ebby, then about six months sober, went to Brooklyn to see his old friend Bill Wilson, who had fallen upon hard times.

Bill, a tall, good-looking man, had been one of the first, and best, security analysts on the New York Stock Exchange. He had conceived the notion that investors would do well to take a closer look at the businesses whose stocks they were buying. He and his wife, Lois, had quit their jobs and taken to the road to do just that.

His breakthrough was to discover the great investment potential of the General Electric Company at the advent of radio. Other coups followed and brought Bill prestige and success. The crash of 1929 hurt Bill, but he made no less than two financial recoveries in the early '30s. Alcohol (in the heart of the Prohibition!) finally reduced him to poverty. A friend remembered how things were during this period:

"Nearly half a century has passed, but I can still see Bill coming into Ye Olde Illegal Bar on a freezing afternoon with a slow stride--he never hurried--and looking over with lofty dignity at the stack of bottles back of the bar, containing those rare imported beverages straight off the line from Hoboken. One time at Whitehall subway station, not far from Busto's [a speak-easy] he took a tumble down the steps. The old brown hat stayed on; but, wrapped up in that long overcoat, he looked like a collapsed sailboat on the subway platform. I recall how his face lit up when he fished out of the heap of clothes an unbroken bottle of gin," he reminisced.

At the time of Ebby's visit, Bill was becoming violent and increasingly

abusive; his doctor suspected brain damage. For Bill, self-hate was the daily companion to the terror that he and Lois felt. Ebby, on the other hand, looked and felt good. Rather hesitantly, he explained how he had stopped drinking. He didn't really expect to get through, but as Bill was to confess later, "In no waking moment could I get that man or his message out of my head."

Bill continued, however, to drink. A month later, he was back in Charles B. Towns hospital, an alcoholic rehabilitation center, for the fourth time. Ebby paid him another visit there. Bill asked him to repeat the "neat little formula" that had enabled him to stop drinking; Ebby did so "in perfectly good humor." The process involved admitting that you were beaten, getting honest with yourself, talking it out with somebody else, making restitution to the people you had harmed and praying to your own conception of a God.

Bill was, to say the least, uncomfortable with the idea of a higher power, but he was in the grip of a terrible depression--his pride could no longer hold out against the danger and disgrace drinking had brought upon him. Suddenly he found himself prepared to do "anything, anything at all." Without faith or hope he cried, "If there be a God, let Him show Himself!"

Then came an event that would change everything. "Suddenly the room lit up with a great white light. I was caught up in an ecstasy that there are no words to describe. It seemed to me, in the mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man."

In later years Bill was to downplay this event. With cheerful iconoclasm, he would refer to it as his "hot flash" experience. He insisted that his real battle with ignorance and arrogance lay ahead. But he never took another drink.

Ever the skeptical Yankee, Bill suspected initially that his "hot flash" might have been nothing more than a hallucination associated with the d.t.'s. He discussed this fear with the hospital's chief of staff, Dr. William D. Silkworth. Silkworth, a neurologist, had already introduced Bill to the idea, unorthodox at the time, that alcoholism was a disease rather than a moral weakness. Now he affirmed that Bill had undergone "some great psychic occurrence" and advised him to hold on to it.

Life began anew for the Wilsons. They attended Oxford Group meetings and lived off the small wages Lois was earning as a salesclerk in a Brooklyn department store. Bill yearned to become the family's breadwinner once again, but he had always been the slave of his own enthusiasm. Caught up in something, he would give it all his considerable energies.

Now Bill was consumed by the idea of a movement of recovered alcoholics who would help their still-suffering fellows. He was convinced the message from

Dr. Silkworth and from Ebby T. could work for other alcoholics, too. Ebby's message had been particularly effective. Ebby knew the hopelessness and blindness of alcoholism from the inside; surely his empathy had enabled him to get through to Bill when nobody else--not even Lois--could. The first six months of Bill's sobriety were spent in enthusiastic but fruitless attempts to help other alcoholics. Bill's approach was almost exclusively spiritual. Finally, Dr. Silkworth, who was permitting him to speak to patients at Towns, suggested bluntly that he "stop preaching at drunks" and concentrate on the medical facts instead. If an alcoholic could be told by another alcoholic that he had a serious illness, that might do the trick. . . .

Bill did not put this advice into practice immediately. A business opportunity intervened. He went to Akron to take part in a proxy voting battle for the control of the National Rubber Machinery Company. The prize would be a position as an officer in the company and a new career. He was, after all, only 39, and great things still seemed possible. For a while, the proxy solicitations went well, and victory appeared to be in Bill's grasp. Abruptly, however, the tide turned in favor of the opposition. Bill's past offered them an excellent weapon they did not hesitate to use. The battle was lost. Bill's associates returned to New York and left him alone in Akron to salvage the situation.

It was Friday afternoon, and Bill faced a weekend alone in a strange city. Lonely, and resentful over his defeat, he paced up and down in the lobby of his hotel. At one end of his beat was a bar, where the familiar buzz of a drinking crowd offered comfort and conversation. Bill was gripped by fear. He thought of his work with other alcoholics during the past six months. Unsuccessful as it had been from their point of view, the work had certainly kept him sober. Now he needed another alcoholic as much as that person needed him.

He called an Episcopal clergyman listed on the church directory displayed in the lobby and explained his situation as frankly as he could. One call led to another, and by Sunday he found himself in the home of a young woman member of the Oxford Group. She wanted him to speak to her friend, Dr. Robert Smith, who had recently confessed to being a drinker. Dr. Smith arrived at five that afternoon with his wife and teen-age son in tow. Hung over, he explained he could only stay 15 minutes. He stayed six hours.

Bob Smith's drinking has been a serious problem since he had been at medical school. The suffering involved in maintaining a faade through the subsequent years had been considerable. Fifty-five years old, he had by all accounts been an excellent doctor. Now, however, his career was in ruin, and his financial position desperate.

At the invitation of Bob's wife, Anne, Bill stayed with the Smiths for the rest of his time in Akron. A month later, Bob took his last drink. Only weeks later Bob and Bill carried the message to another man, Bill D., a

lawyer who had had to be tied to his hospital bed after he had blackened the eyes of two nurses. Bill D. found permanent sobriety.

Through Bob and Bill's efforts the self-help society began to grow. Bill was the pioneer, the promoter and the organizer, but Bob was unsurpassed at working personally with alcoholics. In the next few years, he would treat thousands without charge--in addition to rebuilding his career as a surgeon. "It is difficult," wrote a priest who worked with Bob, "to speak of Dr. Smith without going into eulogistic superlatives. While he lived, he laughed them off, and now, though [he is] dead, I feel he still laughs them off." A classmate from medical school recalls a day near the end of Bob's life in 1950. "One of the outstanding incidents of my life is the Sunday we spent with him at his home in Akron. It was something like people coming to Lourdes--people he'd never seen or heard of. One was a dean of a large college in Ohio. Two people who stand out in my memory were a lawyer and his wife. They had driven all the way from Detroit to tell him what he'd done for them through AA."

Two years after their first meeting, Bill and Bob could count at least 40 sober alcoholics, some of them "very grim, last-gasp cases that had been sober a couple of years." They realized the chain reaction they had started could spread throughout the world. "What a tremendous realization that was!" Bill wrote. "At last we were sure. There would be no more flying totally blind."

While Bob continued to build the fellowship in Akron, Bill began writing a book (Alcoholic Anonymous: AA members call it "The Big Book") about its methods and philosophy. Until then AA's message had been transmitted exclusively face-to-face. For a while, it seemed that the potent magic of that message had been lost in print--the book simply didn't sell. Local newspapers and word-of-mouth continued, however, to spread the news of hope for alcoholics, and before long a steady trickle of orders began coming in.

Then Jack Alexander began working on an article about AA for The Saturday Evening Post. Initially prepared to debunk the fellowship, Alexander, after an exhaustive investigation, became an enthusiastic believer. No sooner had his article appeared in the March 1, 1941, Post than the group's small office in New York was swamped with orders for the book and letters asking for assistance. Somehow, the staff (a young woman, Ruth Hock) and volunteers (everybody else) managed to send a personal reply to each inquiry. Throughout North America (and indeed, the world) the Big Book took the place of the personal "sponsorship" that had brought sobriety to pre-1941 members.

AA almost burst upon the world too soon. At the time of the Post explosion, it had just begun to develop its unique "corporate poverty" policy--without which it could not have attained its present power and importance.

Money had been a problem for Bill and Bob from the start. Both had spent

their early years of sobriety in straitened circumstances. When AA was three years old, Bill was offered "an office, a decent drawing account and a very healthy slice of the profits" of Towns hospital in exchange for "moving his work" into that institution. Initially he was delighted, but other members of the New York group persuaded him to refuse. (Today, many AA members work as paid alcoholism counselors--but in the fellowship's formative years salaries might have been too heavy a strain on AA's all-important tradition of free and voluntary assistance.) Shortly after deciding to keep his AA work non-professional, Bill lost his home. For the next two years he and Lois lived with friends and moved more than 50 times before they could afford their own home.

Renouncing personal gain, Bill, however, clung to the idea that AA itself should be liberally funded. He believed that AA should build a chain of hospitals and mount a public education campaign. With these aims in mind, he and his associates approached John D. Rockefeller, Jr., for financial assistance. Rockefeller dispatched an investigator to Akron. The report he received made him a life-long supporter of the group--and a firm believer that money would spoil it. In 1940, he gave a dinner for AA and invited the leading members of New York's financial community. At this dinner, he asked his son Nelson to announce that he (John D.) was donating only \$1,000 and to explain that AA required little more in the way of financial assistance. The other guests followed suit--one banker sent a check for \$10!

Likewise, some members of the fellowship now began questioning whether they really wanted a well-funded organization with a powerful executive. AA had, after all, been founded on the power and enthusiasm of the individual. While the group debated this issue, the steady growth of the first years was suddenly overtaken by waves of new members in the wake of the Post article. AA began to realize it enjoyed a fabulous amount of good will. It did not need Rockefeller.

The issue of funding came to a head when one-well-wisher left AA a legacy of \$10,000. After a lively discussion, the group made a unique decision. They would not accept it. ". . . [A]t the slightest intimation to the general public from our Trustees that we needed money, we could become immensely rich. Compared to this prospect the \$10,000 was not much, but like the alcoholic's first drink, it would, if taken, inevitably set up a disastrous chain reaction. Where would that land us? Whoever pays the piper calls the tune, and if the AA foundation obtained money from outside sources, its Trustees might be tempted to run things without reference to the wishes of AA as a whole. Every alcoholic feeling relieved of responsibility would shrug and say, 'Oh the foundation is wealthy! Why should I bother?' The pressure of that fat treasury would surely tempt the Board to do good with such funds, and so divert AA from its primary purpose." As the result of this decision, AA neither solicits nor accepts any outside contributions. Only members may contribute, and even they are asked not to donate more than \$500 per year.

What does surrender mean?

For reasons still obscure, the program and the fellowship of AA could cause a surrender, which in turn would lead to a period of no drinking. It became ever more apparent that in everyone's psyche there existed an unconquerable ego which bitterly opposed any thought of defeat. Until that ego was somehow reduced or rendered ineffective, no likelihood of surrender could be anticipated.

AA, still very much in its infancy, was celebrating a third or fourth anniversary of one of the groups. The speaker immediately preceding me told in detail of the efforts of his local groups—which consisted of two men—to get him to dry up and become its third member. After several months of vain efforts on their part and repeated nose dives on his, the speaker went on to say: "Finally, I got cut down to size and have been sober ever since," a matter of some two or three years. When my turn came to speak, I used his phrase "cut down to size," as a text around which to weave my remarks. Before long, out of the corner of my eye, I became conscious of a disconcerting stare. It was coming from the previous speaker.

It was perfectly clear: He was utterly amazed that he had said anything which made sense to a psychiatrist. The incident showed that two people, one approaching the matter clinically and the other relying on his won intuitive report of what has happened to him, both came up with exactly the same observation: the need for ego reduction. It is common knowledge that a return of the full-fledged ego can happen at any time. Years of sobriety are no insurance against its resurgence. No AA's, regardless of their veteran status, can ever relax their guard against a reviving ego. The function of surrender in AA is now clear. It produces that stopping by causing the individual to say, "I quit. I give up on my headstrong ways. I've learned my lesson." Very often for the first time in that individual's adult career, he has encountered the necessary discipline that halts him in his headlong pace. Actually, he is lucky to have within him the capacity to surrender. It is that which differentiates him from the wild animals. And this happens because we can surrender and truly feel, "Thy will, not mine, be done."

Unfortunately, that ego will return unless the individual learns to accept a disciplined way of life, which means the tendency toward ego comeback, is permanently checked. This is not news to AA members. They have learned that a single surrender is not enough. Under the wise leadership of the AA "founding fathers" the need for continued endeavor to maintain that miracle has been steadily stressed. The Twelve Steps urge repeated inventories, not just one, and the Twelfth Step is in itself a routine reminder that one must work at preserving sobriety. Moreover, it is referred to as Twelfth Step work—which is exactly what it is. By that time, the miracle is for the other person.

Dr. Harry M. Tiebout, M.D.

John Reid wrote:

Does
anyone have access to or know where to find electronic copies of several
small pamphlets put out by Dr. Harry Tiebout on the resurgence of the ego?
Kind
Regards, John R

----- Original Message -----

From:

Stef Donev

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, 25 May 2003 1:45

Subject: [AAHistoryLovers] Re: A.A.
History Help

Hi,

The
Henry Tiebout article,
"When the Big "I" Becomes Nobody," was reprinted by the Eugene, Oregon
newsletter, E.V.I. News, in June of 2001. It is available online as a
PDF
file at <http://www.efn.org/~eviaa/pdfs/NewsJun01.pdf>

It's
a fascinating read.

Cheers,

Stef

Bakersfield, CA~

~ ~

Stef

Donev

"My
life falls apart with my perceptions, so: I'm coming apart at the
seems."

--

Jason Donev

-----Original

Message-----

From:

Arthur Sheehan [mailto:ArtSheehan@msn.com]

*Sent: *Friday,

May 23, 2003 10:07

PM

To:

AAHistoryLovers@yahoo.com

Subject:

Re: [AAHistoryLovers] Re: A.A. History Help

Hi

I've

found only one reference to Buddhism by Tiebout (he refers to the Zen variant).

In

Grapevine issue 22, number 4 (September 1965) Tiebout authored an article:

"When the Big "I" Becomes Nobody" (he emphasizes the need for reduced ego and humility as a safeguard against alcohol). The article is reprinted in "Harry Tiebout -The Collected Writings" Hazelden Pittman Archives Press, Order No. 1119. Pages 114-115. An excerpt:

"The

great religions are conscious of the need for nothingness if one is to attain Grace. In the New Testament, Mathew 18:3-4, quotes Christ with these words: 'Truly I say to you, unless you turn and become like children, you will never enter the kingdom of heaven. Whoever humbles himself like this child, he is the greatest in the kingdom of heaven.'

Zen

teaches the release of nothingness. A famous series of pictures designed to show growth in man's nature ends with a circle enclosed in a square.

The circle depicts man in a state of nothingness ... the square represent the framework of limitations man must learn to live within. In this state 'Nothing is easy, nothing hard' and so Zen, too, has linked nothingness, humbleness and Grace. ..."

Cheers

Arthur

Original Message -----

From:
corafinch

To:
AAHistoryLovers@yahoogroups.com

*Sent:*Friday,
May 23, 20038:28
PM

Subject:
[AAHistoryLovers] Re: A.A. History Help

In AAHistoryLovers@yahoogroups.com,
"Thom K." <thomkil@e...> wrote:

>

>

I know that Dr. Tiebault wrote some stuff on A.A. and Buddhism (some

>

of it in the A.A. Grapevine and some published elsewhere), but I

>

can't track it down. That, or anything else you have or can point me

>

to, will be a great help.

Just

a thought: Harry Tiebout's son, Harry Tiebout, Jr., was a philosophy

professor
who taught a very popular course in world religions at the University
of Illinois.

His particular area of expertise was Asian religion, at a time when

few
people knew much about it. I have wondered if Tiebout Sr.'s
observations

about
Buddhism and recovery developed through correspondence with his

son.
I have seen references to an article on the subject (by Tiebout Sr.)
but
it

doesn't
seem to be accessible.

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[Terms of Service \[29\]](#) .

On the outside I looked prosperous, but inside I was tormented by feelings of inadequacy. When I was 40, an enormous swelling was diagnosed as advanced cirrhosis of the liver. I had been getting purplish bruises all over my body and suffered nose- bleeds - all typical of this kind of liver damage. Once, on a business trip, I couldn't stop vomiting blood and lost half of all I had. My life was saved with transfusions. But I couldn't stop drinking, even after I had another hemorrhage.

Finally, my physician gave up on me and sent me to Dr. Harry M. Tiebout, one of the few psychiatrists then practicing who were sympathetic toward Alcoholics Anonymous and who recognized alcoholism as a disease, not a character flaw. Tiebout suggested I go to A.A., but I was too far gone to quit drinking at that point, and so was committed to High Watch Farm in Kent, Conn. There I took the first of A.A.'s 12 steps: I admitted I was powerless over alcohol, that my life had become unmanageable. On July 4, 1961, I joined the fellowship of A.A. and started a sober life.

Three years later when I volunteered to help A.A. with public relations, I met Bill W. He was a legend, and I was nervous as I entered his Manhattan office.

Bill was slouched in a chair, his feet up on a battered oak desk that was scarred with dozens of burn marks from cigarette stubs. When he stood he was about six feet, two inches - slender and loose-limbed. He had a long face and sparkling blue eyes. He acted as if meeting me was the nicest thing that had happened to him in years. "I'm Bill," he said, stretching out his hand. "I'm a drunk."

I started mumbling how I owed him my life, and Bill, embarrassed, looked at the floor and said, "Just pass it on."

In time, I became a voluntary trustee of A.A. and came into regular contact with Bill W. At conferences and board meetings, I often watched him seek out newcomers off in a corner. He knew the loneliness, the shyness and the insecurity of the alcoholic. "I'm Bill," he'd greet them, just as he had me. "I'm a drunk." I never heard him use the word "alcoholic" when referring to himself.

Bill acted and seemed like an ordinary man. But he was an extraordinary ordinary man. It didn't take me long to realize that everybody who knew him had wonderful stories to tell about Bill and his wife, Lois, who co- founded Al-Anon for the families of alcoholics. But nobody had a better story to tell than Bill himself.

He called it the "bedtime story." I heard it first in 1966 at the office Christmas party, but he had been telling it for years. We had gathered for fruit punch, cookies and carol singing. Then, as people sat on desks and chairs, there was an expectant silence. Bill W. had been standing by the punch bowl. Now, with a slithering, corkscrew motion, he settled on the floor and started to talk.

East Dorset, Vt., boasted fewer than 500 inhabitants when Bill W. was born there on November 26, 1895. He grew up in a home torn by arguments, which often led to Papa's going away for a few days. Bill felt that sense of some disaster lurking around the corner which many children of broken homes experience. It tormented him as

he got older. When he was ten, his parents divorced and went their separate ways - something almost unheard of in 1906. Bill was left with his maternal grandparents.

To make up for his loneliness and feelings of inadequacy, Bill became an over compensator. At age 12, he began to show drive, ambition, competitiveness. When his grandfather read a book about Australia and told Bill that only a native of that country could make a boomerang, Bill spent six months whittling until he carved one that worked. Later, he saw that boomerang as a curse - because it proved to his ego that he had the tenacity and will to be "number one" at anything - music, sports, science. For example he fixed a broken fiddle and practiced until he played first violin in the school orchestra. He was not a jock by nature, but he drove himself and became captain of the baseball team.

In nearby Manchester, a popular summer resort, Bill got to know Ebby Thatcher, from Albany. The Two young men became lifelong friends. In 1913, two years after meeting Ebby, Bill met and fell in love with another summer visitor, a slim, dark-haired girl from a well-to-do Brooklyn, N.Y., family. Lois's love for Bill was as burning and constant as his for her, a love that was to survive the vicissitudes of all his years of alcoholism. But alcoholism was still far down the road.

Bill W. did not take a single drink of alcohol until he was a 22- year-old army officer stationed near New Bedford, Mass., during World War I. The shy young man from Vermont felt clumsy and out of place at social gatherings - until someone gave him a Bronx cocktail, a mix of gin, sweet and dry vermouth, and orange juice.

"That barrier," he said, sighing, "that had always stood between me and other people came down. I felt I belonged that I was part of life. What magic there was in those drinks! I could talk and be clever."

Unlike some alcoholics who go through a slow process of increasing dependency, Bill became a blackout drinker from the start. He was one of those persons in whom alcohol powerfully alters mind and emotion. The first drink sets up a craving for a second and the drinker has absolutely no control if he takes the first.

Bill was careful to restrain his drinking when he was with Lois and her family. He and Lois were married before he was shipped to France as a second lieutenant in the Coast Artillery. There, he discovered fine burgundy and cognac. By the time the war was over in 1918, he had proved to himself again that he was a "number one" man, a leader of men, a hero.

When Bill returned to the States, he and Lois lived with her parents. By day he worked as a fraud investigator for an insurance firm. At night he attended Brooklyn Law School. Soon he was fascinated by the stock market and became a successful analyst, speculator, and wheeler-dealer, with clients at several brokerage houses on Wall Street.

But Bill's drinking was taking over. He was too drunk to pass his final exam at Brooklyn Law. Any disappointment - or success-now became an excuse for getting drunk.

And when Bill drank, he often became abusive and violent. He got into fight with waiters, cabdrivers, bartenders, strangers. In the morning, after moods of guilt and remorse` he would swear to Lois that he would never drink again. By evening, he was drunk.

For a long time, Bill and Lois were able to delude themselves. They lived in a luxurious apartment, joined country clubs. As late as 1928, Bill was making thousands of dollars and drinking much of it away. Some mornings Lois found him dead drunk, asleep, outside the apartment house.

The stock-market crash in October 1929 wrecked whatever Bill's drinking had not. Deeply in debt, he and Lois again moved in with her parents. Lois got a job at Macy's. Bill now lived to drink, because he had to drink to live. "Like other alcoholics," Bill told us, "I hid liquor like a squirrel stores nuts - in the attic, underneath flooring, in the flush box of toilets. When Lois was out working, I'd replenish my secret supply. I was now drinking for oblivion - two, even three bottles of gin a day."

By 1932, Bill had begun to fear for his sanity, "Once, in a drunken fit," he said, "I threw a sewing machine at Lois - my dear Lois. Another time I got mad at her and stormed through the house kicking out door panels, smashing walls with my fists. I remember a night when I was in such hell that I was afraid the demons inside me would propel me through the window. I dragged my mattress downstairs so I couldn't suddenly leap out."

By midsummer of 1934, Bill entered New York City's Charles B. Towns Hospital, which specialized in the treatment of alcoholism. Most people regarded alcoholics as persons who lacked willpower, character and moral discipline. But Bill's doctor at Towns, William Duncan Silkworth, was one of the few medical men to conclude that alcoholism is a sickness. He told Lois that not many alcoholics as far down the slope as Bill was ever recovered. He was already showing signs of brain damage. Bill would have to be confined for the rest of his life.

But Bill looked so robust after the treatment that he went home. This time he stayed sober for several months. However the morning following Armistice Day, Lois found him in a stupor, hanging on the fence outside the house. They looked at each other and Bill saw the last gleam of hope dying in her eyes. He knew he was doomed. Well, so be it, he thought. He resigned himself. As long as I have my gin.

Not long afterward, Ebby Thatcher, Bill's old friend and fellow drinker, phoned. What a strange coincidence! (We in A.A. say that a coincidence is a miracle in which God chooses to remain anonymous.) Bill invited him over. How good it would be to share a few with his former drinking buddy.

Soon the doorbell rang. There stood Ebby - clear of eye and clean of breath.

"What's gotten into you, Ebby?" Bill asked.

Ebby grinned and replied, "I've got religion."

So Ebby had become a starry-eyed crackpot. " I figured he'd start preaching at me," Bill recalled. "he didn't. He just told me how his drinking had gotten out of hand, how he'd been in trouble with the law, and how a couple of friends had given him a place to live." One of them, Roland Hazard, a hopeless drunk, had been in and out of sanitariums for years. He finally went to Carl Jung, the Swiss Psychoanalyst. Was there no hope? Rowland asked.

"Yes, " Jung had said. In rare instances alcoholics had powerful spiritual experiences, "emotional displacements and rearrangements," which suddenly turned them around. Jung had tried for such a change in Rowland and failed.

But one day Rowland attended a meeting of an organization called the Oxford Group - where people gathered to talk about their shortcomings and to follow certain precepts. There Rowland experienced a profound change of emotions and found a direct contact with God. He stopped drinking.

When Rowland told his story to Ebby in Vermont, the first link in the chain of what would become Alcoholics Anonymous was forged. And now Ebby was carrying the message to Bill.

"Ebby told me he had to admit he was licked," Bill said. "He had to openly admit his sins, make restitution to people he had harmed, and give love without a price tag. He had to pray to whatever God he believed in - and if he didn't believe in a God, to act as if he did. Ebby told me he hadn't had a drink for six months.

"A couple of weeks later, after another bender, I went back to Towns Hospital and checked myself in. Ebby came to see me. Get honest with yourself, he said. Talk it out with somebody else. But I didn't want any part of this God foolishness. Pray to whatever God you think is out there, Ebby said. That's all there was to it."

During one more sleepless night, Bill fell to the "very bottom," and "my stubborn pride was wiped out." He called out, " if there is a God, let him show himself! I am ready to do anything!"

Suddenly, the hospital room "Lit up with a great white light." A strange ecstasy flooded through him. "A wind not of air but of spirit was blowing," was how he described it. "I felt at peace... and I thought, No matter how wrong things seem to be, things are all right with God and his world. "

Bill was discharged on December 18, 1934. He never took another drink of alcohol. But he was always at pains to reassure us that most alcoholics did not have sudden blinding experiences like his. Most of us found a God, a higher power of our own, very slowly.

In the beginning months of his own sobriety, Bill pulled drunks out of bars and took them to Oxford Group meetings. He preached at them. Nobody stayed sober. He tried helping patients at Towns Hospital. He failed. Dr. Silkworth told Bill to talk with drunks, not at them, and to stress the hopelessness of the disease.

>current in everyday language in exactly the sense in which it will be
 >employed in this discussion. The expression, "he has an inflated ego," is
 >self-explanatory. It evokes the picture of a pompous, self-important,
 >strutting individual whose inferiorities are masked by a surface assurance.
 >Such a person appears thick-skinned, insensitive, nearly impervious to the
 >existence of others, a completely self-centered individual who plows
 >unthinkingly through life, intent on gathering unto himself all the comforts
 >and satisfactions available. He is generally considered the epitome of
 >selfishness, and there the matter rests.

>

>This popular view of ego, while it may not have scientific foundation, has
 >one decided value: it possesses a meaning and can convey a concept which the
 >average person can grasp. This concept of the inflated ego recognizes the
 >common ancestor of a whole series of traits, namely, that they are all
 >manifestations of an underlying feeling state in which personal
 >considerations are first and foremost.

>

>The existence of this ego has long been recognized, but a difficulty in
 >terminology still remains. Part of the difficulty arises from the use of the
 >word ego, in psychiatric and psychological circles, to designate those
 >elements of the psyche which are supposed to rule psychic life. Freud
 >divided mental life into three major subdivisions: the id, the ego and the
 >superego. The first, he stated, contains the feeling of life on a deep,
 >instinctual level; the third is occupied by the conscience, whose function
 >is to put brakes on the impulses arising within the id. The ego should act
 >as mediator between the demands of the id and the restraints of the
 >superego, which might be over-zealous and bigoted. Freud's own research was
 >concerned mainly with the activities of the id and the superego. The void he
 >left with respect to the ego is one that his followers are endeavoring to
 >fill, but as yet with no generally accepted conclusions.

>

>Ego: By Two Definitions

>

>The word ego, however has been preempted by the psychiatrists and
 >psychologists, although they do not always agree among themselves about the
 >meaning to be attached to it. The resulting confusion is the more lamentable
 >because almost everyone, layman or scientist, would agree on the concept of
 >the inflated ego. It would be helpful if other terms were found for the ego
 >concepts about which there are differing views.

>

>The solution for this dilemma will be to indicate with a capital E the big
 >Ego, and without a capital to identify the personality aspect which Freud
 >had in mind when he placed ego between id and superego.³

>

>With this disposition of the problem of terminology, it is now possible to
 >consider the first issue, namely, the Ego factors in the alcoholic which,
 >through surrender, become humble. The concept of the enlarged Ego, as noted
 >previously, is available to common observation. Those who do not recognize

>it in themselves can always see it in some member of their family or among
>friends and acquaintances -- not to mention patients. Everyone knows
>egotistical people and has a perfectly clear idea of what the word means.
>Besides egotistical, and the series of words mentioned earlier, adjectives
>which help to round out the portrait of the egotistical person are prideful,
>arrogant, pushing, dominating, attention seeking, aggressive, opinionated,
>headstrong, stubborn, determined and impatient.

>
>All these terms are inadequate, however, because they describe only surface
>features without conveying any feeling of the inner essence from which the
>Ego springs. Unless some appreciation for the source of the Ego is gained,
>the dynamic import is lost and the term may seem merely a form of name
>calling. It is easy to say someone has a big Ego without awareness of what
>is really happening in the deep layers of that person's mind, without
>perception of the Ego. Nor is it a matter of intellect. The need here is to
>lay hold of the inner feeling elements upon which the activity of the Ego
>rests. Only when these elements become clear can the fundamental basis of
>the Ego also be clarified.

>
>It is convenient, for the exposition of this inner functioning, to reverse
>the usual sequence and to present a conclusion in advance of the evidence on
>which it is based. This is, briefly, that the Ego is made up of the
>persisting elements, in the adult psyche, of the original nature of the
>child.

>
>Certain aspects of the infant's psyche may be usefully examined. There are
>three factors which should receive mention. The first is, as Freud observed
>in his priceless phrase "His Majesty the Baby," that the infant is born
>ruler of all he surveys. He comes from the Nirvana of the womb, where he is
>usually the sole occupant, and he clings to that omnipotence with an
>innocence, yet determination, which baffles parent after parent. The second,
>stemming directly from the monarch within, is that the infant tolerates
>frustration poorly and lets the world know it readily. The third significant
>aspect of the child's original psyche is its tendency to do everything in a
>hurry. Observe youngsters on the beach: they run rather than walk. Observe
>them coming on a visit: the younger ones tear from the car while their elder
>siblings adopt a more leisurely pace. The three-year-olds, and more so the
>twos, cannot engage in play requiring long periods of concentration.
>Whatever they are doing must be done quickly. As the same children age, they
>gradually become able to stick to one activity for longer times.

>
>Thus at the start of life the psyche (1) assumes its own omnipotence, (2)
>cannot accept frustrations and (3) functions at a tempo allegretto with a
>good deal of staccato and vivace thrown in.

>
>Now the question is, "If the infantile psyche persists into adult life, how
>will its presence be manifested?"

>

>In general, when infantile traits continue into adulthood, the person is
>spoken of as immature, a label often applied with little comprehension of
>the reason for its accuracy. It is necessary to link these three traits from
>the original psyche with immaturity and, at the same time, show how they
>affect the adult psyche. If this is done, not only will the correctness of
>the appellation "immature" be apparent but, moreover, a feeling for the
>nature of the unconscious underpinnings of the Ego will have been created.

>
>Recognizing Immaturity

>
>Two steps can aid in recognizing the relationship between immaturity and a
>continuance of the infantile elements. The first is, by an act of
>imagination, to set these original traits into an adult unconscious. The
>validity of this procedure is founded upon modern knowledge of the nature of
>the forces operating in the unconscious of people of mature age. The second
>step is to estimate the effect that the prolongation of these infantile
>qualities will have upon the adult individual.

>
>This attempt should not strain the imagination severely. Take, for instance,
>the third of the qualities common to the original psychic state, namely, the
>tendency to act hurriedly. If that tendency prevails in the unconscious,
>what must the result be? The individual will certainly do everything in a
>hurry. He will think fast, talk fast and live fast, or he will spend an
>inordinate amount of time and energy holding his fast-driving proclivities
>in check.

>
>Often the net result will be an oscillation between periods of speeding
>ahead followed by periods during which the direction of the force is
>reversed, the brakes (superego) being applied in equally vigorous fashion.
>The parallel of this in the behavior of the alcoholic will not be lost on
>those who have had experience with this class of patients.

>
>Let us take the same trait of doing everything in a hurry and apply it to
>the word "immature." Few will deny that jumping at conclusions, doing things
>as speedily as possible, give evidence of immaturity. It is youth that
>drives fast, thinks fast, feels fast, moves fast, acts hastily in most
>situations. There can be little question that one of the hallmarks of the
>immature is the proneness to be under inner pressure for accomplishment. Big
>plans, big schemes, big hopes abound, unfortunately not matched by an
>ability to produce. But the effect upon the adult of the persisting
>infantile quality to do everything in less than sufficient time can now be
>seen in a clearer light. The adult trait is surely a survival from the
>original psyche of the infant.

>
>The two other surviving qualities of the infantile psyche similarly
>contribute to the picture of immaturity and also, indirectly, help to
>clarify the nature of the Ego with a capital E. The first of these, the
>feeling of omnipotence, when carried over into adult life, affects the

>individual in ways easily anticipated. Omnipotence is, of course, associated
>with royalty, if not divinity. The unconscious result of the persistence of
>this trait is that its bearer harbors a belief of his own special role and
>in his own exceptional rights. Such a person finds it well-nigh impossible
>to function happily on

>

>an ordinary level. Obsessed with divine afflatus, the thought of operating
>in the lowly and humble areas of life is most distressing to him. The very
>idea that such a place is all one is capable of occupying is in itself a
>blow to the Ego, which reacts with a sense of inferiority at its failure to
>fill a more distinguished position. Moreover, any success becomes merely Ego
>fodder, boosting the individual's rating of himself to increasingly
>unrealistic proportions as the king side eagerly drinks in this evidence of
>special worth.

>

>The ability to administer the affairs of state, both large and small, is
>taken for granted. The belief that he is a natural executive placed in the
>wrong job merely confirms his conviction that, at best, he is the victim of
>lack of appreciation, and at worst, of sabotage by jealous people who set up
>roadblocks to his progress. The world is inhabited by selfish people, intent
>only on their own advancement.

>

>The genesis of all this is beyond his perception. To tell him that his
>reactions spring from the demands of an inner unsatisfied king is to invite
>incredulity and disbelief, so far from the conscious mind are any such
>thoughts or feelings. People who openly continue to cling to their claims of
>divine prerogative usually end up in a world especially constructed for
>their care. In others, the omnipotence pressures are rather better buried.
>The individual may admit that, in many ways, he acts like a spoiled brat,
>but he is scarcely conscious of the extent of the tendency, nor how deeply
>rooted it may be. He, like most people, resolutely avoids a careful look
>because the recognition of any such inner attitudes is highly disturbing.
>The unconscious credence in one's special prerogatives savors too much of
>straight selfishness to be anything but unpleasant to contemplate.

>

>And so, for the most part, people remain happily ignorant of the
>unconscious' drives which push them around. They may wonder why they tend to
>boil inside and wish they could free themselves from a constant sense of
>uneasiness and unsettlement. They may recognize that they seem jittery and
>easily excited and' long for the time when they can meet life more calmly
>and maturely; they may hate their tendency to become rattled. But their
>insight into the origin of all this is next to nothing, if not a complete
>blank. The king lies deep below the surface, far out of sight.

>

>Inability to Accept Frustration

>

>The last trait carried over from infancy is the inability to accept
>frustration. In an obvious sense, this inability is another aspect of the

>king within, since one of the prerogatives of royalty is to proceed without
>interruption. For the king to wait is an
>
>affront to the royal rank, a slap at his majesty. The ramifications of this
>inability to endure frustration are so widespread, and the significance of
>much that occurs in the behavior of the alcoholic is so far-reaching, that
>it seems advisable to discuss this trait under a separate heading.
>
>As already indicated, on the surface the inability of the king to accept
>frustration is absolutely logical. The wish of the king is the law of the
>land, and especially in the land of infancy. Any frustration is clearly a
>direct threat to the status of his majesty, whose whole being is challenged
>by the untoward interruption.
>
>Even more significant is another aspect of this inner imperiousness. Behind
>it lies the assumption that the individual should not be stopped. Again,
>this is logical if one considers how an absolute monarch operates. He simply
>does not expect to be stopped; as he wills, so will he do. This trait,
>persisting in the unconscious, furnishes a constant pressure driving the
>individual forward. It says, in essence, "I am unstoppable!"
>
>The unconscious which cannot be stopped views life entirely from the angle
>of whether or not a stopping is likely, imminent, or not at all in the
>picture. When a stopping is likely, there is worry and perhaps depression.
>When it seems imminent, there is anxiety bordering on panic, and when the
>threat is removed, there is relief and gaiety. Health is equated with a
>feeling of buoyancy and smooth sailing ahead, a sense of "I feel wonderful!"
>Sickness, contrariwise, means lacking vim, vigor and vitality, and is
>burdened with a sense of "I'm not getting anywhere." The need to "get
>somewhere" to "be on the go," and the consequent suffering from eternal
>restlessness, is still another direct effect of an inner inability to be
>stopped or, expressed otherwise, to accept the fact that one is limited. The
>king not only cannot accept the normal frustrations of life but, because of
>his inordinate driving ahead, is constantly creating unnecessary roadblocks
>by virtue of his own insistence on barging ahead, thus causing added trouble
>for himself.
>
>Of course, on some occasions, the king gets stopped, and stopped totally.
>Illness, arrest, sometimes the rules and regulations of life, will halt him.
>Then he marks time, complies if need be, waiting for the return of freedom,
>which he celebrates in the time-honored fashion if he is an alcoholic: he
>gets drunk, initiating a phase when there is no stopping him.
>
>The immaturity of such a person is readily evident. He is impatient of
>delay, can never let matters evolve; he must have a blueprint to follow
>outlining clearly a path through the jungle of life. The wisdom of the ages
>is merely shackling tradition which should make way for the freshness, the
>insouciance of youth. The value of staying where one is, and working out

>one's destiny in the here and now, is not

>

>suspected. The 24-hour principle would be confining for one whose inner life

>brooks no confinement. The unstoppable person seeks life, fun, adventure,

>excitement, and discovers he is on a perpetual whirligig which carries him

>continuously ahead but, of course, in a circle. The unstoppable person has

>not time for growth. He must always, inwardly, feel immature.

>

>This, then, is how the carry-over of infantile traits affects the adult so

>encumbered. He is possessed by an inner king who not only must do things in

>a hurry, but has no capacity for taking frustration in stride. He seeks a

>life which will not stop him and finds himself in a ceaseless rat race.

>

>All this is part and parcel of the big Ego. The individual has no choice. He

>cannot select one characteristic and hang on to that, shedding other more

>obviously undesirable traits. It is all or nothing. For example, the driving

>person usually has plenty of energy, sparkle, vivacity. He stands out as a

>most attractive human being. Clinging to that quality, however, merely

>insures the continuance of excessive drive and Ego, with all the pains

>attendant upon a life based on those qualities. The sacrifice of the Ego

>elements must be total, or they will soon regain their ascendancy.

>

>Learning To Live

>

>Those who view the prospect of life without abundant drive as unutterably

>dull and boring should examine the life of members of Alcoholics Anonymous

>who have truly adopted the A.A. program. They will see people who have been

>stopped -- and who, therefore, do not have to go anywhere -- but people who

>are learning, for the first time in their lives, to live. They are neither

>dull nor wishy-washy. Quite the contrary, they are alive and interested in

>the realities about them. They see things in the large, are tolerant,

>open-minded, not close-minded bulling ahead. They are receptive to the

>wonders in the world about them, including the presence of a Deity who makes

>all this possible. They are the ones who are really living. The attainment

>of such a way of life is no mean accomplishment.

>

>Preliminary to this discussion, the conclusion was offered that the Ego was

>a residual of the initial feeling life of the infant. It should be evident

>that the immaturity characteristically found in the make-up of the alcoholic

>is a persistence of the original state of the child. In connection with the

>description of the manifestations which denote a large and active Ego, it

>should be recalled that the presence in the unconscious of such Ego forces

>may be quite out of reach of conscious observation. Only through the acting

>and feeling of the individual can their existence be suspected.

>

>Now the answer to the first question raised herein, namely, what part of the

>alcoholic must surrender, is obvious: it is the Ego element.

>

>Life without Ego is no new conception. Two thousand years ago, Christ
>preached the necessity of losing one's life in order to find it again. He
>did not say Ego, but that was what he had in mind. The analysts of our time
>recognize the same truth; they talk also about ego reduction. Freud saw
>therapy as a running battle between the original narcissism of the infant
>(his term for Ego) and the therapist whose task it was to reduce that
>original state to more manageable proportions. Since Freud could not
>conceive of life without some measure of Ego, he never resolved the riddle
>of how contentment is achieved; for him, man to the end was doomed to strife
>and unhappiness, his dearest desires sure to be frustrated by an unfriendly
>world.

>

>In his studies on the addictions, Rado³ more explicitly asserts that the Ego
>must be reduced. He first portrays the Ego as follows: "Once it was a baby,
>radiant with self-esteem, full of belief in the omnipotence of its wishes,
>of its thoughts, gestures and words." Then, on the process of Ego-reduction:
>"But the child's megalomania melted away under the inexorable pressure of
>experience. Its sense of its own sovereignty had to make room for a more
>modest self evaluation. This process, first described by Freud, may be
>designated the reduction in size of the original ego; it is a painful
>procedure and one that is possibly never completely carried out."

>

>No Compromise With Ego

>

>Like Freud, Rado thinks only in terms of reduction; the need for the
>complete elimination of Ego is a stand which they cannot bring themselves to
>assume. Hence they unwittingly advocate the retention of some infantile
>traits, with no clear awareness that trading with the devil, the Ego, no
>matter how carefully safeguarded, merely keeps him alive and likely at any
>occasion to erupt full force into action. There can be no successful
>compromise with Ego, a fact not sufficiently appreciated by many, if not
>most, therapists.

>

>Thus the dilemma encountered in ego-reduction would be best resolved by
>recognizing that the old Ego must go and a new one take its place. Then no
>issue would arise about how much of the earliest elements may be retained.
>The answer, theoretically, is none. Actually the total banishment of the
>initial state is difficult to achieve. Man can only grow in the direction of
>its complete elimination. Its final expulsion is a goal which we can only
>hope.

>

>The second question raised here is, "How does the surrender reaction change
>the inner psychic picture?" This question is based on a presupposition,
>namely that surrender is an emotional step in which the Ego, at least for
>the time being, acknowledges that it is no longer supreme. This
>acknowledgment is valueless if limited to consciousness; it must be
>accompanied by similar feelings in the unconscious. For the alcoholic,
>surrender is marked by the admission of being powerless over alcohol. His

>sobriety has that quality of peace and tranquility which makes for a lasting
>quiet within only if the surrender is effective in the unconscious and
>permanent as well.

>

>The effects of surrender upon the psyche are extremely logical: The traits
>listed as~

>characteristic of the Ego influence are canceled out. The opposite of king
>is the

>commoner. Appropriately, Alcoholics Anonymous stresses humility. The
>opposite of

>impatience is the ability to take things in stride, to make an inner reality

>of the slogan,

>"Easy does it." The opposite of drive is staying in one position where one
>can be

>open-minded, receptive and responsive.

>

>This picture of the non-Ego type of person might be amplified in many
>directions but to do so would serve no immediate purpose. To have discussed
>the effect of the Ego upon behavior, and to have pointed out what may happen
>when the Ego is at least temporarily knocked out of action, is sufficient
>to, make the point of this communication: It is the Ego which is the
>arch-enemy of sobriety, and it is the Ego which must be disposed of if the
>individual is to attain a new way of life

>

>Up to this point, no clinical material has been submitted to confirm the
>ideas presented. Their validity will be apparent to many therapists. One
>brief citation from clinical experience will be offered, however, in the
>hope that it may serve as a concrete illustration of these ideas.

>

>The patient, a man in his late 30's, had a long history of alcoholism with 7
>years of futile attempts to recover through Alcoholics Anonymous,
>interspersed with countless admissions to "drying out" places. Then, for
>reasons not totally clear, he decided to take a drastic step. He determined
>to enter a sanatorium and place himself in the hands of a psychiatrist, a
>hitherto unheard of venue. We planned to arrange for a limited stay at a
>sanitarium where he could have regular interviews with me.

>

>>From the outset, he was undeniably in earnest, although it was only after
>the first interview that he really let go and could talk freely about
>himself and the things that were going on inside him. After the usual
>preliminaries, the first interview started with a discussion of feelings and
>how they operate. The patient was questioned about the word Ego as used at
>A.A. meetings. He confessed his ignorance of its true meaning and listened
>with interest to brief remarks on how it works. Before long, he was locating
>in himself some of the Ego forces which hitherto he had been vigorously
>denying because they savored too much of vanity and selfishness with that
>recognition, the patient made a revealing remark. He said, in all sincerity,
>"My goodness, I never knew that. You don't do your thinking up here

>(pointing to his head), you think down here where you feel" placing his
>hands on his stomach. He was learning that his feelings had a "mind" of
>their own and that unless he heeded what they were saying, he could easily
>get into trouble. He was facing the actuality of his Ego as a feeling
>element in his life, a step he was able to take because he was no longer
>going at full steam ahead. His decision to place himself under care, a
>surrender of a sort, had quieted him and made him receptive, able to observe
>what was going on in himself. It was the beginning of a real inventory.

>

>The next insight he uncovered was even more startling. He had been requested
>routinely to report any dreams he would have. Much to his surprise, they
>appeared regularly during the period of contact. In his fifth dream, the
>patient found himself locked up in an institution because of his drinking.
>The interpretation offered, based upon relevant materials, was that the
>patient equated any kind of stopping with being locked up; that his real
>difficulty lay in the fact that he could not tolerate being stopped, and
>abstaining was merely another stopping he could not take. The patient's
>reaction to the interpretation was most significant. He remained silent for
>some little time; then he began to talk, saying, "I tell you, Doc, it was
>like this. I'd get drunk, maybe stay on it 2 or 3 days, then I'd go into one
>of those drying out places where I'd stay 5 or 6 days and I'd be all over
>wanting a drink. Then I'd come out and stay sober, maybe a week, 'maybe a
>month, but pretty soon the thought would come into my mind, I want to drink!
>Maybe I'd go into a tavern and maybe not, but sooner or later I'd go and I'd
>order a drink, but I wouldn't drink it right off. I'd put it on the bar and
>I'd look at it and I'd think and then I'd look and think: King for a day!"
>The connection between Ego and his own conduct had become explicit, as well
>as the relationship between not being stopped and Ego. He saw clearly that
>when he took that drink, he was the boss once more. Any previous reduction
>of Ego had been only temporary.

>

>In treatment, the problem is to make that reduction permanent. Therapy is
>centered on the ways and means, first, of bringing the Ego to earth, and
>second, keeping it there. The discussion of this methodology would be out of
>place here, but it is relevant to emphasize one point, namely the
>astonishing capacity of the Ego to pass out of the picture and then reenter
>it, blithe and intact. A patient's dream neatly depicted this quality. This
>patient dreamt that he was on the twelfth floor balcony of a New York hotel.
>He threw a rubber ball to the pavement below and saw it rebound to the level
>of the balcony. Much to his amazement, the ball again dropped and again
>rebounded to the same height. This continued for an indefinite period and,
>as he was watching, a clock in a neighboring church spire struck nine. Like
>the cat with nine lives, the Ego has a marvelous capacity to scramble back
>to safety -- a little ruffled, perhaps, but soon operating with all its
>former aplomb, convinced once more that now it, the Ego, can master all
>events and push on ahead.

>

>The capacity of the Ego to bypass experience is astounding and would be

>humorous were it not so tragic in its consequences. Cutting the individual
>down to size and making the results last is a task never completely
>accomplished. The possibility of a return of his Ego must be faced by every
>alcoholic. If it does return, he may refrain from drinking, but he will
>surely go on a "dry drunk," with all the old feelings and attitudes once
>more asserting themselves and making sobriety a shambles of discontent and
>restlessness. Not until the ego is decisively retired can peace and quiet
>again prevail. As one sees this struggle in process, the need for the
>helping hand of a Deity becomes clearer. Mere man alone all too often seems
>powerless to stay the force of his Ego. He needs assistance and needs it
>urgently.

>
>Summary

>
>In the process of surrender which the alcoholic necessarily undergoes before
>his alcoholism can be arrested, the part of the personality which must
>surrender is the inflated Ego. This aspect of personality was identified as
>immature traits carried over from infancy into adulthood, specifically, a
>feeling of omnipotence, inability to tolerate frustration, and excessive
>drive, exhibited in the need to do all things precipitously. The manner in
>which surrender affects the Ego was discussed and illustrated briefly from
>clinical experience. The object of therapy is to permanently replace the old
>Ego and its activity.

>
>References:

>
>I Tiebout, H.M. "The Act of Surrender in the Therapeutic Process." With
>special reference to alcoholism. Quart. J. Stud. Aic. 10: 48-58, 1949.
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>Tiebout, H.M. "Surrender Versus Compliance in Therapy". With special
>reference to alcoholism. Quart. J. Stud. Aic. 14: 58-68,1953.
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>Rado, S. "The Psychoanalysis of Pharmachothymia (drug addiction). The
>clinical picture." Psychoanal. Quart. 2: 1-23, 1933

|||||

+++Message 1057. Rockefeller reimbursement
From: Robert Stonebraker 6/3/2003 1:57:00 PM

|||||

Dear AA History Lovers,

Our fellowship received money from the Rockefeller Foundation in the late 1930s and again in 1940. I am of the impression that AA eventually repaid the Foundation in full. I think Bill W. stated this fact on one of his tapes, but I would like to authenticate this fact in AA printed literature. I have researched much of the

Hi Bob

The short answer to your question is in the Service Manual (page S13 - 1998-1999 edition).

It explicitly indicates that Rockefeller was paid back sometime in 1944. The info below might also be useful.

Reference Sources:

(AACOA) AA Comes of Age, AAWS

(AGAA) The Akron Genesis of Alcoholics Anonymous by Dick B. (soft cover)

(BW-RT) Bill W. by Robert Thompson (soft cover)

(BW-FH) Bill W. by Francis Hartigan (hard cover)

(DBGO) Dr. Bob and the Good Old-timers, AAWS

(LOH) The Language of the Heart, AA Grapevine Inc.

(LR) Lois Remembers by Lois Wilson

(NG) Not God by Ernest Kurtz (soft cover)

(PIO) Pass It On, AAWS

(SM) AA Service Manual and Twelve Concepts for World Service, AAWS

Dec. 1937: Bill's brother-in-law, Dr. Leonard V. Strong, set up a meeting with Willard S. Richardson (manager of John D. Rockefeller's philanthropies). A second meeting was held and included Bill, Dr. Bob, Hank P., Fitz M. and Ned P. (a new man). Other attendees were Dr. Silkworth, Richardson, Frank Amos, A. LeRoy Chipman and Albert Scott. (AACOA 147-149, BW-RT 245-246, NG 65-66, PIO 181-185)

Feb. 1, 1938: Frank Amos went to Akron, OH to inspect the group there. He made a very favorable report to Willard Richardson who presented it to John D. Rockefeller Jr. urging a donation of \$50,000. (Note: BW-FH 105-106 says \$10,000, \$5,000 a year for 2 years). (SM S3, BW-RT 246, LR 197, DBGO 128-135, BW-FH 105-106, PIO 185-187, LOH 143, AGAA 217) Rockefeller refused to make the \$50,000 donation but provided \$5,000 to be held in a fund in the treasury of the Riverside Church. Much of the fund was used to pay off Dr. Bob's mortgage and provide Bill and Bob with \$30 a week as long as the fund lasted (BW-RT 247, AACOA 149-151, DBGO 135, PIO 187-188)

Feb. 8, 1940 John D. Rockefeller Jr. held a dinner for AA at the Union League Club. 75 of his 400 invited guests and friends attended. Nelson Rockefeller hosted the dinner in the absence of his ill father. The dinner raised \$2,200 (\$1,000 came from Rockefeller). Rockefeller and his dinner guests provided about \$3,000 a year for

the next 4 years (to 1945). This was accomplished through the Alcoholic Foundation, which raised funds and received the income from sales of the Big Book. (LR 197, BW-RT 264-267, AACOA viii, 182-187, NG 92-94, BW-FH 109-112, PIO 232-235).

1942: Board Trustee A. LeRoy Chipman asked John D. Rockefeller Jr. and his 1940 dinner guests for \$8,500 to buy back the remaining outstanding shares of Works Publishing Inc. stock. Rockefeller lent \$4,000, his son Nelson \$500 and the other dinner guests \$4,000. Rockefeller's custom was to forgive \$1 of debt for each \$1 repaid. The money was to be repaid out of the Big Book profits at a later date. Two years later the Big Book sales had done so well AA was able to pay off the whole Rockefeller loan. (AACOA 189, BW-FH 110-111, SM S7, S13, LOH 148, Note AACOA says \$8,000)

1945: The Foundation wrote to John D. Rockefeller, Jr. and the 1940 dinner guests that AA no longer needed their financial help. Big Book royalties could look after Dr. Bob and Bill and group contributions could pay the general office expenses. This ended all "outside contributions" to AA. (AACOA 203-204)

Cheers

Arthur

----- Original Message -----

From: Robert Stonebraker

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, June 03, 2003 1:57 PM

Subject: [AAHistoryLovers] Rockefeller reimbursement

Dear AA History Lovers,

Our fellowship received money from the Rockefeller Foundation in the late 1930s and again in 1940. I am of the impression that AA eventually repaid the Foundation in full. I think Bill W. stated this fact on one of his tapes, but I would like to authenticate this fact in AA printed literature. I have researched much of the available conference approved literature, plus Not God, but can find no reference to this happenstance.

I would appreciate help in this matter.

Thank you,

Bob S., Richmond, IN

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+++Message 1060. Did Bill W. say "the good is the enemy of the best"
From: hopecottage422003 6/4/2003 5:44:00 AM

|||||

Regarding sobriety did Bill say this, and in what context ?\
Thanx,
Wayne

|||||

+++Message 1061. Re: Did Bill W. say "the good is the enemy of the best"
From: Mike B. 6/4/2003 7:53:00 AM

|||||

These words are in the 12 & 12, page 138, line 4, and refer to being ethical. This came up when Bill was offered a job as a lay therapist in Charlie Townes hospital.

Mike Barns

|||||

+++Message 1062. Periodical Lit: Newsweek, June 4, 1984
From: Jim Blair 6/4/2003 10:27:00 AM

|||||

H E A L T H

More and more Americans are struggling to break the grip of drugs and alcohol-and they're turning to a growing network of treatment programs for help.

Getting Straight

The snapshot is frightening: a grinning skeleton of a man wearing a LaCoste shirt. "Look at that," says Paul, 37, a lawyer and owner of a trucking firm. "Matchsticks for arms and slits for eyes. Eighty-seven pounds and coked out of my gourd." In the five years before the photo was taken, Paul explains, he "snorted away" his wife, his suburban home and \$500,000. After the drug ate away the cartilage inside his nose, he bought liquid cocaine and dropped it into his eyes. Then a year and a half ago, shortly after posing for the cadaverous photo, Paul pointed a .38 pistol at his head; luckily, his girlfriend managed to wrest it away. "That night I saw an ad

on TV for a cocaine hot line," recalls Paul, who now weighs 200 pounds. "If I hadn't called, you would have read an obituary last year about an 87-pound man who blew his brains out."

Paul is just one of hundreds of thousands of Americans who in the past few years have tuned in to the realization that drugs and alcohol were killing them, turned on to the help offered by a growing network of treatment facilities-and dropped out of the drug culture. The common perception is that more Americans than ever are abusing drugs and alcohol while comparatively few of those already addicted are seeking help, but U.S. government officials maintain that the opposite is true: they call it "the cooling of America."

"Since 1979, in terms of national levels of the numbers of people using drugs and, to a lesser extent, alcohol," reports Dr. William Pollin, director of the National Institute on Drug Abuse, "there has very clearly been a peaking, a leveling off and the beginning of a downward trend. This is really a dramatic change from the explosion of past years."

In fact, the surprising possibility that there may now be more people trying to kick habits and fewer getting hooked is beginning to be borne out by statistics on cocaine abuse. According to NIDA, of the 35 million Americans who were users (defined as those who used drugs 20 days out of the month immediately preceding the survey) of illicit drugs in 1982, 4.1 million used cocaine-down from 4.5 million in 1979. And government surveys indicate that between 1976 and 1981 there was an astounding 600 percent increase in the number of Americans who sought help for cocaine abuse in publicly funded programs. While there are no available statistics that reflect a surge of enrollment in the private programs that coke users prefer, experts also noted that reported membership in Alcoholics Anonymous-which has become increasingly involved with cocaine abuse-has more than tripled since 1968, from 170,000 to a total of 586,000.

Candor: By all accounts, the "getting straight" movement began with an unlikely addict: former First Lady Betty Ford, who courageously announced in 1978 that she was about to enter a hospital for treatment to combat her dependency on alcohol and painkillers. Most drug counselors agree that just as Mrs. Ford's candor about her mastectomy a few years earlier made it much easier for other American women to handle their own struggles with breast cancer, her public acknowledgment of her addiction to alcohol and drugs took away a great deal of the stigma and shame attached to those problems. "Betty Ford has done more to get people in treatment than any government program," declares Dr. David Smith, who in 1967 founded-and still runs-the Haight-Ashbury Free Medical Clinic in San Francisco. Adds Larry Meredith, program chief of San Francisco's Community Substance Abuse Services: "Betty Ford made it okay and respectable-almost in vogue-to have a problem and deal with it. She has been a national treasure."

But she was only the beginning. After she went public with her problem, a stream of similar announcements from politicians, athletes and especially entertainers

quickly swelled to a flood, as every actor in Hollywood suddenly seemed to be queuing up for a chance to confess all on "Good Morning, America." Several—including recovered alcoholics Jason Robards and Daniel Travanti, star of NBC's popular "Hill Street Blues"—have taken an active role in the crusade to help other alcoholics; both gave up the bottle in 1973. Some celebrities, like Elizabeth Taylor and Johnny Cash—who both went for treatment to the Betty Ford Center that opened in 1982 at the Eisenhower Medical Center near Palm Springs, Calif.—put out forthright press releases that 10 years ago would probably have euphemistically alluded to a hospitalization for "gastritis." Others, like comedian Richard Pryor, spoke out only after their drug or alcohol problems landed them in public trouble.

Athletes, the cherished role models of youth, were also catapulted out of the closet. A claim that 75 percent of National Basketball Association players dabbled in cocaine proved exaggerated—but the image-conscious league and its players' union did adopt the strongest antidrug code in pro sports. Former Super Bowl heroes like Washington Redskins safety Tony Peters and Cincinnati Bengals runner Pete Johnson were caught in the cocaine glare. In baseball, Kansas City outfielder Willie Wilson has been wearing earplugs to keep out the gibes of fans who resent his conviction and jail term for possession.

Whether they resorted to public confession, intensive treatment or earplugs, the celebrities who went public probably opened the straight road to many of their admirers. Says Dr. Carlton Turner, special assistant to the president on drug-abuse policy: "When someone with a position of influence or name recognition says, 'I have a drug problem,' it gives a lot of other people the courage to do the same."

One of those people is Julie, 29, a story editor for a film-production company in Hollywood, who 11 months ago joined Cocaine Anonymous and kicked a heavy cocaine and alcohol habit that was destroying her life. Julie exemplifies several significant trends that characterize a new breed of addicts who are showing up for treatment: she is a woman, she was addicted to more than one drug and she sought treatment in a program based on Alcoholics Anonymous, the venerable organization founded in 1935 to help alcoholics stay sober through mutual support, self-examination and spiritual guidance. Also like Julie, a growing number of the men and women who are flocking to alcohol and drug (A and D) rehabilitation programs are educated members of the upper-middle class: doctors, lawyers, bankers and other professionals.

Mixers: They seek help in a wide variety of settings, ranging from church basements to locked units in psychiatric hospitals to cabins with breathtaking views. But what distinguishes them most from an earlier generation of addicts is "polyabuse," the current medical buzzword that describes their dependency on a combination of alcohol and drugs, or on more than one chemical substance.

An estimated 10 million Americans are problem drinkers. "But it's very hard to find a pure alcoholic these days," notes Paul Sherman, a Rye, N.Y., consultant on executive substance abuse. "Most of them are mixers," agrees Donnie Brown, executive director of Metro Atlanta Recovery Residences, Inc., "and I'm talking about

everyone from street people all the way up to doctors." A good example is Johnny, 30, a Los Angeles actor and ex-abuser who started doing drugs at 15 and who got straight two years ago. "I was a garbage-can addict," he recalls. "I wasn't choosy. I took pills, drank like a fish, used hallucinogens, did cocaine. I would carry a small aspirin box which contained all the pills I needed, according to how I wanted to feel."

Cocaine users are especially likely to abuse-and become dependent on-a Smorgasbord of "downers" to combat the jittery, strung-out irritability coke induces. Alcohol, sedatives and tranquilizers are widely used for this purpose, along with another depressant that a small but growing number of heavy users consider the perfect antidote to the cocaine jitters: heroin.

The new candor about A and D addiction may be the catalyst that has enable so many drinkers and drug users to throw away their pipes, syringes, pillboxes, bottles, spoons and straws, but a number of social, economic and historical influences have also combined to provide just the right climate for the getting-straight movement.

For one thing, the enormous numbers of young people who experimented with marijuana and LSD in the 1960s and 1970s didn't all grow up and grow out of their habits.

Some kept on trying new highs and, inevitably, many of them got hooked. Now entering middle age, these "baby boomers" are trying to put their lives in order by kicking drugs. Another important factor, says NIDA's Dr. Carl Leukefeld, is the current American enthusiasm for physical fitness and self-improvement, combined with a growing awareness of the health risks drugs and heavy alcohol use carry.

Perhaps most important, America has changed its attitude towards addiction. "The alcohol and drug addict has always been looked at in a moralistic way," says Dr. G.

Douglas Talbot, a rehabilitation expert who operates the Ridgeview Institute Chemical Dependency Program in Smyrna, Ga. "But now it's being recognized more and more that this is a disease. That perception has made more people come into treatment."

Economic factors have also played a role in encouraging drug-dependent Americans to get help. Large businesses have realized that it is far more cost-effective to get substance-abusing employees rehabilitated than to hire and retrain new ones; thus, many firms have developed Employee Assistance Programs (EAP's) for addiction.

Although many insurance plans will still offer coverage for treatment of alcohol but not other drugs, next month Blue Cross and Blue Shield will launch a pioneering new "substance abuse benefit" that emphasizes early identification and intervention and will cover up to 165 days of treatment.

Discreet: Without insurance, the cost of getting straight can be truly prohibitive-as much as \$350 a day at posh private hospitals like Silver Hill in New Canann,

Conn., and Laurenwood, a three-year-old psychiatric hospital near The Woodlands, Texas, that may soon become an official treatment facility for the drug plagued

National Football League. Outpatient programs, of course, cost much less. At New York's Regent Hospital, a discreet private facility that caters primarily to

affluent coke addicts, an outpatient program that includes both individual and group therapy costs \$185 a week-far less than the \$300 to \$500 that patients have typically been spending on cocaine.

The seemingly insatiable demand for drug and alcohol-rehabilitation services has spawned a thriving new American industry. Comprehensive Care Corp., based in Newport Beach, Calif., launched its first CareUnit for A and D treatment in 1972; today there are 150 CareUnits in 42 states, with new ones opening at the remarkable rate of two a month. In some cases health care entrepreneurs have joined with chronically underused hospitals to turn their empty wards into profitable drug clinics. In Denver, order rehab centers that once primarily treated alcoholics are now revamping their images and facilities to attract today's younger, more hip polysubstance abuser. Staffers with some of the nonprofit programs refer disparagingly to the new moneymaking outfits as "finger-lickin' franchises."

While there is some controversy over the best way to treat addiction, the vast majority of private rehabilitation centers-some of which are also nonprofit-offer regimens that can be described as variations on a theme. The frills and activities may differ-from strenuous hiking and aquatic relaxation to "meditation walks" and household chores-but the basics remain the same: detoxification (with or without medication), group therapy, family counseling and a long-term outpatient involvement in a self-help support group like AA, sometimes for the rest of the patient's life.

Individual psychotherapy, the rehab experts agree, is notoriously ineffective in treating addiction. "Unfortunately there are large numbers of patients who have lain on psychiatrists' couches, month after month, intoxicated with Demerol, talking about their mothers," observes Dr. Thomas Crowley, executive director of the University of Colorado's highly respected Addiction Research and Treatment Services (ARTS) program. "What they really needed to do was to stop using Demerol." Murray Firestone, a psychologist who heads the rehab program at Beverly Glen Hospital in Los Angeles, agrees. "The No.1 error in treating people with chemical dependency is getting seduced by other problems," he says. "Chemical dependency is their main problem, and if they are loaded when you treat them, you are wasting your time."

Churches: The granddaddy of treatment programs is, of course, AA, which spells out 12 steps to recovery and asks members to place their faith in a "higher power" to help them stay sober. While AA's tenets and structure remain unaltered 49 years after its founding, there are winds of change whistling through the churches, school auditoriums and hospitals where members gather. At almost any meeting, what's new about AA is immediately apparent; recently, there has been a steady and sizable upswing in the number of women, young people and polydrug abusers who have joined. Under-30 membership rose 50 percent between 1977 and 1980, and the trend continues. Women now make up one-third of the membership, compared with 22 percent in 1968. AA has become the program of choice for such a diverse population that some meetings now attract members just from specific groups; there are special meetings for doctors, lawyers, gays and people in the entertainment industry-and one is on posh Rodeo Drive in Beverly Hills. No matter what their income is, AA members pay nothing.

Chic: With the influx of younger, hipper members and a less lopsided male-female ratio, some AA meetings have become decidedly more sociable, and even chic: bottles

of Perrier are appearing along with the traditional coffee and cookies. Members are discouraged from dating within AA for the first year, but Julie, the Los Angeles editor, admits, "Sometimes I go to a meeting not to be uplifted but because I know a great-looking guy is going to be there." But that doesn't mean she regards her 11-month sobriety lightly. "So it's chic," she shrugs. "So much the better."

Whether the problem is booze, pills. Pot, coke or a pharmacological potpourri, AA is often the solution that works. Indeed, many drug experts believe that all chemical addictions are different faces of the same demon, a craving so strong that it cannot be controlled despite its destructive consequences. "Everybody has bodily needs: to breath, to eat, to have sex, to urinate," observes Dr. David Fram, director of drug-abuse treatment at Washington's Psychiatric Institute. "The best way to think of being addicted to drugs is that you have acquired another body need that that you must pay attention to and that you must fulfill."

According to estimates by the American Medical Association's Committee on Alcoholism, just as many women as men feel that "body need." But in the past, women with alcohol and drug problems were likely to hide at home behind the convenient curtain of housewifery. Today, Today, in most rehab programs, women account for 30 to 40 percent of patients.

Immoral: But traditional attitudes still make it difficult for many women to admit to a drug or alcohol problem. "We're still chauvinistic in our thinking about women who use drugs," says William Johnson of Georgia's Department of Human Resources. "They are thought of as weak sisters, immoral and loose. Men are excused much more easily." Apparently: the National Council on Alcoholism reports that 9 out of 10 wives of alcoholic husbands stand by them, but only 1 in 10 husbands married to alcoholic wives does the same.

"Society expects a lady to drink, but not to have a drinking problem," notes Betty Ford. "I consider it my life's work to remove the stigma from women admitting they are alcoholics." She has made a formidable start at the Betty Ford Center she founded with recovered alcoholic and tire-fortune heir Leonard Firestone. Men and women may choose to live separately during the four to six week-week program. "Women shy away from a lot of subjects when men are around," explains the former First Lady. "Also, men tend to take advantage of women's nurturing nature in group therapy and the women end up worrying about the men instead of themselves."

Although the Betty Ford Center looks like a country club, the program is ascetic. The day begins with an 8 a.m. meditation walk and includes assigned housework for all patients, including male movie stars and Elizabeth Taylor, who didn't flinch when she had to take out the garbage and hose down the patio. No telephone calls are permitted during the first five days, and television-an addiction of a different type-is confined to weekends. The program closely follows AA tenets, especially the emphasis on reliance on others with the same problem.

The Palmer Drug Abuse Program (PDAP), founded in Houston by an Episcopal minister 13 years ago, offers another regimen based on AA principles of mutual support, with

a special emphasis on social activities for teen-age addicts. PDAP's division for abusers over 24 is whimsically called Over The Hill, or OTHERs. To Jill, 42, it was a godsend. A secretary addicted to Valium and alcohol, she first joined PDAP because her five children were all doing drugs. It took her three years to acknowledge her own problem. "Finally," she says, "You get sick and tired of getting sick and tired."

Outcon: AA also plays prominent part at Talbott's 50-acre Ridgeview Institute. Talbott, whose career as a prominent Dayton, Ohio, cardiologist crumbled under the weight of alcoholism and drug abuse, believes AA offers the most effective form of treatment available. "And it's nothing more than group therapy," he says. Talbott was instrumental in the rehabilitation of Martha Morrison, now head of the institute's adolescent unit, who says he was the only one she couldn't outcon. "It's very difficult to outcon a con, manipulate a manipulator," says the 59-year-old Talbott.

In Boulder, Colo., the Boulder Psychiatric Institute has launched an addiction program that captures the atmosphere of an exotic retreat within the confines of Boulder Memorial Hospital. Called Day At a Time, the treatment regime for up to 12 patients includes art therapy, yoga, meditation, aquatic-relaxation therapy-and a solid AA orientation. When Sandra Haun, 32, came to Day At a Time, she was desperate. The daughter of two alcoholics-both of whom died from alcohol related problems-Haun claims she was "born alcoholic;" her mother would slip whiskey into her baby bottle when she was cranky as an infant. Addicted to pot and a variety of pills as well as booze, Haun dropped out of college and drifted from job to job. One morning last year, she says, "I woke up and looked in the mirror and saw an old woman at 31. I said to myself, 'If there's a God, I hope he hears me.'" Now in the programs six-month aftercare phase, Haun recognizes that her recovery is only just a beginning. "Alcohol is very cunning and patient," she explains. "It will wait forever. It's always going to be there."

Recently the special hazards facing health-care professionals have received particular attention. Martha Morrison refers to the "M.D.-eity complex. Doctors say, 'I prescribe all these drugs, I make life-or-death decisions; it will never happen to me.'" At Denver's ARTS, which consists of a network of specialized clinics, including two strictly for cocaine and one for addicted health-care professionals, counselors are studying an intriguing but controversial new sobriety incentive that has been described, accurately, as self-blackmail. The plan is known as contingency contracting. An addicted doctor, for example, writes a letter to the state board of medicine admitting he is an addict, and surrendering his license. The letter is deposited with the ARTS director Crowley, and a contract is drawn up directing Crowley to mail the letter if the patient fails-or fails to show up-for one of his regular urine checks for the presence of drugs. Unfortunately, some of the letters have to be mailed.

Skiing: Although alcohol and drugs are sometimes called "social" drugs, addiction is fundamentally a solitary, isolating way of life. Thus a critical aspect of treating alcohol and drug dependency is pulling the patient out of his or her self-involvement and into constructive relationships with others. At the Aspen Addiction Rehabilitation Unit of the Presbyterian/St. Luke's Medical Center, group cohesiveness and reliance on others are fostered by rigorous outdoor activities

that include rock climbing, cross-country skiing, rope crossing and log walking. The cooperation required, explains the program director Allen Drum, teaches patients to count on each other for help and prepares them for long-term involvement in support groups like AA, Narcotics Anonymous or Cocaine Anonymous. The three-month-old facility, which treats ten patients at a time in its 28-day program, operates out of a converted 1945 ranch house situated at the base of scientific Buttermilk Mountain.

Abusers can also benefit enormously from the involvement of their families. "This is not the kind of illness a person can have all alone," says Howard McFadden, founder of The Ark, another A and D "retreat" in the Colorado Rockies. "This is a family disease. Family members need treatment, too."

In the past, AA and other rehab groups emphasized that an addict had to "hit bottom" before treatment could be effective. Now many programs encourage deliberate intervention by family, friends or employers, before the abuser has wrecked his life. Sometimes the direct approach works—a firm but friendly confrontation with the addict about the likely consequences of his or her behavior. (Both Betty Ford and Elizabeth Taylor got straight only after their children intervened in this manner.)

In other cases, the intervening person may shock the abuser into self-realization by provoking a crisis; a six-year-old, for example, might say to his father, "I'm afraid of you."

Bottom: Some counselors say that families should—if necessary—force the abuser to go it alone without their emotional or financial support, so that he or she will hit bottom and have to face the problem. At least one psychiatrist believes this was where the Kennedy family may have made its mistake with Robert Jr., 30, who has long struggled with heroin dependency, and David, who died last month of a polydrug overdose at the age of 28. With continuing protection from their family, says the physician, the young men were partly cushioned from the reality of what they were doing to themselves.

Teen-agers who abuse drugs and alcohol rarely bottom out before their parents drag them—sometimes literally kicking and screaming—into a rehab program, and their prospects for recovery are not always bright. According to a just released NIDA study, 40 percent of American high-school seniors have used an illicit drug other than marijuana, and some rehab centers are admitting addicts as young as 12. "The front line in the fight against drugs is the fifth and sixth grades," declares

James P. Comstock, program manager of San Francisco's adolescent Care Unit. Lee Dogoloff, head of the White House office on drug policy in the Carter administration, agrees. "By adolescence it's too late," he warns. "Once the juices start flowing, they can't hear you."

Gary, now 18, didn't hear much of anything after discovering the thrill of marijuana four years ago. "It became a constant struggle to hold onto the feeling," says the youth, who progressed rapidly to speed, Quaaludes, cocaine and LSD until "it was like my brain was fried." At 15 he started dealing. "I'd walk into the bathroom at school and say 'Quaaludes,' and they'd be gone," he reports. By his senior year he was shooting drugs—cocaine, Percodan, anything he could find. It was Gary's

A dry soul is wisest and best.

-Heraclitus

Of all the things that happened on my last binge before going to Alcoholics Anonymous, I remember clearly only one: a powerful, somewhat surprising surge of fellow feeling for a couple standing next to me at a Manhattan bar. The bar was not one of my favourite watering holes. I had none but that time, not much caring where I drank or with whom. But this place was more familiar than most, filled with an ill-assorted crowd of professional people, Hispanics, street people, and the odd preppie. The couple, too, seemed haphazardly matched, and it was evident that before this moment they had never spoken to each other.

The man was black, with a Che beret and wispy chin whiskers. A law school textbook lay open beside his beer. She was drinking spritzers: a woman in her late twenties, in tweeds, and with plain gold hoops in her earlobes. She was white and, as I subsequently overheard, of Irish descent. They were making friends, talking about his ancestors, and it came out that one of his great-great-grandfathers had been a ship captain on the Liverpool - West Indies run. And so, miraculously, had one of hers. Alas, they couldn't prove the link beyond a doubt, for the law school student could not remember his ancestor's last name. But I remember how delighted they were to establish the possibility of one, and how their joy touched off something like it in me, their secret sharer. I felt buoyed up as if on the gentle swells of the sea they'd been taking about: the old oceanic feeling, you might say, but in my condition, rather poignant. Then the couple went on to talk of other things (police brutality, as I recall) and I went back to my bourbon and water.

There are more synonyms for "drunk" than for any other word in the English language. Wentworth and Flexner's Dictionary of American Slang has to resort to an appendix to cover them all. There are 313 words in it. Most of us could add one or two to the collection. I like misjudged, for example: a splendid equivocation by which the drunk manages to suggest that he has merely underestimated the potency of the liquor, or that his behavior is being sadly misunderstood. At any rate, the clear implication of this vast vocabulary is that drunkenness is the most verbal of human conditions until it becomes the most unspeakable.

What intrigues me is the allusion that so many of these words make to the liquidity of drunkenness. We drunks are all sailors, stumbling and reeling from tavern to tavern. But to us it is the world that totters and plunges. Nothing stands still for us, no more than deck furniture stands still in a storm at sea. Everything spins - the faces of friends, the bar, the streets, the bushes in the front yard, the stairs, the toilet, the bed. A drunk's world is hopelessly fluid, now rocking us gently, now breaking over us with blind and cruel force.

Perhaps my fascination with the liquidity of drunkenness is idiosyncratic. It certainly doesn't seem to be shared by my fellow drunks in A.A. At a meeting once, I tried to convey a sense of my drinking career by comparing it to a salmon's epic voyage to the swimming pool. "I drank like that fish swam," I said. I told them how

I dived into the tumbling waters with fervour and rose in glory. What was my quest? It was infraverbal, instinctual. And when I got there, where the waters were still and warm, I found a dreamy breeding ground of the self, with the bright air just above, attainable (wasn't it?) by a mere flick of the tail. But then, immersed in the pool, it seemed that my flesh was flaking off and floating away before my eyes, until at last I was all nerves and eyesight, staring into the fireplace, drinking Gallo from a gallon jug, trying to remember or forget, neither of which I could do, and weeping into my glass.

It seemed a terrific analogy when I launched into it at the meeting, almost a fable. But long before I reached the spawning pool I sensed that many of my fellow alcoholics had gone onto a different wavelength, and thereafter I kept my story plain. An analogy is a way of fishing for the unfamiliar, of catching it on the hook of the familiar. But nothing about drunkenness is unfamiliar to the people at an AA gathering. They want only to have the familiar made vivid, sharp, personal, immediate. They want conceteness: the kind of booze, the names of the bars, what your wife said then, what the cop looked like, how much, when, how long. They want stories.

Drinking, all we did was tell stories, if only to ourselves. Drinking, we built ourselves a drunk's ladder of words, one end propped on clouds, the other end floating on water. The whole ladder is important if you understand drunkards, but the fluid footing is where you begin to understand AA. The fellowship exists to ground the drunk's ladder on solid earth, on common ground, and whether we extend one end of it back up into the heavens or simply lay it down to bridge the chasms between ourselves and others, it is still made of words.*

Elpenor, the youngest of Odysseus's companions, is described in *The Odyssey* as an ordinary fellow, not overly brave, not particularly wise. He was also the first to die, doing so even before the ordeal of the great captain and his crew had properly begun. The circumstances, however, make his name irresistibly appealing to the writer of this essay, as a pseudonym.

What happened to Elpenor could have been funny. For nine long years Circe, the goddess of human speech, held the Ithacans captive on her remote island, transforming them into dumb animals, slaves of their most ignoble appetites. But then at last Odysseus persuaded Circe to give them speech again, to make them men, and to let them begin their voyage home. One whole day, before setting sail, they spent feasting on meat and wine; then at nightfall they lay down to sleep in Circe's great hall. All but Elpenor: heavy with wine, hot, he found a ladder and climbed up onto the roof. He was still there when Odysseus, down below, roused his comrades in the morning. Poor Elpenor! Springing up at the sound of voices, befuddled, he forgot the ladder he'd come up by and pitched headlong from the roof. "His neck," as T.A. Murray translates Homer's lines, "was broken away from his spine, and his spirit went down to the house of Hades."

But this was not the end of Elpenor's story. When Odysseus's turn came to make his own descent into Hell, Elpenor was the first of all the shades to greet him. "Son

of Laertes, sprung from Zeus, Odysseus of many devices," he cried, "an evil doom of some god was my undoing, and measureless wine." He begged a favor of his captain, that when Odysseus gained again the common ground of mortals, "heap up a mound for me on the shore of the grey sea, in memory an unhappy man, that men yet to be may learn of me. Fulfil this prayer, and fix upon the mound my oar wherewith I rowed in life when I was among my comrades."

An A.A. meeting is an answer to a plea which everyone has heard and spoken:

My nerves are bad tonight. Yes, bad. Stay with me. Speak to me. Why do you never speak? Speak.

The ground rules differ from meeting to meeting. Some are for alcoholics only, others for anyone at all. Some are "beginners' meetings," but because beginners often tell the most touching and dramatic stories, and because veteran alcoholics want to keep their memories fresh and help those less experienced in the ways of sobriety than they are, these meetings are usually packed with old-timers as well. The number of people varies greatly. In New York I've seen meetings of twenty-odd people jammed into the cellar of a brownstone, and more than 200 crowded into the basement of a cathedral-sized church. Where I live now, meetings seldom draw more than fifty and sometimes only two or three. Twenty seems to be the average.

This is a good number, to my taste, and the meeting where I feel most at home attracts about that many once a week. We have beginners, too, vanned in from a drying out farm back in the hills. The format of the meeting is the open discussion group, with a lead-off- speaker telling his tale, the other members following up with bits and pieces of their own stories. I always speak, whether I want to or not. I think of it as a kind of spiritual discipline: to attend to what's being said, to keep one's mind open to the spark of recognition, to wait in mounting tension for the moment when one will be called on, then finally to hazard a link between one's own story and another's. The sensation, when I have said my bit, is what most of us came for, serenity.

But no one is under any compulsion to speak. On the contrary, old-timers tell you again and again that one of the great virtues they discovered in the program is the capacity to listen, without making assumptions or jumping to conclusions, without analyzing, categorizing, glossing, or comparing (what I'm doing now, for example), but with appetite, imagination, and sympathy. At an A.A. meeting, good listeners become as little children listening to fairy tales. And a fairy tale of sorts is what, typically we hear.

I imagine many of my fellow drunks would be infuriated to hear their stories, "true" stories recalled with anguish and told quite literally in fear and trembling, described as fairy tales. Yet that's what they are to the listeners and I don't mean to belittle them. After all, as Walter Benjamin has told us, a fairy tale is usually the story of a quest, through which as children we may learn to confront the forces of the mythical world, the dreadful projection of our fears, our hurts, and our mistrust. In quest stories a child goes forth, a child much like the listening child in his secret conviction of helplessness and oppression. And along the

way he discovers that the real world of experience is much like the mythical world of apprehension: peopled with witches, ogres, and tyrants, rife with duplicity, danger, evil, and death.

But as the child battles through his ordeal, he also finds that nature is in secret complicity with his struggle. Life himself wants him to survive the ordeal, to defeat his enormous adversaries, to come into his kingdom. Little people, common people, all denizens of the earth, appear to help him. And the child must let nature's secret complicators in, trust them, and with them trust himself, his wits and his high resolve. And with this access of trust, the last liberating secret is revealed: that freedom is a gift of strength, and strength a gift of going forth and suffering. The gift of the story to the listener is hope.

Point for point, this is the story one hears over and over again at A.A. meetings. Not that anyone orders us to tell them in this form. All we're told is to share our "experience, strength, and hope" for ten or twenty minutes. There are no other instructions: no one prompts, analyzes, jeers, breaks in to tell his own story, or criticizes.

But that's the way they usually come out, as quest stories, and one reason they do is that it's so easy to construe the actual course of a drunk's career in that way. The ism, alcoholism, is a disease. (I prefer to think of it as a gift, like the gift for music, but malign. Becoming an alcoholic is like winning a recital at Carnegie Hall: you must have the gift, but you must also practice. Still, most drunks take it as a disease.) But because the disease of alcoholism goes its way in a seemingly purposeful fashion, it is a simple matter to personify it. In A.A. we call it "cunning, baffling, and insidious," and having gone that far, we might as well call it the demon. When he first appears on the scene, he is frisky and cute as Faust's poodle, found on an idle stroll. Later, revealed for what he is (charming, helpful, always available at the crook of an elbow), he begins making promises and deals. And this Demon knows how to make a deal, how to keep a promise. The stories I've heard! Hardworking foremen, corporate swashbucklers, surgeons, interior decorators, bus drivers, librarians, fishermen, submarine skippers, mongers of all sorts and kinds of things, all of them stewed to the gills morning, noon, and night, yet never faltering on their upward climb, never losing their jobs, never falling in the esteem of their fellows.

But we all lost our souls, and in the typical story, sooner or later, everything else as well: jobs, money, family, friends, health, the lot. We end up in a barroom, say, screaming a challenge to take on any man in the place. Ludicrous: we might be blowing bubbles in the bathtub. There are no takers. But out on the street, the Demon's little helpers are waiting, a bunch of pint-sized muggers come to collect. The deal was that you hold the liquor. With the grip reversed, you lose.

So begins the most crucial episode in the drunk's career: hitting bottom. Everyone finds his own bottom. It might be on the carpet of an executive suite or in the backyard where the pints of vodka are buried; it might be the gutter, the slammer, or the bin. Wherever it is, it seems somehow more textured with the actual than

anything we've known since we first set out on this voyage. And the Demon is down there as well, delighted as always to help a drowning man. Voices reach us, urgent voices. One, heroic in timbre (though strangely demonic), cries out, "Hold on!" Another, so close to the bottom we're lying on that it might be coming from there, speaks in a croak. "Let's go," it says, "let go." These voices, this site, are the drama of Alcoholics Anonymous.

What quest were we on when we set forth? What was it we wanted, really wanted? It wasn't anything in particular. That was the trouble. All we had was neediness and vision, bottomless neediness and wondrous vision. Out of these we conjured a god - the god, in fact, whose servant is the Demon. W.H. Auden called him Possibility, and said that his idolaters were legion in modern societies. But drunks have always known about that god, long before there were modern societies, for on the downward leg of the drunkard's quest it is Possibility who fills the sails.

Possibility, after all, is simultaneously the one great true thing (anything can happen), the great half-truth (I can do anything I want to), and the great lie (I can be anyone I want to). There are moments of Possibility-worship in everyone's story. In most people's lives, however, Possibility makes itself felt as more or less fixed object of desire, not the wind but the compass: riches, celebrity, a lively love life. The more concrete the desire, in fact, the more coherent the voyage, the story, and the "I" who is telling it. In a drunk's story, Possibility appears as it is to the true idolater: the achingly elusive element in which we live and move and have our dreams, the pool, the drowning pool, of the self.

I don't know how many times I've heard an A.A. storyteller begin his story with the assertion that he began drinking to "get along," because he was shy and ill at ease at parties and a snootful made it easier for him. I would never identify with this until a few months ago. I was at a party, a small dinner where there was a man who I instantly realized was clever, more articulate, more entertaining, and more forceful than I could ever be. This would have been hard to bear under the best of circumstances, but these were especially difficult. For one thing, the hostess was a woman whose attentions I coveted and my "rival" was winning. For another, I had stopped smoking three weeks before; this was my first foray into unfamiliar social territory without cigarettes.

By dessert, I was in such a rage of envy that I grabbed a cigarette. (One of his cigarettes, needless to say.) I think I'd have grabbed his wine bottle, too, if there hadn't been another recovering alcoholic at the table. Still, I smoked, which was bad enough, I smoked out of envy. Cleverer than I could ever be? Ever? Dear God, say it isn't so! Say that I could if I tried. That I could if I made myself new. That I could, by some miracle, be someone else. But now, wafted onward on my nicotine afflatus, I was another man - if nothing else, a man who had not smoked but did now. Exhaling, I could see my self I wished in the moist clouds of smoke, and a good deal less of the man I envied.

Booze, I now realize, did the same thing for me. Looking back to when I began drinking, I can see that I was no different from those others who say they drink to make themselves agreeable, lovable, clever. We drank to spawn new selves, to be reborn in Possibility, more charming, more persuasive, more resolute, more

high-spirited - until at last our new selves swam away and lost themselves in the darkness and silence of the bottom.

If spawning Possible selves is what the drunk was up to during the first part of his quest, then "re-collecting" and "remembering" those selves is what he is doing when he tells us about it. Recalling himself as he was, prostrate before the idol, he remembers daring great deeds and speaking resounding words. But even if he did and said half of what he dreamed, even if he was the selves he gave birth to, the lived experience eluded him, forever being dissolved in the solvent of alcoholic Possibility. God does save drunks and fools, but what he saves them from is experience. The story of a life devoted to Possibility sounds like a quest story with the ordeals left out. It's just a haphazard accumulation of endings: triumphs or catastrophes, as the case might be (for anything can happen), but completely severed from the necessary middle, the traveled ground of experience.

In the rooms, then, where A.A. people tell their stories, there are really two dramas going on, the events recounted in the narrative and the narrator's struggle to recover his experience, to build a new ladder of words on a firmer footing. The story emerges rung by rung, sometimes as farce, sometimes as melodrama: a situation comedy or a horror show. Often it is both. At one meeting I used to go to, for example, a tough little Irishman convulsed us with an inexhaustible series of disaster stories involving run-ins with the police, tractor trailers, frosty bank managers, night nurses in the drunk ward. He used to tell how he was cured of the gambling addiction that overcame him after he went into A.A. He and his wife were at a Florida racetrack, and each had bet on a different horse. His horse, which had been in the lead, stumbled and fell. His wife's horse, which was second, tripped over the fallen favourite and broke its neck. "I took it as a sign," he would say, "a bad sign."

But farce is easily transmuted into horror. There are meetings where one feels beaten, physically and morally, by the ingenuity, the persistence, the cruelty that human beings bring to the task of destroying themselves. Again and again you find yourself saying, "Now, dear God, surely he's reached his bottom!" He has not. But the storyteller has. The storyteller is here now, warm and dry and safe, perhaps with a firm grip on sobriety, perhaps just digging his fingers into the beach against the pull of the slamming sucking surf. So the end of the story is always both happy and tragic. Now, right this minute, he is in these rooms, telling his story among common people, close to the world's center of gravity. (Meetings seem always to be held in basements.) But after the meeting he must go out again into the fluid world of Possibility. And out there, as he and every member of the gathering know, waits the certainty of death.

In some stories, the presence of death is almost palpable. In these versions the hero hits bottom and goes into A.A. The quest should move on from there, a quest for sobriety, but it does not. Instead, we see the drunkard lifting himself up from the bottom time and again, only to slip back. The pity of it is unbearable: the rehab centers, halfway houses, asylums, prisons, A.A. itself, in and out, in and out. These are epics, heroic and terrible. The terror, of course, comes from the hero's

willed participation in his own doom. The heroism is the storyteller's. Telling that story, groping in agonizing silence for words, the speaker becomes an actor in his real life, the protagonist in a struggle between cynicism and trust, despair and hope, death and life, death and love - now enacted, in these rooms, in an agon of remembrance.

Therapies of the word, of course, are almost as easy to come by as a drink. And it might be asked, as alcoholics in A.A. meetings do often ask, why it is that these other therapies,

psychoanalysis in particular, were never able to help them stop drinking. It's a good question, and I think the answer tells something about the kinds of people alcoholics are. (The question of whether we were always that kind of person, or became that way as a result of drinking, is a chicken-and-egg question, and not a good one.)

What goes on in an analytic session is quite similar to what goes on in an A.A. meeting. Analyst and patient meet periodically, the patient bearing his anxieties, some too deeply rooted or too painful for words, others already fixed in words - too fixed, like a published text. The analyst brings his own experience, and in the encounter between the two, the patient undergoes a kind of conversion, or rather a series of conversions, in the course of which he works out a new, illuminating, and presumably helpful version of his life story. So, too, at an A.A. meeting: there, the newcomer learns to channel the maelstrom of his experience along the lines of a quest story. And there are parallels, as well, between the dramas played out in each kind of session. In A.A. there is the drunk's mortal struggle to compose his life in words and the counterinsurgent denial of his need to stop drinking, as well as of the proffered way to stop. In analysis the drama is the patient's painful ordeal to become a maker of sense and his fierce resistance to the analyst who can help him.

But it's just there, in that element of drama, that the alcoholic finds analysis wanting.

We alcoholics are intensely social, constantly threatened by loneliness: we need to go out, mix it up with the crowd, see and be seen, perform. What can an audience of one man or woman do for us?

And we want sacrifice. Once we sacrificed ourselves on the altar of Possibility; now, giving ourselves to others like ourselves, we learn a new form of sacrifice, one with life itself as the gift for giving. In analysis there's nothing like that, nothing so dramatic: if anybody is being sacrificed it is the therapist, who may be dying of boredom. But he is being paid for it, which rather spoils the fun.

Considered as theatre, moreover, psychotherapy in general (as a drunk might say) is pretty small stuff, as primal as the quest story. Sophocles' Oedipus is what we want; Freud's is too refined, too limited. Lacking experience, and in that sense childlike, we like our theatre crude and dirty and full of miracles. But we also like it formal. If a psychotherapeutic treatment has any form, it's usually apparent only to the therapist, and not necessarily even to him. The A.A. drama seems as

simple and straightforward a container of meaning as the mind could devise. It has to be, for containing is precisely what it must do for us. We are the incontinent, those whom Dante found wallowing in putrid slop, and what we crave is integrity, coherence, simplicity. A.A. drama is oral, a tribal culture which gets passed on by means of stories and maxims. There's an A.A. maxim for every contingency: Count your blessing, One day at a time, Easy does it, Live and let live, First things first. The beginner finds them stupefyingly banal. Then he learns that they are nothing more than condensed stories waiting to be brought to life by his own experience.

Some of our tribes even have bards. I think of Ted, a regular at some of the meetings I go to. The first time I heard him speak I thought the Ancient Mariner had grabbed me by the arm. His voice rumbles along the edge of a cough and his story emerges with the beat and power of epic verse. He takes us from the loafing idyll of his youth to the horrors of a bin for the criminally insane. In his story Ted is always moving, stumbling from bar to bar, from doorway to alley to flophouse, from courthouse to prison, always on foot. Fondly, wryly, he ticks off the names of the bars, their proprietors, their regulars. Sober now, on the upward curve, he is still moving, still on foot. "you've all seen me, haven't you?" he says. Everyone has once a month., perhaps, they catch a glimpse of him, day or night, walking with his easy stride from town to town along the shore road. He is walking to meetings mostly, and now in his story he names the meetings, recalls anecdotes he's heard at them, laments the dead, sings the praises of those members who stopped and gave him a lift. Sometimes he'll fix the date of an incident by something he read in the papers. "It was the day they buried old Patrick P." says Ted, or "the night they had that terrible fire up in Galahanty."

Ted is a mythmaker. In the usual fairy-tale quest, the only name you hear is that of the hero (I'm Susan, and I'm an alcoholic"), a name so rudimentary that every individual can identify with it. And the action of these stories takes place anywhere, somewhere in such and such a kingdom, but really in the good listener's head. Myth, however, occurs in historical time, in a real country, among real people, and the men and women of myth are the real heroes of that country and people. A myth is constitutive: it makes for a collective identification. That's what Ted's stories do. They weave a magic circle of words around our meetings, making a tribe out of a group of lonely quest-heroes. In his own story, Ted is Odysseus; but in his manner of telling it, he is our Homer. He offers himself up, a creature as wretched and glorious as the powers of speech, for us to identify with, to be at one with, to die with or to live with, if he can only go on telling his story.

I have never yet had a slip. Ordinarily, I think no more of slipping than I think of my dead mother, who had a fatal one. Drink is something I kissed goodbye. Hut one evening a man was telling us how he and his wife (also an alcoholic) were driving home from a meeting when they decided to stop off at a roadside restaurant for a steak. It was a wonderful steak, he said, and they had just been to a wonderful meeting, and the two things coming together, the spiritual and the physical well being, left him feeling, as he ominously put it, "on top of the world." Suddenly, the thought of how wonderful it would be to cap off the evening with a creme de

menthe slashed through his mind. Now, as it happens, he didn't have a crme de menthe. It also happens that I detest creme de menthe. Yet the word, the mere sound, gave me a taste of it, as real as the taste of the coffee in my hand, and the taste struck me with terror. The essence of A.A. is contained in that incident. What happened was something so simple as to be almost barbaric: a ritual drama that transformed our anxiety into pity and terror, our pity and terror into awe.

Awe is a reflex of the spirit, I think, and the spiritual is a dimension of existence that drunks are especially vulnerable to. There are many of us, however, myself included, for whom spirit in all its uses (except, naturally, the liquid) had become a meaningless, a tiresome, even a threatening word. By the time I went into A.A., I'd pretty well dropped it from my vocabulary. The booze had been one cause of this, of course, having drowned my spirit along with everything else, but my background had helped, too. Where I come from, all the actualities and potentialities of being human are parceled out to disciplined licensees: mind the philosophers, psyche to the psychologists, language to the linguists, and so on. Spirit, according to this scheme of things, belonged to the religionists, the devotees of a god, and my spirit's experience at the hands of religionists had been uniformly depressing.

A.A. did nothing at first to disabuse me of this. It is true that when I went into A.A. I miraculously rediscovered my spirit. But for a great many days thereafter, I could not have told you what I meant by the word. Spirits (as in "high spirits") got at part of it. So did morale. Yet there was always something hollow in the sound of the word when I spoke it, some dead spot of failed resonance when I heard it spoken, where there should have been, though I hardly knew why, a full and joyful understanding.

My difficulty lay in my laggard belief that spirit had something to do with religion, that it had to be in the most conventional sense transcendent, that it had to be somehow always straining upward, higher than man, toward God. Most A.A. people have no difficulty with these thoughts. Like nine-tenths of their fellow Americans, they are happy to declare (to pollsters, for example) that they believe in God and that their God is in some sense a higher power. At meetings, "Higher Power" is the way God is most frequently referred to : "My Higher Power, whom I choose to call God." The locution is tactfully existential. Still, at first I could never hear that word, God, without the abyss opening up just beneath my heart. There is no question that the Higher Power most A.A. people have in mind is the Judeo-Christian one; and neither is there any question about what this power, this high god, does for me. He gives me the jitters. He's bad for my nerves, the affliction with which I went into A.A. in the first place; and speech between us is quite impossible.

But the interesting thing is not only that I had difficulty getting the word spirit to sound right in my mind and heart. It is also that no one in A.A. has ever attempted to "help" me by pointing the way to his notion of God. Never, for example, have I heard anyone in A.A. refer to Jesus Christ. This is astonishing, for most A.A. people are Christian (like most Americans). Moreover, Jesus' "story" has some rather close parallels to the typical A.A. story. Surely the drunk's agony of

weekend. About 10,000 people attend meetings and historic sites in celebration of the founding of Alcoholics Anonymous. Some of the events take place on the campus of the University of Akron. I live a block from Dr. Bob's house (<http://www.drboobs.com/>) in Highland Square, a gentrifying neighborhood of single-family Arts & Crafts-style homes built around 1915 as the city's population was rapidly growing with the great rubber boom. Founders' Day has a big impact on the neighborhood as thousands of people visit the home over the weekend. Everyone mows their lawn, weeds their gardens, and generally spruces up their home in the week before to prepare for the crowds. A huge banner reading "Welcome Home" appears on the front of Dr. Bob's house. The people come in cars, vans, buses, and, most conspicuously, on motorcycles. Many make the trip to Akron by motorcycle, which is fortunate for Highland Square since the streets around Dr. Bob's house are narrow brick-paved affairs with little room for parking. Most of the visitors have their picture taken behind the big rock in the front yard of Dr. Bob's house. A brisk trade in T-shirts, magnets, key rings, pins, coffee mugs, and other such commemorative things takes place on the corner outside Dr. Bob's house, and a few dozen homes in the neighborhood take advantage of the huge increase in foot traffic to hold yard sales. Young children run profitable lemonade stands. Local musicians play on the porches of nearby homes. It's a carnival atmosphere, even if it's a celebration, for most, of being clean and sober.

Kay Stewart was an A.A. sponsor and worked as a counselor in the drug and alcohol treatment center for teens and adults at the Interval Brotherhood Home.

At meetings, she would tell people that A.A. is a place to learn to live without drinking.

A.A. will not get you to heaven or hell, she would say, but it will keep you sober long enough to figure out where you want to go.

She was born in West Virginia, one of eight children. She would say she came to the "big city" of Akron when she was 17. She had never seen so many streetlights, people or cars on the roads.

"If we saw more than four cars on the streets at home, we would say it must have been a big funeral," she said in 1999 on the 32nd anniversary of an A.A. affiliate, the Flame Group (the flame is the beacon of recovery).

And then told her other story, how she started drinking at 14 or 15. At first, she drank White Lightning, a homemade booze made in the hills. When she came to Akron, she wanted to become part of the in-crowd. She liked dancing and good-looking guys.

She decided she was going to drink to the day she died, and, as she used to tell people, she almost did.

She met a sailor, married at 16 and had two children. They were married 13 years.

After they divorced, she moved in with her parents, went to work and started drinking more heavily.

Then she met Stewart.

"He was my kind of man. He liked to drink a lot, too, but he wasn't a fighting drunk," she said in one speech preserved on tape. "We drank every day. We had to drink in order to live."

But then she started losing the car, forgetting where it was parked, hitting cars because she didn't know what the drivers in front of her were going to do.

Once she ended up in jail. Her son and husband had to bail her out.

Her daughter ran away and got married at age 16 because of the drinking.

Then came the clincher -- she was seeing dead people.

meetings are like a scene from *Invasion of the Body Snatchers*." So, I decided that AA was even worse than drinking.

Looking back on it, I was looking for an excuse to continue drinking; and AA certainly provided it.

All is not well in alcoholism treatment programs, either. In addition to the disorganization I found at the treatment center I attended, there are other problems.

One is that most counselors apparently have been alcoholics, have gotten sober through AA, and adhere religiously to its principles. Participation in AA is a requirement for group participants in most treatment centers, and an atmosphere of AA religiosity permeates many programs. This is a common problem in treatment situations.

Another problem is that many counselors and administrators in such programs are power-trippers and seem to enjoy laying down and enforcing arbitrary rules governing participants' behavior. This is an especially serious problem in alcoholism programs because those in the early stages of recovery from alcohol dependence tend to be very vulnerable emotionally.

Probably the worst thing about AA is its religiosity. The centerpiece of the AA dogma is, unfortunately, the Twelve Steps. God or a "Power greater than ourselves" is mentioned in fully half of the steps. Thus, anyone with the honesty to admit that the existence of God is no more likely than the existence of Santa Claus is, at the least, made to feel very uncomfortable at most AA meetings. What makes matters worse is that "AA step zombies" as a matter of course tell those new to the program that if they don't follow the steps, they'll never make it—they'll start drinking again. That is often a self-fulfilling prophecy.

Life is filled with annoyances, dangers, and uncertainties, and like most people, steps-o-maniacs don't want to face them; they don't want to be adults. They want a Big Brother to take care of them.

The religious beliefs of most AA members do not free them, as they would like to believe, from their dependence on alcohol; rather, they act as a substitute for it.

If they were actually free, they wouldn't need the fix of regular meetings and the constant reinforcement of their comforting but irrational beliefs.

Guilt is another bothersome aspect of Alcoholics Anonymous religiosity. The Twelve Steps are replete with references to "our wrongs, our shortcomings," and "making amends." This places responsibility for the alcoholic's addiction squarely on his or her shoulders. Not only does this induce guilt, it's also thoroughly unscientific and is just plain wrong. Modern research has clearly shown that alcoholism is a matter of genetics, that alcoholics have about as much choice in the matter as they do about the color of their eyes. AA-induced guilt only serves to make dealing with the very real problems recovering alcoholics face even more difficult.

An additional problem related to religiosity is hypocrisy. There is a saying in AA: "Fake it until you make it." What that means in practice is that newcomers should

sit on their doubts and mouth the AA line until they forget they ever had doubts. Thus hypocrisy is an essential element in the cloning process of step-zombies. An acquaintance told me that he had recently mentioned certain doubts at an AA meeting. After it was over, his sponsor (a sort of Big Brother within AA) told him that he wasn't supposed to criticize AA itself. Puzzled, he replied that he thought AA was supposed to be a program of honesty. To that, his sponsor said, "Yes, but you shouldn't criticize the organization." He replied, "I think I don't need a sponsor."

Sponsors are supposed to provide newcomers with advice and assistance, but they end up running the lives of those they're supposed to be helping. Naturally, the position of sponsor attracts meddling busybodies who love to control others. They often hang around AA meetings on the lookout for newcomers, like vultures on the watch for fresh meat. Newcomers, like all people in the early stages of recovery from alcoholism, are emotionally vulnerable and often fall into the clutches of these buzzards. If you've recently quit drinking, are checking out AA, and someone, unasked, says to you, "I think you need a sponsor," don't walk, RUN in the opposite direction.

So much for the negative aspects of Alcoholics Anonymous. There are also positive ones. A very good feature is that AA is open to all, the only requirement for membership being a desire to stop drinking. No identification is required, and there are no dues or fees.

Another good feature is that AA is decentralized. Groups are autonomous, and there is no hierarchy giving orders to the membership. Among other things, this leaves room in AA for dissident groups and members.

But the most important thing is that AA works, at least for some people. Why? I believe there are three main reasons. One is that AA is an important social outlet for many. Loneliness is a terrible problem in our society, and people will flock to almost anything that relieves it—even AA meetings.

A second and related reason is that AA meetings allow alcoholics to realize that their problems are not unique. Meetings provide members with the opportunity to vent feelings, and to give and receive emotional support, and oftentimes useful advice, on ways to avoid drinking.

The third reason is that AA steps provide structure—a well groomed path to follow—and that can look awfully attractive when your world has turned upside down and you no longer have your best friend—alcohol—to lean on. I believe that to a large degree the content of the steps is irrelevant. What is actually important is simply that the steps are there and that those dependent on them believe that they're the means for overcoming alcoholism. Another way of spelling recovery—via-the-steps is placebo.

These things, especially the first two, are all that is really needed. Any program that provides alcoholics with the opportunity to meet, talk, and support one another on a regular basis will work; it will help alcoholics stay sober. A structure similar to the steps—but without their religiosity and blame-laying—which would

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Portage	Alcoholics find hope at hospital Pilgrims and patients mingle at Ignatia Hall By John Higgins Beacon Journal staff writer	Your online source for
Stark		
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Baseball	From 7 a.m. Saturday, alcoholics walked through the front doors of Akron's St. Thomas Hospital, rode the C elevators to the fifth floor and were greeted with coffee, vegetable platters and a hearty welcome.	[69] [70]
Basketball		
Colleges		
Football		
High School	Much has changed since the 1930s when Sister	

Business Ignatia had to sneak drunks into the hospital
and hide them in the spare rooms where nurses
Arts & Living sometimes put corpses heading to the morgue.
MORE NEWS
Health
Food Keep on
top of
This weekend the hospital's Ignatia Hall Acute national
Alcohol and Drug Treatment Center expects more news - as
Enjoy than 3,000 visitors in town for the annual it
Your Home Alcoholics Anonymous Founders Day pilgrimage. happens.
Religion
Premier National
All day Saturday, the elevators opened for news at
Travel travelers from as far away as England. Ohio.com
Leather-clad biker couples mingled with actual [71]
Entertainment patients in the center, who ventured from their
rooms clad in bedclothes and blankets once the
Movies crowd died down a bit.
Music
Television
Some patients found refuge from the excitement [72] [73]
Theater in the glassed-in smoking room, but others
spoke with recovering alcoholics who measured
US & World their sobriety in years rather than hours.
Editorial Volunteer Walter B. has known both sides in his
39 years.
Voice of the People
Columnists
``I'm not much anonymous. Everybody knew me [74] [75]
Obituaries when I was drunk," he said. ``I've been in
detox here four times."
Corrections
But on Saturday, he was selling Sister Ignatia
T-shirts, tote bags and hats and giving away
buttons. Business had been steady all day. Stocks
[53] [54]
Enter
``They want to look around. They just want to symbol/company

experience what they've read about," he said.

name

GO TRIBE!
Catch the
Tribe with
Ocker and
Pluto!

Some have read Akron resident Mary C. Darrah's
book *Sister Ignatia: Angel of Alcoholics*
Anonymous, now in its second edition. She was
signing copies yesterday.

Cleveland
Indians
coverage
[55]

"I knew Sister Ignatia as a child. I always
wondered why nobody had written a book about
her," she said.

2003
FAIRS AND
FESTIVALS
Ohio has
some of
the top
festivals
in the
country.

The story of how the Ireland-born nun, formerly
called Della Gavin, helped change the
consciousness of a society began with a
creative interpretation of the Akron hospital's
admissions policy.

Visit
one
this
summer!
[56]

Alcoholism was considered a moral failure, not
a disease. But Akron police knew Sister
Ignatia, the hospital's admitting clerk, had a
soft spot for alcoholics and would bring them
to the hospital's emergency room, Darrah said.

Sister Ignatia and an emergency room intern,
Dr. Thomas Scuderi, a Sicilian immigrant, began
secretly helping alcoholics get sober at the
hospital in 1934.

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Journal
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everyday!

She knew a bed would fit in the small spare
rooms where nurses arranged patients' flowers,
because sometimes corpses had to be hidden
there until they could be wheeled down to the
morgue.

Subscribe
Now! [57]

She would wait until the nurses' shift change
and take advantage of the momentary confusion

to move her alcoholics from spare bed to spare bed without detection, Darrah said.

ARCHIVES

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However, Sister Ignatia believed that her alcoholic patients deserved to enter the hospital through the front door like anyone else suffering illness.

So did AA founder Dr. Bob Smith.

Click here for archives [58]

On August 16, 1939, they admitted their first alcoholism patient, making St. Thomas the first hospital in the world to acknowledge alcoholism as a medical condition.

Ignatia Hall doesn't draw the same crowd as Dr. Bob's house or grave, but pilgrims still feel awe standing on the fifth floor.

This was the 15th year Gloria B., a 54-year-old Columbus woman, has visited Akron for Founders Day, but the first time she saw Ignatia Hall. She works in a hospital in Columbus and will be sober for 16 years in October.

She wondered what it would have been like for people with her illness in the 1930s who had to be sneaked into the hospital. But this time, she came in the front door and a helpful employee pointed her to the correct elevator.

“It gives you kind of an eerie feeling,” she said. “We were recognized as important people and ushered around.”

John Higgins can be reached at 330-996-3792 or 1-800-777-7232 or jhiggins@thebeaconjournal.com

June 1945, on the Wilson Club in St. Louis,
Sept 1945, on the Genesee Group in Rochester,
Oct 1945, on the Chicago Neighborhood groups,
July 1945, 'a list of 19 things that constitute a good sponsor' from the
Minneapolis
group,
Dec 1945, on St. Paul groups,
Sept 1947, "Little Rock Plan Gives Prospects Close Attention",
and letters to the Grapevine on these.

I'll also post a copy of a pamphlet detailing that 'Little Rock Plan'.

If anyone has more info on any of these sponsorship plans for newcomer, I'll encourage you to post them here, or send to me privately.

Tony C

from Box 459, April 2003, pgs 3-5.

Sponsorship - What We Used to Be Like

"Go to meetings, and get a sponsor" - two strong suggestions that virtually all AAs hear at their very first meeting. For both the shaky newcomer and the seasoned oldtimer, sponsorship has always been an essential component of solid sobriety. The theme of this year's General Service Conference, "Living AA's Principles Through Sponsorship," offers the Fellowship as a whole an opportunity to reexamine its effectiveness today. In workshops and scheduled presentations, Conference members will take a hard look at how well we are fulfilling our responsibility for sponsorship, ask whether it may be fading away, and discuss ways of providing information to medical and other professionals.

The experience of our past reveals how the practice of sponsorship developed from a sometimes rigid system of indoctrination to the often informal approach we are familiar with today. The roots of sponsorship precede even the founding of AA. In November 1934, Ebby T., an old friend and drinking buddy of AA's co-founder Bill W., came to visit him - sober for the first time Bill could remember, and eager to

talk
about his new way of life. In a memorial to Ebby in the June 1966 Grapevine,
Bill
wrote: "As most AAs know, he spoke to me of the release from hopelessness that
had
come to him (through the Oxford Groups) as the result of self-survey,
restitution,
outgoing helpfulness to others, and principles that I used later in developing
AA's
Twelve Steps to recovery." It would take Bill a while longer to sober up, and
Ebby
had difficulty achieving long-term sobriety, but it was Bill's first
experience
of
the power of one alcoholic talking to another, and throughout his life he
would
continue to refer to Ebby as "my friend and sponsor."

That amazing power of one-to-one sharing has always been the heart of AA life
and
growth. In the summer of 1939, Bill W., away from home and family and
desperate
to
hang on to his newly achieved sobriety, sought out another drunk, and carried
the
message to co-founder Dr. Bob S. That meeting marked the true beginning of the
AA
Fellowship, and together these two found other drunks and brought them the
message of
hope. Our founding members in Akron and New York went eagerly to work, twelfth
stepping alcoholics in hospital wards or wherever they could be found, and
making
sure they practiced the steps that the budding Fellowship was beginning to
develop as
a program of recovery.

A small band of ex-drunks in Akron, and then in New York, clung together out
of
sheer
necessity, and several sober members would be sent to call on new prospects
and
keep
track of their progress. In the earliest days, drunks often moved in with
sober
members until they could get on their feet (both Bill W. and Dr. Bob had
housefuls),
but after a few years - and several unhappy experiences - they realized that
few

of
their boarders actually got sober, and they might be doing them more harm than
good.

In the book "Dr. Bob and the Good Oldtimers" (pp. 108 ff.) describes the
gradual
growth of AA in Akron in the period after Bill left to go back to New York.
"In
February 1937, another count was taken, and there were seven additional
members
in
Akron, for a total of 12 ... There were dozens of others who were exposed to
the
program ... Over this period, Dr. Bob and the early members worked out with
new
prospects a procedure that was very rigid at first but became more and more
flexible
and open as the months and years passed."

First, they would interview the wife, asking whether the husband really wanted
to
stop drinking. Then Dr. Bob would talk to the man himself, assuring him that
if
he
was serious about it, he could be helped. "In Cleveland or Akron, you couldn't
just
walk into AA the way you can today," said Cleveland's Clarence S., one of
those
early
members. "You had to be sponsored. The wife would call, and I would go to see
her
first. I told her my story. I wanted to find out several things about the
prospect.
... Then I would know how to approach him, figure out how to reach him. I
might
set
some kind of trap for him. I had a lot of whammy working."

We didn't know anything about a program of attraction," said Warren C. ... "We
called
the wife ... We might even talk to his boss ... When we went and sat down with
this
fellow, we knew all about him." ...

"Following this preliminary questioning, the new prospect would be
hospitalized
and
"defogged." ... When the newcomer was well enough, all of the members in town

visited
him every day - three or four in the beginning, 20 or more a few years later.
... If
a newcomer agreed to go along, he was required to admit that he was powerless
over
alcohol and then to surrender his will to God - in the presence of one or more
of the
other members."

One-to-one sponsorship as we are familiar with it today apparently has its
roots
in
the Cleveland Group. In October 1939, the "Cleveland Plain Dealer" published a
series
of articles about AA "that ushered in a new period for Alcoholics Anonymous,
the
era
of mass production of sobriety." Bill W. wrote in "Alcoholics Anonymous Comes
of
Age"
(pp. 20-1): "The newspaper's switchboard was deluged." Calls were relayed to
the
tiny
group in Cleveland. "For weeks and weeks AAs ran about in desperate haste to
make
Twelfth Step calls on the swelling list of prospects

"It was soon evident that a scheme of personal sponsorship would have to be
devised
for the new people. Each prospect was assigned an older AA, who visited him at
his
home or in the hospital, instructed him on AA principles, and conducted him to
his
first meeting. But in the face of many hundreds of pleas for help, the supply
of
elders could not possibly match the demand. Brand new AA's, sober only a month
or
even a week, had to sponsor alcoholics still drying up in the hospitals."

When the first group grew too large, a second was started, and then a third.
"Luckily
the AA book had come off the press six months before, and some pamphlets were
also
available," which "probably kept the hectic situation from confusion and
anarchy."

The oldtimers in New York and Akron had serious misgivings - "How could they
possibly

manage? We did not know. But a year later we did know; for by then Cleveland had about thirty groups and several hundred members The Cleveland pioneers had proved three essential things: the value of personal sponsorship; the worth of the AA book in indoctrinating newcomers, and finally the tremendous fact that AA, when the word really got around, could now soundly grow to great size."

As AA expanded, many groups began to establish programs to instruct new members, and in the mid-1940's, the editors of AA's new national magazine, the Grapevine, asked readers to share their experience of group plans for sponsoring new members. The June 1945 issue described four Thursday night educational meetings established by the Wilson Club, one of four St. Louis groups. The first meeting dealt with Bill's story, drunk and sober, and the growth of AA to the time it reached St. Louis. "During a 15 minute recess, each man is asked to write in a few words just what he considers an alcoholic to be." These are followed by the reading of an address by a local doctor discussing the medical angle.

The second Thursday covered the spiritual angle and the Twelve Steps, and ended with a reading of an address by "a greatly revered Jesuit priest, Father Dowling, who really started the St. Louis group." The third week discussed all chapters of the Big Book and included a talk given by a Protestant minister. The final meeting reviewed the AA literature and explained the operation of the Wilson Club.

"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 one year's sobriety this is

replaced by
a gold card."

In the September issue that year, members of the Genesee Group in Rochester wrote that their plan also included four talks, but it differed from the St. Louis plan "in this respect: Our prospects, or novices as we call them, are given a personal 'canvass or workout' by their sponsors before they are permitted to attend a group meeting ... It has been our observation that bringing men into the group indiscriminately, and without adequate preliminary training and information, can be a source of considerable grief and a cause of great harm to the general moral of the group itself." They believed that a prospect had to accept the program without any reservation before being granted membership. "The time when the novice's progress has reached [that point] varies according to his mental capacity, his eagerness to learn, and the sincerity of his self-examination The sponsor's judgment of when his novice is ready is accepted by the group as final and the sponsor then brings him to his first meeting."

The July 1945 Grapevine published a list of 19 things that constitute a good sponsor, contributed by the Minneapolis Group. After outlining a number of suggestions that might have come straight out of the current AA pamphlet, "Questions & Answers on Sponsorship," numbers 15 to 18 offered a lesson in alcoholic human nature:

15. When a drunk goes to another sponsor with tales of persecution, if the second sponsor doesn't talk it over with the first sponsor, the issue becomes one of personalities, and the second sponsor will find that the slipper has outsmarted him.

16. Don't listen to a lot of gossip by slippers.

17. Second sponsor should get in touch with the first sponsor and find out what has

been done, so that he can't pull the same stuff on the second sponsor.

18. If a new member alibis about coming to class and meetings, after a short while the sponsor should impress on him the importance of attendance. If you can't get him to come, then he has put you in a position where you cannot help him, as he will not let you. So drop him. the seed has been planted; redirect your energies elsewhere. Somewhere along the line he will be back when he wants AA."

In subsequent issues, the experience of groups in St. Paul and Chicago echoed the need for instructional meetings for new members. St. Paul's consisted three meetings, starting with the principles of the first three Steps, then covering inventory and restitution and winding up with the spiritual aspects of the program. Chicago devised a system of neighborhood groups, which began with two of the oldest members who "conceived the idea of an informal bull session with the men under their sponsorship," inviting new men to their homes to discuss any problems they were having. The experiment was successful, and "presently it became apparent that the idea could well be systematized. The city was divided into 10 area and a discussion group to meet regularly on Thursday nights and was formed in each one."

The article goes on to describe the experience of Tuesday night meetings in the Loop. "As time went on the increasing number of newcomers appeared to justify a special instruction meeting. The first of these was held informally in one corner of the large meeting hall by a volunteer older member who gathered the newer ones and talked to them and answered their questions. This haphazard plan was so evidently successful that a definite regular meeting was arranged to precede the main meeting."

By far the most attention-getting article in the Grapevine series appeared in the September 1947 issue under the title "Little Rock Plan Gives Prospects Close

Attention." It set forth a remarkably thorough and formal system.

"The Little Rock Plan was, we believe, the first of its kind in the country.

By

adhering strictly to the Plan, hundreds have been brought into AA

"It is not easy to become a member of this group. When a person has expressed

a

desire to achieve sobriety and has had a sponsor appointed for him, he must leave his

work or position for at least two weeks. Usually the prospect is required to spend

that entire time within the confines of the club rooms, studying, preparing a case

history, meeting and filling assignments laid out by the sponsor.

"If, after two weeks, he has discharged his assignments to the satisfaction of

his

sponsor, he is brought before the executive committee and there his request for

membership is presented by his sponsor in his presence ... If he is deemed eligible

... he is brought before the next meeting, receives a warm welcome, and is handed a

copy of the 'Approach Program' and the Twelve Steps.

"That is not all, however. We do not simply say, 'Now ... go your way, and may

God

bless you.' no, we do not cut him off in mid-air, so to speak. We give him a small

diary and ask that each day thereafter for 28 days, he record his impressions of the

day ... and enter therein, 'I have not taken a drink this day,' and sign his name.

"At the end of this period he returns the diary to the club, is again

welcomed,

and

is admitted to full membership He is then assigned to a squad, given some

definite task, and encouraged to work, guided by some older member, with new prospects."

Two months later, in the Grapevine's letters page, readers reacted with indignation:

"This sounds more like the police department or probation department plan.

There

is

only one AA plan and this is right out of the book. No organization. No rules.
 That's
 the plan we in Southern California try to follow," wrote A.M. from Los
 Angeles.
 From
 Detroit, H.E.T. exploded: "Good grief and little fishes! What have they got
 out
 there
 in Little Rock, Arkansas - a concentration camp? ... Where do they get the
 authority
 to keep anybody out of the group? ... Imagine bragging about making it tough
 for
 anyone to join AA?" And E.B.T. from Boston protested: "So Little Rock prides
 itself
 on being tough ... and obviously the article you published sounded as though
 they
 pride themselves more on their slip record than on letting everyone who asks
 have a
 helping hand from AA. that may be a group of something, but it didn't sound
 like
 an
 AA group."

While the Little Rock Plan went much too far for the vast majority of AAs
 there
 have
 always been as many styles of sponsorship as there are sponsors and newcomers.
 Some
 members have been able to make it through the rough days of early sobriety
 only
 because their sponsors made them toe the line - "my sponsor never made
 suggestions,"
 we hear from speakers today. Others could only have thrived under far gentler
 guidance, from sponsors who were always available but let sponsees find their
 own
 way. At its heart, like so much in AA, sponsorship can often be effective in
 spite of
 the people involved. As an anonymous Grapevine contributor wrote in a group
 discussion page on the subject in May 1948: "AA is an opportunity to give God
 a
 chance."

|||||

+++Message 1071. Re: the Genesee Group in Rochester
 reference
 From: t 6/8/2003 7:02:00 PM



Grapevine, September 1945

Rochester Prepares Novices for Group Participation

(Editor's note: This is the third in a continuing series of articles outlining the various indoctrination plans followed by different groups throughout the country. In forthcoming issues, methods used in Chicago, Los Angeles, San Francisco and Cleveland will be presented.)

Dear Editor: The educational plan of the Wilson Club of St. Louis which was outlined in the June number of The Grapevine was read by the members of the Genesee Group of Rochester, New York, with considerable interest. As the education of our "novices: has been the chief concern of our group since its inception a year ago, we were all particularly keen to know that other groups are accenting that feature of group activity which we believe to be of the greatest importance.

Our Genesee Group plan utilizes the same technique as the St. Louis Group but has the additional, or more accurately, preliminary feature which seems to us of sufficient importance to justify this communication. We hope to invite comment, suggestions or criticisms from other groups or individuals who may have ideas along this line or who may have some other method of instruction which they are now employing. From such an interchange of thoughts and opinions through the medium of our columns much good may come. I might even be possible to evolve from such discussion a coordinated general plan or framework within which all AA groups could work. Certainly, "a consummation devoutly to be wished."

Our plan differs from the Wilson Club plan in this respect: Our prospects or

novices,
as we call them, are given a personal "Canvass or workout" by their sponsor or sponsors before they are permitted to attend a group meeting. These personal talks follow the line set forth in a booklet prepared by our group for that purpose. It was designed to assist in bringing a prospective candidate up to his first meeting with a thorough knowledge of the aims and purposes of AA and the obligations he will have to impose upon himself if he undertakes membership in our group. It has been our observation that bringing men into the group indiscriminately, and without adequate preliminary training and information, can be a source of considerable grief and a cause of great harm to the general morale of the group itself. We feel that unless a man, after a course of instruction and an intelligent presentation of the case for the AA life, has accepted it without any reservation, he should not be included in a group membership. When his sponsors feel that the novice has a fair working knowledge of AAs objectives and a sufficient grasp of its fundamentals, he is then brought to his first group meeting.

The time when the novice's progress has reached the point of acceptance of the program varies according to his mental capacity, his eagerness to learn and the sincerity of his self-examination. It is not measured by the yardstick of any lapse of time or the length of his sobriety. The sponsor's judgment of when his novice is ready is accepted by the group as final and the sponsor then brings him to his first meeting. There he listens to four successive talks based on the 12 Steps and the Four Absolutes. These are twenty-minute talks given by older members of the group and the steps, for convenience and brevity, are divided into four sections. The first three

Medical Association, which 21 years ago formally declared alcoholism a disease. At that time, only a handful of programs, such as Hazelden in Minnesota, offered treatment for alcoholics. Since then medical centers and treatment programs have proliferated across the country. There are more than 7,000 treatment programs, a 65% increase in the past six years alone. Partly because of the new spotlight on the dangers of alcohol, Americans are beginning to moderate their drinking habits: consumption of alcohol peaked in 1981 and has since declined by 5%. In many social circles today, the big drinker stands out like W. C. Fields at a temperance meeting.

The most exciting developments in the battle against alcoholism are taking place in the nation's laboratories, where scientists and medical researchers are probing its neurochemical roots and hunting for genes that may influence its development. Next month researchers from six national laboratories will meet in New York City to coordinate their search through human DNA for the genes that may underlie alcoholism. If they are successful, doctors may one day be able to test young people for certain genetic markers, the chromosomal quirks that predispose some individuals to alcoholism, and warn those who are at risk of developing the disease. Says Henri Begleiter, professor of psychiatry at the State University of New York Health Science Center and president of the Research Society on Alcoholism: "Never in the history of alcoholism have we made as much progress as we have in recent years."

For the 18 million Americans with serious drinking problems, life is a runaway roller coaster that, left untended, inevitably leads to disaster. "It ruins everything that matters to you," says New York Times reporter Nan Robertson, a recovered alcoholic. "In the end, the bottle is your only friend. Alcoholics would rather do anything than stop drinking." For the vast majority of Americans, the occasional social drink is a harmless affair. For the afflicted, however, the most innocent gathering of family or friends--a wedding at a suburban country club, a casual gathering on an urban sidewalk--can turn into a nightmare of temptation, indulgence and worse. Recalls a youthful recovering alcoholic: "My biggest fear was getting through life without a drink. Today it is that I might pick up that one sucker drink."

The stakes are high. Alcoholism claims tens of thousands of lives each year, ruins untold numbers of families and costs \$117 billion a year in everything from medical bills to lost workdays. The magnitude of the problem has been overshadowed in recent years by the national preoccupation with the new threat of AIDS and the widespread use of drugs such as heroin, cocaine, marijuana and crack. "Take the deaths from every other abused drug," says Loran Archer, deputy director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in Washington. "Add them together, and they still don't equal the deaths or the cost to society of alcohol alone."

Alcoholism's toll is frightening. Cirrhosis of the liver kills at least 14,000 alcoholics a year.

Drunk drivers were responsible for approximately half the 46,000 driving fatalities in the U.S. in 1986. Alcohol was implicated in up to 70% of the 4,000 drowning deaths last year and in about 30% of the nearly 30,000 suicides. A Department of Justice survey estimates that nearly a third of the nation's 523,000 state-prison inmates drank heavily before committing rapes, burglaries and assaults. As many as 45% of the country's more than 250,000 homeless are alcoholics.

Despite all the advances in knowledge and attitudes, plus the deluge of books, movies and television programs on alcoholism, the cartoon image of the cross-eyed drunk slumped in the gutter or staggering through the front door still lingers in the minds of some Americans. Not long ago many believed, as two researchers put it in the 1950s, that "alcoholism is no more a disease than thieving or lynching." Such attitudes are fading fast, to be sure, but not without leaving a residue of ambivalence. Says LeClair Bissell, 59, a recovered alcoholic and physician: "At the same time we say through our lips that alcoholism is a chronic disease, many of us feel in our guts that it's a moral or self-inflicted problem."

Yet it is a disease, and it can be a ruinously expensive one. A four-week drying-out regimen can cost anywhere from \$4,000 to \$20,000 for in-patient care; today medical insurance covers the tab for 70% of American workers in companies with more than 100 employees. In the early 1970s, the Kemper Group of Long Grove, Ill., was the first national insurance company to include coverage for alcoholism in all its group policies. The firm's hunch: the bill for helping an alcoholic quit today would be cheaper than nursing him through afflictions like cirrhosis of the liver and strokes later in life. The logic of acting sooner rather than later has spread throughout corporate America. Some 10,000 firms and public agencies, including 70% of the Fortune 500 companies, now have employee-assistance programs to help alcohol and drug abusers pull their lives together and get back to work. "Before this," says William Durkin, employee assistant manager at ARCO, "the normal handling was to tolerate the alcoholic employee until he became intolerable and then to fire him."

Progress in the actual treatment of alcoholism is disappointing. Most facilities still rely on basic therapies worked out in the 1940s. Though some centers advertise grossly exaggerated success rates of 70% after four years, the best estimates are that only 12% to 25% of patients manage to stay on the wagon for three years. Alcoholics Anonymous, the tremendously popular association of an estimated 1 million recovering alcoholics, remains the single biggest source of support for chronic drinkers. But its record is hard to assess because of members' anonymity. Even so, only 15% to 20% of alcoholics get any treatment at all. Says Enoch Gordis, director of the NIAAA: "Something very important is still missing here."

Simultaneously, another shadowy fact of life about alcoholics has been dragged into the light: the severe emotional scars they leave on their spouses and

especially on their children. "Years ago the focus fell solely on the alcoholic," says Carol, a mother of four and wife of an alcoholic. "Nobody identified the needs of the family." Indeed, alcohol abuse accounts for more family troubles than any other single factor. A Gallup poll this year found that one in four families reported a problem with liquor at home, the highest reported rate since 1950 and twice the 1974 rate. According to Health Secretary Bowen, alcohol is the culprit in 40% of family-court cases and accounts for between 25% and 50% of violence between spouses and a third of child-molestation incidents.

Though awareness of alcoholism's destructiveness is growing, the sheer number of alcoholics shows no sign of abating. Young people are especially vulnerable. Bowen states that nearly 5 million adolescents, or three in every ten, have drinking problems. Several studies show that children are beginning to drink earlier than ever before, and a Weekly Reader study earlier this year reported that 36% of fourth-graders were pressured by peers to drink. "Kids are making decisions about alcohol and drugs when they are 12 to 14, whereas in the preceding generation they made those decisions at ages 16 to 18," says Lee Dogoloff, executive director of the American Council for Drug Education. "The younger a person starts drinking, the more likely he is to develop problems later in life."

Who, exactly, is an alcoholic? The question is a tricky one: symptoms are not always clear cut, and even doctors do not agree on a definition of the disease. The extreme cases are obvious. A person in the grip of alcoholism blacks out from drinking too much, suffers memory loss, and wakes up trembling with craving for another drink. But most cases show fewer dramatic symptoms. Also, the behavior of alcoholics fluctuates wildly. Some drink heavily every day, while others can stop for brief periods, only to go off on binges. This past year the American Psychiatric Association settled on three basic criteria to define and diagnose alcoholism: physiological symptoms, such as hand tremors and blackouts; psychological difficulties, which include an obsessive desire to drink; and behavioral problems that disrupt social or work life.

The search for alcoholism's general underpinnings began in earnest in the early 1970s with a simple question: Why does the disease seem to run in families? Dr. Donald Goodwin, chairman of the psychiatry department at the University of Kansas School of Medicine, set about seeking an answer by studying 133 Danish men who were all adopted as small children and raised by nonalcoholics. Goodwin divided his subjects into two categories: those with nonalcoholic biological parents and those with at least one alcoholic parent. Then he interviewed each of the adopted men in depth and examined health records to see which of them developed alcoholism in adulthood. If the disease had a genetic basis, Goodwin reasoned, then the children who had an alcoholic biological parent would wind up with drinking problems more often than the others.

His findings were startling. The sons of alcoholics turned up with drinking

problems four times as often as the sons of nonalcoholics. That result helped put to rest the popular assumption that alcoholics took up drinking simply because they learned it at home or turned to it because of abuse suffered at the hands of an alcoholic parent. The study, however, did not rule out environmental factors. Indeed, scientists now estimate that fully 30% of alcoholics have no family history of the disease. But Goodwin showed that some inherited attribute was involved. "What we learned from the adoption studies," says Dr. C. Robert Cloninger, a professor of psychiatry at Washington University in St. Louis, "is not that nature was important or nurture was important but that both are important."

But it was still far from clear how hereditary and environmental factors combine to create an alcoholic. In the early 1980s, Cloninger joined a team of Swedish investigators led by Michael Bohman, a psychiatrist at the University of Umea, to study an even larger group of adoptees. Since Sweden's extensive welfare system keeps thorough records on each citizen, Bohman was able to compile detailed sketches of 1,775 adopted men and women, more than a third of whom has an alcoholic biological parent. As Cloninger studied the health, insurance, work and police records of his subjects, two distinct categories seemed to emerge--and with them new evidence that alcoholism may have more than one form.

Cloninger's first group of alcoholics, about 25% of the total, tended to drink heavily before the age of 25, had bad work and police records and met with little success in treatment programs. Drinking was a habit they seemed to pick up on their own, with little encouragement from friends or other influences. When Cloninger checked how often alcoholism appeared in the sons of men who fit this description, he found it surfaced nine times as often as in the general population. This variation of the disease, Cloninger concludes, is heavily influenced by heredity. Because it appears primarily in men, he calls this form "male limited" alcoholism.

The second type included both men and women and made up about 75% of the study's alcoholics. They started chronic drinking usually well after the age of 25, rarely had trouble with the law, and often successfully kicked the habit. Their children were only twice as likely to have trouble with alcohol compared with the general population. Cloninger labeled this category of alcoholism "milieu limited," indicating a genetic predisposition to the disease that is triggered by extended heavy drinking.

Cloninger's work added key pieces to the puzzle of alcoholism by suggesting traits that certain types of alcoholics have in common. For example, Cloninger found that his male-limited alcoholics tended to be aggressive, even violent types. He hypothesizes that the nervous system underlying such behavior may react to alcohol in a way that quickly leads to dependence. "It's not proved," says Cloninger. "It's testable." Says Boris Tabakoff of the NIAAA: "For those of us looking for biological markers, Dr. Cloninger's work gives us a road map we can follow to link genetic traits to behavior."

If researchers could develop medical tests that identify biochemical signposts indicating a predisposition to alcoholism, they could warn potential alcoholics before trouble started. SUNY's Begleiter found just such a potential marker in the brain. By using an electroencephalograph to measure the brain waves of nondrinking sons of alcoholic fathers, Begleiter discovered that a particular brain wave called the P3 showed a dampened response. In each instance the sons' brain waves closely duplicated those of their fathers, while other subjects with no family history of alcoholism showed strong P3 waves. In addition, Dr. Marc Schuckit, a researcher at the San Diego Veterans Administration, has found that after several drinks some men whose fathers are alcoholics show fewer changes in the levels of two hormones, prolactin and cortisol, than men whose fathers are nonalcoholics. Eventually, such findings may provide important clues in the search for the genes involved in alcoholism.

Scientists acknowledge that work on the effects of alcohol on individual brain cells is still in its infancy. Part of the problem is that ethanol, the active ingredient in alcoholic drinks, easily penetrates the membranes of all cells and disrupts their normal function. Unlike other psychoactive drugs, ethanol does not target specific parts of nerve cells, or neurons, but seems to enter cell membranes and sabotage the nervous system indiscriminately.

Steven Paul, chief of the clinical neuroscience branch at the National Institute of Mental Health, is studying how ethanol affects certain cells in the brain to induce sedative effects. He is looking at a group of receptors, sites on the membranes of brain cells, that link with a molecule called gamma-aminobutyric acid (GABA), a neurotransmitter that moves across the synapses between neurons. GABA homes in on a complex known as the GABA-benzodiazepine receptor. If there are a sufficient number of GABA molecules present in certain areas of the brain, anxiety diminishes. Tranquilizers such as Valium and Librium work by attaching themselves to the receptor and increasing GABA's effectiveness.

Paul believes ethanol also reduces anxiety by acting on those GABA-sensitive neurons. Altering the amount of GABA in the brain could theoretically neutralize the effects of intoxication. To that end, Paul is currently experimenting with a drug, Ro15-4513, that blocks ethanol's ability to activate the GABA receptor, thus sharply reducing alcohol's sedative effects in rats. Although the drug is toxic to humans, variants could one day be useful in treatment. Other scientists are studying a new class of drugs that seem to block the alcoholic's craving for a drink. These compounds boost the amount of another neurotransmitter, serotonin, in the brain, thus encouraging a sense of well-being-and bolstering abstinence.

Ethanol has a harmful effect on nearly every organ in the body. Chronic heavy drinking increases the risk of myocardial disease and high blood pressure. Alcohol eats away at the stomach and intestines, causing bleeding in some

drinkers. Alcoholic males may experience shrunken testes, reduced testosterone levels, and even impotence. Sustained drinking sometimes disrupts women's menstrual cycles and can render them infertile. Among expectant mothers, drinking, can produce birth defects and is a major cause of mental retardation in American children. Even the immune system's efficiency is reduced by alcohol. Studies are under way to determine whether heavy drinking might cause AIDS to surface more quickly in infected carriers.

But alcohol takes the worst toll on the liver, where most of the ethanol in the bloodstream is broken down. Because alcohol is so high in calories (there are 110 calories per jigger of 90-proof liquor), the liver metabolizes it instead of important nutrients, a phenomenon that can lead to severe malnutrition. The high caloric content of ethanol also causes fat to build up in the liver, one of the earliest stages of alcoholic liver disease. This is frequently followed by scarring of the liver tissue, which interferes with the organ's task of filtering toxins from the blood. The slow poisoning leads to other complications, including cirrhosis, an often fatal degeneration of the liver that affects at least 10% of all alcoholics and is especially hard on women. "They die of cirrhosis earlier than men, even though they consume less alcohol," says Judith Gavaler, an epidemiologist at the University of Pittsburgh Medical School.

This year studies at the Harvard Medical School and the National Cancer Institute reported that even women who drink moderately may have a 30% to 50% greater chance than nondrinkers of developing breast cancer. Heavy drinking among men and women alike has been linked to cancer of the liver, lung, pancreas, colon and rectum. In October a team led by Dr. Charles Lieber, a leading alcoholism researcher at the Bronx Veterans Administration Medical Center in New York City, reported that it had isolated a possible link between alcohol and cancer in humans. The culprit appears to be a member of the family of enzymes called cytochrome P-450s. In the presence of alcohol, the cytochrome can turn certain chemicals in the body into carcinogens.

Despite the medical recognition of alcoholism as a disease 21 years ago, there is still uncertainty over its legal status as an illness.

Michael Deaver, the former aide to President Reagan who is on trial for lying to a grand jury about his lobbying activities, is arguing that he was not responsible because he is an alcoholic and his drinking at the time impaired his memory of events and facts. In the past the so-called alcoholism defense generally has not been very successful, but it has worked on occasion in perjury cases.

Next month the Supreme Court will hear a case that is likely to hinge on the Justices' decision as to whether alcoholism is a disease. Two former soldiers, now recovered alcoholics, are seeking to overturn a 56-year-old Veterans Administration policy that classifies alcoholism as "willful misconduct" rather than a sickness. The VA's definition prevents alcoholics from receiving

benefit extensions awarded to veterans with illnesses. In seeking to make their case, the plaintiffs' lawyers are expected to bring up the new evidence that alcoholism may have a genetic basis. Says Kirk Johnson, general counsel for the A.M.A., which filed an amicus brief in the case: "We want a medical judgement, not a ruling based on fear, misunderstanding and prejudice."

For alcoholics, the only way to stop the havoc alcohol causes is, of course, to quit drinking. That is easier said than done. The main barrier to ending the torment is the alcoholic's characteristic, and usually adamant, denial that any problem exists. Mary, 61, who has not taken a drink for 14 years, remembers blacking out and waking up with her hands trembling so badly that she could not hold a cup of coffee. "I had reasons for all those things happening to me," she says, "and none of them had to do with my drinking."

How, then, to break the psychological impasse? One way is to follow a strategy called intervention, which was pioneered in the early 1960s by Vernon Johnson, an Episcopal priest in a Minneapolis suburb. In intervention, family members, friends and co-workers directly confront the alcoholic to shatter his carefully nurtured self-delusions. Beforehand they meet with a specially trained counselor (the fee: \$500 to \$750) to rehearse. In the actual confrontation, the alcoholic is presented with a tough but sympathetic portrayal of the mess he is in and is urged to accept prearranged admission to a treatment center, often the same day. Says Carol Remboldt, publications director at Johnson's institute in Minnesota: "Intervention allows a tiny aperture to be poked in the wall of an alcoholic."

The process can be painful. A 31-year-old daughter read her alcoholic parents a letter in which she described how she had seen her mother change "from the best friend I ever had" to an unhappy and unreliable woman. "The good parts of your character," she said, "are being stolen away by alcohol. Don't let that bottle overtake your life." Indeed, children often provide the most persuasive statements. One alcoholic's resistance crumbled when his son said, "Daddy, when you read me the funnies on Sunday morning, you smell." Peggi, a former schoolteacher and recovered alcoholic, remembers the day seven years ago when she was faced down by her husband, sister and three sons. "It was awful" she recalls. "But it was crucial for me to see how my drinking affected their lives."

As Poet Robert Bly, the son of an alcoholic, puts it in a book called *Family Secrets*, edited by Rachel V. (Harper & Row, 1987): "Every child of an alcoholic receives the knowledge that the bottle is more important to the parent than he or she is." To mend the damage from those year-in, year-out traumas, hundreds of thousands of Americans have turned to Al-Anon and other family-therapy organizations. An offshoot of A.A. that was formed in 1951 for relatives and friends of alcoholics, Al-Anon has more than doubled in size since 1975 and now boasts some 26,000 regional groups. But the real comer is the children-of-alcoholics movement, aimed at the nearly 30 million offspring of chronic drinkers in the U.S. Made up of a variety of organizations, the

movement took off four years ago with the best-selling book *Adult Children of Alcoholics*, a guide to the dilemmas C.O.A.s face, by Janet Geringer Woititz, a human-relations counselor in Verona, N.J.

At a typical C.O.A. meeting, participants sit in a circle and offer reflections on their own experiences, from a paralyzing fear of intimacy to acute conditions like bulimia, a disorder marked by episodes of excessive eating. At the heart of their pain and confusion is a childhood fraught with anxiety. "When we were kids and our parents were drunk' it was our problem," a 21-year-old daughter of an alcoholic told Time's Scott Brown. "Somehow it seemed that we should be super people and make our family healthy." Reliving painful childhood experiences among sympathetic listeners enables the C.O.A.s to feel emotions they had suppressed. Recalls Rokelle Lemer, a pioneer in the movement: "I had to learn to re-parent myself, to comfort the little girl inside."

For both family members and chronic drinkers, the greatest frustration is the absence of a surefire treatment for alcoholism. The truth is that success rates often depend more on the individual makeup of the alcoholic than on the treatment. Alcoholics fitting Cloninger's male-limited type are less likely to remain sober after treatment, along with those with unstable work and family backgrounds. "The best predictor of patient outcome is the patient," says Thomas Seessel, executive director of the National Council on Alcoholism. "Those who are steadily employed, married and in the upper middle class are more likely to succeed. They have more to lose." In response to allegations that some centers have exaggerated how well their patients do after treatment, Congress has ordered the NIAAA to investigate treatment programs.

Today about 95% of in-patient treatment centers in the U.S. use a 28-day drying-out -program developed in 1949 at Hazelden. For the first few days, staff help patients through the tremors and anxiety of withdrawal. From that point on, the emphasis is on counseling. The aims: dispel the alcoholic's self-delusions about drinking, drive home an understanding of alcohol's destructive properties, and make it clear that the only reasonable course is to stop, drinking--permanently. Some centers use Antabuse, a drug that induces vomiting and other symptoms if the patient has a drink. Schick Shadel, a program with hospitals in California, Texas and Washington, employs aversion therapy to condition alcoholics to recoil at the smell, taste and even sight of a drink. Most programs, however, rely on A.A. or other counseling programs to help reinforce the message of abstinence.

"Everyone knows how to get sober," says Michael Baar, an Albany, Calif., psychologist. "The problem is keeping them in that state." Relapse prevention is the latest attempt to help reduce the number of recovering alcoholics who fall of the wagon. Terence Gorski, president of the Center for Applied Sciences in Hazel Crest, Ill., has studied thousands of relapse cases and found that on their way to recovery, alcoholics go through specific stages, each with its dangerous temptation to return to drinking. Early on, it may be

hard to cope with withdrawal. Later, the patient may falter in developing a normal family and social life. Finally, there is a period of complacency, when the recovering alcoholic no longer fears drinking as he once did. At each point, says Gorski, "the person is out of control before he actually starts to drink." His solution: counselors who meet regularly with recovering alcoholics to help them identify and face problems before they get out of hand. Says Gorski: "It is compatible with A.A. and self-help groups. The only difference is that we go beyond what AA. has to offer."

Will there ever be a simple cure for alcoholism? Probably not. Even so, the next decade or so holds dramatic promise for advances in understanding and effectively treating the disease. Researchers hope eventually to sort out alcoholics according to the neurochemical bases of their addiction and treat them accordingly. "We are still trying to map out these neurochemical systems," says Edgell Newport's Wallace. "If we succeed, then it is likely that we will be able to design treatments." A.A. and other groups may always be necessary to help alcoholics assess the psychological and emotional damage of chronic drinking, but there is hope that medicine may make the course to sobriety less perilous.

Medical and scientific promise, however, should not eclipse the importance of public policy efforts to curb heavy drinking among adults--and stop it altogether among youngsters and adolescents. Education is one approach. The Government's "Be Smart" campaign, aimed at eight-to-twelve-year-olds, has had some success. Mothers Against Drunk Driving has been a primary factor in the fight that has raised drinking ages from 18 to 21 in 34 states plus the District of Columbia since 1982. Despite strong opposition from the alcohol industry, which lobbies vigorously against higher excise taxes for alcohol and warning labels on beer, wine and liquor bottles, groups like MADD and the National Council on Alcoholism continue to push initiatives that will further discourage consumption of alcohol.

In his speech two weeks ago, Health Secretary Bowen complained that brewers and beer distributors spend \$15 million to \$20 million a year marketing their products on college campuses, encouraging heavy drinking and "contributing to poor grades, excessive vandalism, many injuries, and not so infrequently, death." Bowen asked Education Secretary William Bennett to encourage university presidents to restrict alcohol promotions on campus. Spuds MacKenzie, the canine star of Anheuser-Busch's advertising campaign for Bud Light beer, is also in the doghouse. This fall the National Association of State Alcohol and Drug Abuse Directors filed complaints with several federal agencies charging that the campaign encouraged kids to drink.

For those who know what British Novelist Malcolm Lowry described as the alcoholic's "fine balance between the shakes of too little and the abyss of too much," sobriety cannot come too soon. That is the challenge for medical researchers. But just as much energy should go into the job of preventing the disease. That means not only finding genetic markers to warn those susceptible

but also changing attitudes in a society that still glorifies drinking. As Bowen remarked recently, "To do anything less than all this would be a disservice to ourselves, our society and to the many future generations whose lives and livelihoods are at stake." For millions of American alcoholics, there is no time to lose.

Diary of a Drunk

What is it like to suffer from alcoholism?

The writer of the following article, who spent 28 days in a treatment center in the Northeastern U.S., offers his reflections:

Dying of alcoholism normally takes years. But before a final, prolonged bout of uncontrolled drinking caused my physical collapse and led to treatment, there was no doubt I was well on my way. My appearance was shocking. I was about 20 lbs. Underweight and malnourished, the result of giving up almost all forms of food except coffee, sugar and, of course, alcohol. I was in the early stage of delirium tremens, the DTs. I sometimes heard faint ringing noises in my ears and suffered unexpected waves of vertigo. I felt near constant pressure in my lower back and sides from the punishment my liver and kidneys were taking. My personality was also seriously diseased. I was nervous, reclusive, by turns extravagantly arrogant and cringingly apologetic. I tried to cover my extremes of mood with brittle cheerfulness, even though I was desperately afraid. If you asked me how I was feeling, I usually lied, "Just fine."

I now see "just fine" as a key phrase that encompassed my diseased physical and mental condition. At the nadir, my addiction to a chemical that was killing me was nearly complete. I knew that something was very wrong with me. I even knew I was an alcoholic, but I had long since come to believe there was nothing I could do about it. I had decided that it was perfectly appropriate--just fine--that I should die. In fact, I honestly hoped that I would, sparing further grief for many people I loved. Dying, I thought, was the best thing I could ever do for them. The idea of living without alcohol could not occur to me. I preferred the idea that I was a hopeless case.

No one finds alcoholism more mysterious than the suffering alcoholic, and I was no exception. I had no idea why I was an alcoholic at all, though I should have: my father was one. But from his illness I had gained only a morbid fear of the substance, which lasted until I reached college. I would never touch the stuff. That prolonged abstinence while my adolescent peers experimented with liquor only made what happened to me more mystifying. I thought I could take alcohol or leave it.

Why did I ever start to drink at all? The short answer is that initially it made me feel better. Alcohol numbed my self-awareness, the same trick that it

performs for nonalcoholic drinkers at cocktail parties. The difference is that normal drinkers dull their self-consciousness only slightly, the better to socialize. I very quickly tried to send all my thoughts and feelings about myself to oblivion. Psychologically, I was undoubtedly depressed when I began to overcome my well-founded but ill-understood fears about alcohol: my father died when I was a sophomore. For whatever reasons, I spent the better part of two decades trying to stay emotionally and physically numb.

Even in those early days, signs might have pointed an expert on alcoholism toward my growing problem. One hint was my immediate tendency to drink to unconsciousness. At parties, I would often fall asleep in mid-hullabaloo on the couch. That drew plenty of jokes at the time. Only much later did I recognize that I had been passing out. Another signal was an initial, abnormally high tolerance for alcohol, at least until the passing-out stage. I thought I could hold my liquor pretty well. Now I think it means that my body was being less dutiful than most in handling overdoses of a hazardous chemical. (Years later, when only a couple of drinks would overload my toxified -liver, causing slurring of words and other drunken symptoms, I finally joined the company of those who "can't hold a drink.")

Exactly when did I become addicted to alcohol? I don't know that either. The addiction was preceded by a delusion: I thought I drank to socialize. Maybe I did. My alcoholism took years to develop into a chronic affliction, and during much of that time I went to bars after work, one of the guys. The delusion was gradually reinforced by gravitation. I mingled more and more with other persistent drinkers who took longer and longer to call for their bar tabs. Most of us were actually alcoholics in varying stages of development. The nonalcoholics had long ago selected themselves out. Those of us who remained agreed that we were "normal." Unhappy, but normal.

Alcoholic perception is like that, in a hundred insidious and distorting ways. All of them are aimed at protecting a drunkard's notion that he is possessed of free will. My drinking buddies and I agreed that we did not have a drinking problem. Everything in our increasingly narrow world, though, was a problem that required drinking: the wife, the kids, the boss, the government. In dingy watering holes from which everyone with a healthy life to lead had gone home, we conspired to overlook the obvious, that our bodily cells were addicted, and our minds were along for the ride.

Inexorably, the need for alcohol grew, while the lies wore thin. As my alcoholism accelerated, I abandoned most drinking partners and joined the ranks of solitary toppers bellied up to countless bars. I lost any sense at all of what would happen after I started drinking; I became completely unpredictable. Sometimes I would go home after a couple of drinks (there was usually more booze there). More often, I would join the lineup of other alcoholics at the bar telephone stalls, fumbling with worn-out excuses about unexpected visitors and urgent business meetings. Sometimes I would simply hole up in my office with a bottle after everyone else had gone home. There

Nan Robertson, author of the forthcoming A.A.: Inside Alcoholics Anonymous, is a journalist and reformed Alcoholic. A New York Times reporter for more than 30 years, she won the Pulitzer Prize in 1983 for a personal account of her nearly fatal struggle with toxic-shock syndrome.

'I'M ONE DRINK AWAY FROM A DRUNK'

Where would I be without Alcoholics Anonymous? I would be dead. I entered A.A. in 1975. I haven't had a drink in 12 years. But it took me years to get well, and I had a turbulent recovery, including hospitalization for a nervous breakdown. The most courageous act of my life was not to recover from toxic shock; it was to admit that I was a drunk and to do something about it.

The world is full of functioning alcoholics, and I was one of them. I didn't drink on the job for the longest time. I never lost my job through drinking. I didn't ruin my career. I would have done all of these things had I gone on long enough.

For me, it was a conversation with one person who told me I had to stop, who was not himself an alcoholic but whose father had died an active alcoholic. It was the combination of this man's gentleness and the fact that he was a doctor - but that really wasn't the important thing. It was that he had suffered through alcoholism. And somehow, what he had to say to me started me on the road back.

I began drinking alcoholically when I was 33, which was about the time I married my second husband, Stanley Levey. I was controlled for the 10 years of our marriage before his death by the fact that he was a moderate drinker, the fact that he loved me. I was careful about my drinking. After he died, very traumatically, all controls were off, and I began drinking suicidally and did so from 1971, when Stan died, almost through 1975, when I went to Smithers (an intensive alcoholism-treatment center in New York City) and then immediately thereafter joined A.A.

The worst-kept secret

I drank very heavily at night. My friends at work didn't know this. I thought I'd kept the secret. But when I called up from Smithers joyfully telling everybody I'm an alcoholic, it was the worst-kept secret in the world. My mother had known, all my close friends had known and my stepson had known.

You know, alcoholics drink for every reason they can possibly find. Your life is structured around alcohol. I used to look forward to lunch all the time because there I could have a couple of martinis and a beer. That's pretty pathetic, isn't it? I always wanted to go to restaurants where drinks were served. I didn't want to go to coffee shops. It's very, very typical.

There's a dramatic difference between the way women alcoholics drink and the way men alcoholics drink, which has a lot to do with the way society views women who drink heavily. Women alcoholics generally are hidden alcoholics. It is much less socially acceptable for women to go to bars, to be drunk and disorderly publicly, so very often women drink at home. They often drink alone. Betty Ford is a classic case.

A debt of gratitude

People don't judge people in A.A. People don't check up on you. They do not care what you did out there when you were drunk. All they care about is helping you now that you're trying to get sober. That's something that's very hard for outsiders to understand, how extremely flexible A.A. is. If I feel in a crisis now, I'll go to meetings. I still go fairly regularly, but not as much as I did when I was in a terrible state. At most, I would go to A.A. meetings perhaps five times a week. Now, I go to about one a week, sometimes one every two weeks.

It's very hard, if your life has been saved by an organization - with your help, of course - not to feel deeply grateful to it.

If you are a member of a family that includes an alcoholic, don't protect him or her. Don't call the boss to say, "Fred is sick today and can't come to the office." Don't pour the liquor down the sink. Don't rant and rave. Don't threaten, unless you mean it, that "I'm leaving you."

You have to detach yourself from the person who is an alcoholic and find your own life, because the alcoholic wraps his arms around the bottle - and the family wraps its arms around the alcoholic, and all of their lives become distorted. Their lives are dedicated to the principle that they have to keep this secret and they have to protect their drunk and nobody must know.

What you can do is save your own life. One of the best ways to find help is in Al-Anon, for the families of alcoholics, to know that you're not alone. They teach you to have a life of your own.

The best question to ask yourself or ask about someone you love: Is drinking distorting any part of my life - my working life, my social life, my family life? If it is, then you've got problems. Also, if you are secretly worried about your drinking, chances are you have reason to be worried. All alcoholics are, in their own souls, worried about their drinking. They may deny it; it is a disease of denial. Some people would rather be crazy than be called a drunk. It's something that people are ashamed of. There's a terrible stigma involved in saying: "I am a drunk. That's what I am. I'm a successful, charming, effective drunk that's sober, and I'm one drink away from a drunk."

Conversation with Beth Brophy

not
accept the sponsorship.

3. Work on only one member at a time.
4. Come to all the classes with the new member.
5. Keep in close touch by telephone.
6. See that the new member comes to all the meetings and be there also.
7. See that he meets people.
8. Have older members talk to him.
9. Don't sell the club to new members.
10. Don't quote the big names in the group.
11. Uphold other members to the new member.
12. Do not encourage discussion of personalities.
13. Do not make things too easy, such as lending money, etc.
14. Help straighten out new member's financial and domestic problems by pointing out what experience has shown to be the best way.
15. When a drunk goes to another sponsor with tales of persecution, if the second sponsor doesn't talk it over with the first sponsor, the issue become one of personalities, and the second sponsor will find that the slipper has outsmarted him.
16. Don't listen to a lot of gossip by slippers.
17. Second sponsor of same member should get in touch with the first sponsor and find out what has been done - what were the reaction of the slipper - so that he can't pull the same stuff on the second sponsor.
18. If a new member alibis about coming to classes and the Tuesday night meeting

as
absorbed from the Akron group. The feeling has been that growth should be
steady
and
sound. There has been a considerable amount of favorable publicity in the
Chicago
newspapers and all of it has been unsought. It is an unspoken tenet of the
group
that
the restoration of each individual to a calm, orderly way of living is of more
importance than promoting the group in public. Experience has been that there
is
a
very great power in the example group members have given those who knew them
before
their entrance on the program.

Spirit of Simplicity

This spirit of simplicity extends to the activities of the group as a whole.
Organization at all times has been only to such extent as to insure against
over-organization. Fortunately the Chicago group early in its existence was
given
this advice by the leader in Akron: When the time is right and you are right,
Providence will show you the way.

Six months after the group moved into the Loop for regular Tuesday meetings it
became
apparent that the general meeting itself was not a proper place for the
discussion of
business affairs. We, therefore, set up an earlier meeting on the same evening
for
any matters of business which might come up. This meeting was without officers
and
any member interested could attend. For lack of a better name it was called
the
Set-up Meeting. This has continued, although now one member from each
neighborhood
group attends and at this meeting the members may present for discussion any
subject
in which their groups are interested.

The plan for the neighborhood groups developed naturally with no impulse to
organize
for the sake of organization. At about the same time the Set-up Meeting was
formed a
rather considerable rush of prospects appeared. Each was sponsored by an older
member

but there was no arrangement on the part of the group as a whole for meeting
or
helping the new people except by casual contacts at Tuesday meetings. Two of
the
older members conceived the idea of an informal bull session with the men
under
their
sponsorship at the time invited to a home to sit around for the evening and
discuss
any particular problems of their own. This experiment was so successful that
other
informal gatherings at unstated times were held here and there throughout the
city.
Presently it became apparent that the idea could well be systematized. The
city
was
divided into 10 areas and a discussion group to meet regularly on Tuesday
nights
was
formed in each one. As each group has acquired new members it has divided and
in
some
cases subdivided until there are now 60 in the Chicago area. It has been found
that
the value and pleasure in these group meetings lie in a rather small
attendance.
Some
of these groups have been reluctant to divide because of close association in
their
early days of AA and remain large. The general feeling, however, is that from
six to
15 members is the ideal size of a group for a discussion meeting.

Tuesday night meetings in the Loop are at present held in the Engineering
Building at
205 West Wacker Drive. This is the fifth meeting-place required by expansion
of
the
group. Many members and their wives have dinner in the building before the
meeting.
In general the procedure on Tuesday nights follows the early pattern which is
a
program of speaking conducted by a chairman. The practice now is that four or
five
speakers, each allotted 10 minutes, give the Tuesday programs.

As time went on the increasing number of newcomers appeared to justify a
special

instruction meeting. The first of these was held informally in one corner of the large meeting hall by a volunteer older member who gathered the newer ones and talked to them and answered their questions. This haphazard plan was so evidently successful that a definite regular meeting was arranged to precede the main meeting.

Another Tuesday night meeting was organized for the benefit of old members who were concerned with sponsorship.

Even before the Chicago group began its regular Tuesday meetings in the Loop the need for companionship was recognized and met by a Saturday night open house at the home of one of the members. The group soon outgrew the accommodations of any home and moved the Saturday night festivities into a hotel in Evanston. Members of the far south side soon set up their own Saturday night open house and since then another regular party has been established on the north side and one each on the northwest and west sides.

The Alano Club

Another activity is the Alano Club on the sixth floor at 189 West Madison Street. This project is sponsored and supported by members of the metropolitan group, administering it separate from the central office but entirely in keeping with AA principles and practices. Open house with coffee and cake at the Club at 1PM Wednesday and at 8:30 PM Friday.

In the experimental field the Chicago group has had success with patients at the Chicago State Hospital on the Northwest side of the city. By special arrangement the group has been enabled to send men and women in need of hospitalization and to obtain treatment for them without putting them through the regular process of commitment. Regular AA meetings are held at the hospital Wednesday nights, conducted in turn

Grapevine, June 1945

Educational Plan

The Wilson Club, one of the four St. Louis AA groups, is now using a very satisfactory method of "educating" prospects and new members. It has done much to

reduce the number of slippers among new members. In brief, it is somewhat as follows:

Each new prospect is asked to attend four successive Thursday night meetings, each

one of which is devoted to helping the new man learn something about Alcoholics

Anonymous, its founding, and the way it works. The new man is told something about

the book, and how this particular group functions.

At the first meeting Bill's background is sketched - his drinking career and the

various events which led to his drying up; his trip to Akron, his meeting with Bob,

and the subsequent growth of AA up to the time it reached St. Louis. We give some of

the local history on the formation of the Wilson Club. During a fifteen minute recess, each man is asked to write in a few words just what he considers an alcoholic

to be. Then a few answers are read, followed by the reading of an address made by one

of our best doctors discussing what an alcoholic is from the medical angle.

The second Thursday covers the spiritual angle, trying to help clarify many of the 12

steps. This is followed by the reading of an address by a greatly revered Jesuit

priest, Father Dowling, who really started the St. Louis groups.

At the third Thursday meeting, all chapters of the book proper are highlighted and

discussed, followed by the reading of a talk given us by a very prominent Protestant

minister, who has read the book many times and has made Alcoholics Anonymous the

subject of several of his sermons.

Then at the final meeting, the AA literature is reviewed, including our own pamphlets, and the Wilson Club operation is explained to them in detail; such as

Critical

attention to these "previews" enabled each individual to reorganize or rewrite his discussion so that it would contain what the group as a whole considered an adequate presentation of the subject on the basis of their collective experience and what they knew of experiences elsewhere.

In general, the plan is to cover the AA program as clearly, concisely and completely as possible in four 45 minute discussions, with time for questions at the end of each. The arrangement of the club rooms permits all four discussions to be presented at one time, each in a separate room, every Wednesday evening. New members are urged to attend all of the sessions in the proper order. It is emphasized each time that the discussions are not to replace any other AA activity, but to supplement them and to serve as an outline into which the new member can fit his past experiences, his present objectives and his progress toward these objectives.

At every meeting the three objectives of AA are kept before the group:

1. To attain and maintain the FACT OF SOBRIETY.
2. To RECOVER from those things which caused us to drink.
3. To HELP OTHERS who want what we have.

By adherence to simplicity in concept and in presentation in all discussions, we try to give aid to the new member in understanding how to progress toward these objectives.

Attendance at discussions indicates the fact of sobriety, so that the emphasis is placed on a Program of Recovery. Each of the 12 Steps is considered in respect to its place in the whole program rather than for its value per se. The four discussions are integrated each time by brief review of what was covered before and preview of what is to be the content of discussion to follow.

Questions are encouraged at the end of the discussions and frequently require as much time as the discussion. Some attempt is made to consider questions of general interest here, while other questions seem best referred to discussion with the sponsors or others who may be better able to give help on them.

Older members also are urged to attend discussions and many do attend. Their contributions in the question period are very valuable. The plan in the present stage of evolution seems to show sufficient improvement over earlier methods to justify its approval for another six-month period. It is our hope that we can continue to progress in this as one of the ways of helping others.

Discussion No.1: The Admissions:

1. The admission of alcoholism, as a result of our experiences with it - what we are and how did we get that way.
2. The admission that we want to do something about it - the qualifications for AA membership.
3. The belief that we can obtain help - which is not debatable.

A brief outline of the purpose and scope of the discussions is stated. A brief history of AA and a statement of the motives, methods and scope is made. A short consideration of what constitutes an alcoholic and a statement of alcoholism as a disease, along with the progress in public thinking about alcoholics and alcoholism, are included. The objectives in AA membership are pointed out and certain mechanisms for getting over the tough spots are mentioned.

This material is covered by each of the persons giving this discussion according to his own methods and is varied to meet the needs of the group present so far as possible. At the end, each new member is given a small card. On one side of this card is a list of the activities at the club rooms for each night of the week, with

the
address of the club rooms. At the top is a reminder - "I made a 24-Hour Deal
Today,"
at the bottom - "Easy Does It."

On the reverse side of the card is an outline of the Program of Recovery,
which
is
also the outline of the discussions. Space is provided for the name and
telephone
number of the sponsor and co-sponsor. The new member is also given a single
sheet of
information about the St. Paul group and other brief information which may be
of
value to him.

Discussion No. II: Inventory and Restitution:

The steps concerned with inventory are read and discussed with regard to what
constitutes an inventory, how to go about it and when to do it. Emphasis is on
honesty, thoroughness, clear thinking and "follow through" in practicing the
10th
Step. Restitution is approached in the same fashion and the steps concerned
are
discussed as means to an end. The 5th Step is mentioned as a further aid in
self-understanding and as a way to do something about our character analysis.

Discussion No. III: Spiritual Aspects of the Program:

Steps 2, 3, 5, 7 and 11 are read and discussed in their relation to our
objectives to
the remainder of the program. Open mindedness, tolerance and personal
understanding
of A Higher Power are stressed as essential to progress in this part of the
program.
"Easy Does It" is the watchword in this discussion.

The 12th Step is used as the basis of a summary of the Program of Recovery, as
our
"insurance" in AA and as a way of living in keeping with normal human behavior
and
experience. The three parts of the 12th Step are discussed separately.

1. Spiritual experience is discussed as sudden conversion to a new way of life
or the
more common result of the cumulative effects of all experiences in working at
the
program which result in a personality change. Continuance of spiritual

Here are the letters in response to Rochester's Genesee Group's plan.

RE: Sept 1945, 'Rochester Prepares Novices'

-in October 1945 'Mail Call'

'On the "Four Absolutes" '

From Manhattan

Apropos the article from Rochester in your September number, and speaking for

myself, I do not like the reference to the "Four Absolutes" in the same sentence

with

the "12 Steps."

Let's keep the AA program simple, and not couple it with an outside religion,

creed, or dogma. -- J.D.

...

'Fair to the Newcomer?'

From Manhattan

Since I believe that almost without exception alcoholics are deep-rooted individualists, I deplore a tendency I have noted recently among certain AA groups to

lay down the law to newcomers. I have in mind specifically the article appearing

in

the September issue of 'The Grapevine' regarding the procedure followed by the Genesee group of Rochester, N. Y., in the education of what that group terms "novices." The article invites comment - even to the extent of criticism - so

I

would

like to express my (one individual's) entire personal views on a subject of seeming

importance to the future healthy growth of AA.

I came into AA when the membership numbered approximately 2,000 with the distinct

understanding that the only requirement was the honest admission on my part that

I

had a serious drinking problem and that I sincerely wanted to do something about

it

(i.e. Step No. 1). Beyond that no one told me what I had to do about anything but it

was definitely suggested I attend regular meetings as soon and as often as possible.

These meetings were my source of training and membership was up to me, not my

sponsor, nor by approval of the group. Let me add hastily, at this point, that I do believe meetings, conducted by older members, at which newcomers can ask questions and present their problems and at which the 12 Steps are explained, are often most helpful. Any other course of instruction seems to me to border on self-righteousness on the part of older members, the anathema of any alcoholic. Mention is also made of the booklet prepared by the Genesee group for the purpose of preparing a "prospective candidate" for his first meeting. I recently acquired a copy of this booklet entitled, "Rudiments of AA." Again I must take exception to the answer contained therein to a supposed question from a "prospect" or "novice." "Q. All right - I am an alcoholic and I really want to quit drinking forever. Am I now ready for AA?" "A. Not quite, but you have come a long way. One further step is necessary. You must have a belief in God and faith in His power to help you." To answer the question of whether or not this is good medicine for the newcomer, let us consider for a moment the 12 Steps of the AA program. It will be remembered that there is no mention of "God, as we understand Him," until the 3rd Step, although reference is made to a "Power greater than ourselves" in the 2nd Step. I take it that no AA of any experience whatever expects the newcomer to accept or to understand the entire program by the time he is ready for his first meeting. I have never claimed to be agnostic or atheistic but that answer might well have frightened me away from AA forever. The spiritual aspect of the program often takes the individual a long time to acquire but faith in a Higher Power eventually comes to us if we continue to have faith in the group and endeavor to the best of our ability to help others. Finally, although I have been "dry" now some four and one-half years, which

is,
of course, comparatively unimportant as long as I remain "dry" for the
current
24
hours, I am unenlightened and probably a little stupid and have not yet
learned
what
comprise the Four Absolutes. For me, the 12 Steps seem to be sufficiently well
thought out to assure permanent sobriety if I remember to work on them all and
don't
become careless or complacent. However, "God works in mysterious ways, His
wonders to
perform" and what keeps me sober may not be the answer for the next guy, so
good
luck
to the members of the Genesee group, even if I don't agree with a few of their
ideas.
-- A.T.

-in Nov 1945 'Mail Call'
'Answer from Genesee'
from Rochester, N. Y.
May I have a little space in which to reply on behalf of the Genesee Group
of
Rochester, N. Y., to the two Manhattan letter writers, "J.D." and "A.T.," both
of
whom availed themselves of our invitation to "comment," "suggest" or
"criticize"
our
"plan of education" briefly outlined in our letter in the September issue of
"The
Grapevine"?
That they both went outside the letter for their "criticisms" and only
"A.T."
addressed himself, and that mostly by inference, to the plan is immaterial.
They
both
took exception to the "Four Absolutes," (not mentioned in the letter). "J.D."
because, in a booklet prepared by our group for the assistance of our sponsors
in
informing their prospects of the "who," "what" and "why" of AA, we used in the
conclusion thereof the words, Four Absolutes, in the same sentence with the 12
Steps.
"A.T." was annoyed because, after four and one-half years in AA, he didn't
know
what
they were.
For the edification of them both - Honesty, Love, Purity and Unselfishness

comprise the Four Absolutes and how adherence to these well known principles of ethical conduct could harm even an alcoholic, the writer is at a loss to understand.

"The Ethical Conduct of Alcoholics Anonymous is based on two definite sets of

'laws' (italics mine) known as the Twelve Steps and the Four Absolutes."

(Quotation

from "A Manual for Alcoholics Anonymous" published by Akron Group No. 1, the original

chapter so-called of AA - a book which the writer saw about three years ago when

he

first attended an AA meeting.)

The further criticism of "A.T." seems to be that he objects personally to

any

method of instruction other than through the medium of a group meeting - on

the

ground that "any other course of instruction" borders on "self-righteousness"

-

I

would call his attention to a letter published in the October issue of 'The

Grapevine' by "Bill" - and would ask "A.T." how Bill, Dr. Bob and the early

members

could have informed others if their 'only' recourse had been to take a

prospect

to a

"meeting"? For that matter, how would an AA Group in a new city get started if

only

one AA were to attempt it, as has been done many times without the assistance

of

any

group meetings and with considerable success?

"A.T." has another objection, not to the plan, but to one question and

answer

contained in the booklet referred to above - on the ground that the answer,

"you

must

have a belief in God and faith in His power to help you," might have

frightened

him

away from AA forever.

That might be so, but "A.T." must remember that this book was prepared by

our

group from our personal experience in AA work and contains only what we found

was the

most effective way, not the only way, in which we could work to help a man

become a

successful AA. We are not primarily concerned with large attendance at meetings.

On the other hand, I do not see what harm can be done by telling a man in advance that a belief in God is an integral part of the program - or isn't it? Unless "A.T." attended meetings conducted differently from those with which the writer is familiar, he ran headlong into God at the opening of his first meeting. All meetings around here are opened and closed with prayer - I never heard a prayer yet addressed to anyone but God and most prayers contain petitions. It would seem extremely silly to address a petition for help to any person or thing if you had no faith in His or Its power to help you.

"A.T." closes his letter by wishing us "good luck." We thank him for that wish but with the gentle reminder that depending too much on "luck" and not enough on good judgment, common sense, and a firm belief in the truth of AA principles was one of the reasons we wrote the little booklet.

So we say to "A.T.," may he have continued success in his AA life and come and visit us - we promise not to frighten him. -- M.L. (For the Genesee Group)

...

'Who's to Judge?'

From Birmingham, Ala.

When I read or hear about some group having set up any kind of a system or screening or rules for "admitting" newcomers I feel uneasy. I can't help but ask if anyone of us in any group anywhere has the right to appoint himself a judge as to when somebody is "ready" for AA. I certainly don't think anyone has the right to go beyond the two requisites: Admitting one's life has become unmanageable through alcohol; wanting to do something about it. I find nothing in the AA book suggesting that one has to have a belief in God, for instance, BEFORE he can come into AA,

or
that one must be pure or saintly or anything else like that. -- E.P.

-in Dec 1945, 'Mail Call'

'Plea for Simplicity'

From Manhattan

I must object mildly and without rancor to the charge made by M.L. of the
Genesee

Group, in your November issue, that I misquote. So please permit me to refute
such

charge by direct quotations from the Genesee-Manhattan exchange of letters
appearing

in your September, October, and November issues, relating to the Rochester
plan

for

the education of novices in AA, such quotations being as follows:

September letter from M.L. - Genesee: "There he (the notice) listens to four
successive talks based on the 12 Steps and the Four Absolutes."

October letter (mine): "... speaking for myself, I do not like the reference
to

the Four Absolutes in the same sentence with the 12 Steps."

November letter from M.L. - Genesee: "They (A.T. and myself) both went
outside

the letter for their criticisms They both took exception to the Four
Absolutes

(not mentioned in the letter), J.D. because, in a booklet prepared by our
group

...

we used ... the words Four Absolutes in the same sentence with the 12 Steps."

From the above it will appear that the Four Absolutes were mentioned in
M.L.'s

first letter, and my comment was directed only to the letter, since I have not
yet

read the Genesee booklet, so that I could not have been referring to it.

Reduced to its essence, the substance of my so-called criticism is simply
this:

The ordinary novice comes into AA bewildered and confused in mind. In the
normal

case, all that the older members can hope to do is to give him an inkling of

...

the

AA program - Honesty, Humility, and Helpfulness. Why confuse him in the early
stages

with the much more difficult concepts of Absolute Love, Absolute Purity, and
Absolute

Unselfishness? Later on he may be able to embody these more abstruse concepts
in his

basic AA philosophy of life But do not make it too tough for him by

with hard liquor. According to the National Council on Alcoholism Inc., 3.3 million drinking teen-agers from 14 to 17-nearly 1 in 5-are already showing signs of developing serious alcohol-related problems. One result: almost 10,000 young people die each year in accidents linked directly to imbibing.

But aren't a few beers on Saturday night more desirable than smoking marijuana or snorting cocaine? "Not if you view the results from where I sit," says Dr. Harold Rockaway, a psychiatrist and chief of the St. Joseph Hospital Alcohol Rehabilitation program in Houston. "The adolescent alcoholics we're dealing with are sick. They're school dropouts. They're often in trouble with the law. And they can't stop without help." Alcohol, he stresses, can be more physically destructive than the "hardest" of illicit drugs.

Fortunately, there are many ways of treating and preventing adolescent alcohol use. "Many adults think that adolescents don't need or want their intervention, but nothing could be further from the truth," says Dr. Marie Armentano of Massachusetts General's alcohol clinic and an instructor in psychiatry at Harvard Medical School. The raucous behavior of intoxicated youngsters is a cry for help.

Deadly Firsts. Why do young people start drinking? Researchers at the National Institute on Alcohol Abuse and Alcoholism attribute it to peer pressure, a belief that drinking is adult, the example set by relatives and family friends, and the easy availability of alcohol. One way or another, adolescents get the message that drinking is okay.

If there is a family history of alcoholism-parent, sibling, grandparent, uncle, aunt-the chances of problem drinking are considerably greater. In one survey of adopted children, the biological sons of alcoholics were over three times more likely to be alcoholic than were the sons of nonalcoholics-even though there was no exposure to the alcoholic biological parents after adoption. Another study concluded that having an alcoholic parent is one of the most important factors in an adolescent's early use of liquor.

What's the first step if signs point to alcohol abuse? "Try to determine the degree of drinking," says Dr. Armentano. There is a difference between "abuse" and "Alcoholism." Abuse-the most prevalent problem among adolescents-is characterized by frequent drinking that leads to other problems: the junior-high student who starts fighting or staying out all night; the youngster who becomes reclusive, cutting off family and friends; the good student who fails courses.

An adolescent alcoholic, by contrast, may have any or all of these problems with one thing more: a physical dependency on alcohol. Several years ago, a group of recovering adolescent alcoholics appeared on the Merv Griffin television show to describe their experiences. A baby-faced 17-year-old told of his first drunk at age 5 after sneaking champagne at a family New Year's Eve Party. This started him on secret drinking-which wasn't discovered until

he was a 10-year-old altar boy. At that time he polished off several bottles of sacramental wine and threw up during a communion service. It took four more years of uncontrolled drinking before he landed in Alcoholics Anonymous.

Another teen-ager said she started sharing older boys' booze to be part of the crowd. By age 15 she was a quart-a-day drinker, feeding her habit by bartering sexual favors. One day, after she wretched bile and blood for six hours, emergency-clinic doctors diagnosed cirrhosis of the liver-giving her one year to live if she didn't stop drinking. That same day she joined AA and has been "clean" since.

Working Treatments. "Teen-age alcoholics aren't weighed down by all the emotional baggage' carried by adult drinkers," says Dr. Rockaway. As a result, they are more amenable to psychiatric treatment and usually recover faster. In the St. Joseph's Hospital program, the first few weeks of in-patient treatment establish certain truisms: the youngsters are hooked on an addictive drug; they are not alone in this addiction; they can function without alcohol. The program includes AA members who speak the same language and provide examples of alcoholics who have their habit under control. Most of these teen-agers make it back home and to school within four weeks.

For about 25 percent of teen-agers referred to the Massachusetts General alcohol clinic, the cause turns out to be depression, an emotional disorder that afflicts over nine million Americans and is grossly underdiagnosed in adolescents. A teen-ager who can't live up to his parents' expectations may use alcohol to cope with the pressure; setbacks such as parents' divorce or failing grades may send an adolescent into a tailspin. A regimen of anti-depressant medication- "which often is enough to stop the drinking, when the drinking is a symptom rather than the primary problem," says Dr. Armentano-plus one-on-one psychotherapy can be effective. In the majority of cases, though, the most effective intervention is in group setting. This can mean school alcohol-education classes, clinic-based groups, or self-help organizations such as AA, which are increasingly being used by adolescents.

Early Intervention. "Although treatment of alcohol abuse and alcoholism is effective," says Ellen R. Morehouse, head of the White Plains, N.Y., Student Assistance Services (SAS), "it often comes too late to prevent irreparable damage." A teen-age drunk at the wheel of a car becomes a lethal weapon; a daily drinker may be on the way to liver disease. Hence one SAS goal is to prevent alcohol use among youngsters who haven't started drinking-as well as to provide support for the children of alcohol parents and to counsel adolescents already using alcohol. Early in the school year, prevention sessions are designed to help newcomers adjust, while high-school-senior groups focus on alternatives to alcohol as a means of relieving stress.

How do you get kids to attend such sessions? "There's nothing mandatory about the program," explains Morehouse, "except for students caught using alcohol or other drugs on school grounds." Nevertheless, local publicity and

presentations by student-assistance counselors attract up to 4000 students a year.

"Occasionally," says Morehouse, "we come across a true alcoholic." The youngsters with serious problems are usually referred to outside agencies for more comprehensive treatment. The rest are evaluated and slotted into an appropriate group or individual counseling sessions.

A survey of nearly 3000 students who participated in the SAS program in 1982-83 showed a significant drop both in school absenteeism and in the number of students using alcohol and other drugs. The survey also showed an effectiveness in preventing students from becoming involved. This program is now also used by other schools in New York and in 16 additional states.

Recognizing a Killer. Not every adolescent who needs help is willing to confide in adults. So in the Boston suburbs, an organization called CASPAR (Cambridge and Somerville Program for Alcohol Rehabilitation) has developed the Alcohol Education Program (AEP), with after-school sessions in a facility that looks like a private residence. Teen-age peer leaders are used, and group members are paid \$2 an hour to attend. A bribe? "Maybe," says a CASPAR counselor, "but the results are worth it."

The program's first thrust is in grades two to six, where specially trained teachers conduct 45-minute classes once a week for ten weeks. "Although our primary objective is to reach children of alcoholic families," explains Ruth B. Davis, AEP director, "the presence of youngsters whose parents are not alcoholic removes any onus." This way, large numbers of children receive basic alcohol-prevention education at a time when it has maximum impact.

A second thrust involves youngsters in grades 7 to 12. To get around their reluctance to deal with adults, 12 high-school students from a cross section of backgrounds are selected each year for extensive training as peer leaders. About half come from alcoholic families; the rest have at least observed negative alcohol use. The result is stronger rapport between the leader and group members.

AEP's third target is children from alcoholic families. The program helps these children understand why a parent drinks, why they are not at fault for the parent's habit, and how the child can avoid the same trap.

Not long ago, a parent summoned to the emergency room of a Connecticut hospital was told that his 16-year-old son had been injured in a drunk-driving accident. The parent heaved a sigh of relief. "Well," he said, "at least he wasn't using drugs." But, clearly, alcohol can no longer be considered as the lesser of two evils. Instead, we must recognize liquor for what it is: a potentially addictive substance responsible for 10,000 teen-age deaths each year, as well as thousands more lives wrecked in other ways.

even to our horney-toed hillsmen. Four of our first seven A.A.s had to be
lassoed and
hauled out of caves where they had been living with panthers and bears. Two of
the
other three were easily taken: our local founder dug them up out of the sod -
incorrectly diagnosed. The founder himself was a screwball trumpet player from
one of
the state's oldest, most revered families - fundamentally incapable.

A perfect foundation for an AA group.

It all began on March, 1949, in the mind and heart of a Little Rock (trumpet
playing)
insurance executive, an alcoholic who had been dry for five years after
reading
Peabody and practicing an unlabelled brand of AA. He had had very little
success
with
fellow alcoholics and when he read the first notice of AA he went for the
book.

He roped in a furniture salesman (without wares) and a broken down (young)
newspaperman who had buried himself (for keeps he thought) deep in the
oblivion
of
the State Hospital for Nervous Diseases.

These pioneers in what Bill calls the "mail order section" went to local
newspapers
and obtained a modest notice in each; rented a Post Office box; began
contacting
ministers, police and court officials, and exploring flophouses, poolrooms,
courts.

Business was brisk.

Within a few weeks the membership included 25 men and two women.

The troubles began early. Some of the men got the idea that they had joined a
wet
nursing organization and proceeded to turn it into one; the women turned out
to
be
less alcoholic than unattached. One by one the members sloughed off.

Results: three months after founding, four charter members remained, two
shaky.

At this time, prospects were given only the book, the weekly meeting, the offer of association, and were more or less on their own. One of the charter members drafted a program which, after several overhauling detracted by tryouts, became known as The Little Rock Plan, or the Approach Program. The sole motive behind it was to improve effectiveness of the group's service to alcoholics.

It is a big dose, a rough assignment, highly controversial among groups familiar with it. It has served the Little Rock group well. We like it. (Detailed information will be furnished upon request.)

Out of the application of the Approach Program came the sponsorship system: one veteran and usually a young neophyte conduct a prospect through the program, which requires a minimum of two weeks of the prospect's full time.

We now have a membership in Little Rock of approximately one hundred; a women's group under our wing and meeting with us weekly; a swell club room establishment; and several branches in smaller Arkansas cities including Camden, where an even dozen from Little Rock now work for the Navy.

Four paramount lessons learned:

You can treat the spiritual phase any way you choose in the group as a whole, but sooner or later it becomes dominant in all the group's activities. In the beginning the group gave this phase very little house. It's the big motivation now, accepted, recognized, revered, held in awe.

For his own good you mustn't coddle a prospect.

Slips? We're now on our 'steenth policy and system for coping with slips. All

printed in the Grapevine ... This sounds more like the police department or probation department plan.

There is only one A plan and that is right out of the book. No organization.

No

rules. That's the plan we in Southern California try to follow. -A.M.

...

'More Little Rock'

From Detroit, Mich.

Good grief and little fishes! What have they got out there in Little Rock, Ark. -

a concentration camp? It sure doesn't sound like AA to me, at least not like anything

I ever heard or read about AA in the four years I've been in (no slip, either).

Where do they get the authority to keep anybody out of the group? Or, rather,

where do they get their authority - period! One of the great virtues of AA is that it

vest authority in no one. Those people, if that's a correct report, just seem to

have

appropriated it on their own.

Imagine bragging about making it tough for anyone to join AA! As I read the book,

one of our obligations is to get the message to as many as we can, help everyone

we

can, open the door wide to everyone who knocks, -- H.E.T.

...

'And Little Rock'

From Memphis, Tenn.

Around here we were treated to quite a contrast recently. Bill came down here to

speak to the regional convention. As always, he was tolerant, understanding, sympathetic - no big shot stuff from him; no expert speaking with authority.

No

"do's" or "don't" or "musts."

Then I read that thing from Little Rock. Quite a difference between the way they

think and the way the founder of AA thinks.

No wonder that group has only had 500 pass through it in seven years. That's pretty slow growth and quite understandable. They seem more interested in statistics

on slips than in practicing AA. -- T.L.

...

'Plus Little Rock'

From Boston, Mass.

best

I can with plain text.

Note: This pamphlet originated a year after the publication of the 12 Steps in our book Alcoholics Anonymous and ten years BEFORE the 12 Traditions.]

-----Cover-----

Alcoholics Anonymous

Little Rock Plan
(Arkansas)

-----page 1-----

Alcoholics Anonymous

Little Rock Plan
(Arkansas)

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- CONTACT -

A prospect should never be approached unless he personally has requested an interview; the only exception being a person whom you personally know. When a member of the family or the friend of a prospect requests you to contact him, advise that such an unsolicited contact would be unsatisfactory and might result in creating such a prejudice in the mind of the prospect that he would not later request help from A A. In such case, explain the AA Program to the friend or family and secure for them a copy of the Saturday Evening Post Story. Suggest that this be given the prospect and that he be told that if he desires more information about the program, he should contact a member of Alcoholics Anonymous.

(If a prospect is a friend, you may handle the contact in a way best suited to the status of your friendship. However, in contacting a friend, it is suggested that the best results can be obtained by merely telling him in an impersonal way, what

AA has done for you. Refrain from creating an impression that you are trying to obtain his acceptance of the program. If he is ready for the program he will evidence it by asking questions. If he does not evidence this interest, he is doubtless not ready and you will accomplish no real lasting results by attempting to "sell" the program. You will have done all that is possible by making the program available to him, and the chances are that it will not be long before he will seek you out for more information.)

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FIRST INTERVIEW

Your principle objective in the first interview is to establish in the mind of the prospect the fact that you have a sympathetic understanding of his problem and that this understanding springs from the fact that you have yourself had the same problem.

You can accomplish this understanding by being certain to tell the prospect your history. If the prospect is in the throes of a hangover, determine the seriousness of it. If his physical condition requires a drink, first get him to his home or room and then see that he gets a drink. However, the sooner the liquor is cut off the better. Tapering off methods are usually unsuccessful unless rigidly administered to the patient. If he is not in shape to talk, your first problem is to help him to get over his hangover. When the prospect is in a physical condition to talk, begin by telling him of your alcoholic problem, of your drinking experiences, and try to get him to talk of his. Then tell him something of your experience with AA and explain the program as you see it.

The program discussion should end with the propounding of these questions:

1. Are you in your own mind convinced that you cannot handle your alcohol problems?
2. Are you willing to let a group of fellows who have had the same problems prescribe a course of treatment for you?
3. Are you willing to do ANYTHING to eliminate alcohol entirely from your life?
4. Do you believe in a power greater than the

power of man?

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If the prospect answers these questions in the affirmative then tell him that AA has the answer to his problem, the same as it gave the answer to your problem and the problems of several thousands others and that you are sure that he would enjoy the book - "Alcoholics Anonymous", which you will leave with him if he is ready to read it.

(If the prospect is sober when first contacted he must be required to get the Book himself, at the office of the Assisting Secretary at the Club Rooms or wherever you designate.

If the prospect is not certain that he can answer the questions in the affirmative, tell him this is not unusual; but emphasize that it is necessary for him to be able to answer them honestly in the affirmative before the AA Program can be successful. Suggest that his hesitancy indicates he is thinking honestly and being honest both with himself and with you which is the first stone upon which the program is built.

Suggest that he think through what you have told him and meantime read the AA Book. If he accepts the book, emphasize that it must be read and returned in three days.

Handle the interview in such a way that you evidence a sympathetic understanding of his hesitancy to answer the question, yet at the same time be contrarily firm in saying to him that the program will not work successfully until and unless he is able to honestly answer the four basic questions in the affirmative; tell him that he is not quite ready for the program until he can accept wholeheartedly and believe in the affirmative answers; otherwise he might get the idea that the program will pull him through merely by exposure to it. In other words, do not try to sell the program. Let the prospect know that he must want the program above all else;

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And then if he does, you can assure him that his problem will be solved.

If the prospect is not ready to read the book in three days, do not insist. Tell him to call you in a few days and you will tell him how to secure a copy of the book.

You might ask him if you can have his permission to send other associates to call on him. At the next regular meeting of your squad make a brief report on the case.

Be sure that you have told the prospect you case history and impress on the associates who are asked to call on the prospect that they each must above all else tell the prospect their case histories.

Should the prospect accept the book, impress on him that it must be completed (or returned if prospect secures book from secretary) on schedule. Explain that the reason should be obvious. Unless the solution of his alcoholic problem is sufficiently important to make the reading of the book the next most important step in his life, he has failed to recognize his situation. Also point out that the program is directed toward the building of a new way of life, that we alcoholics have formed many habits that must be replaced by new, constructive habits in order to build this new way of life; that one of the worst habits of an alcoholic is procrastination, and that we start out in the beginning to replace this habit with the habit of doing things when they should be done.

Before leaving the prospect tell him that you are asking him to make only three promises to himself and to you.

1. That he will read and study the book and will complete it within three days.
2. That if he feels that he has to take a drink before he has completed the book he will call you and wait until you get to him before he takes a

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drink. You in turn promise that you will get to him immediately on receipt of such a call and agree that if after talking to him he has to have a drink you will secure one for him. (Do not ask him not to take a drink.) Then tell the prospect that you will see him at least once each day while he is reading the book. If the prospect is up and in condition to be out and

about when you locate him and is able to go to the Corresponding Secretary for the book, then it is all right for you to arrange to have the prospect meet you at some place and time mutually convenient each day during the time he is reading the book. (You may find it best to go to the home of the prospect for these interviews.)

In all cases write down your office and home telephone numbers for your prospect.

At the next regular meeting of your Squad make a brief report on the case.

The prospect is your particular problem and other associates should not attempt to work with him unless you request it. It is your responsibility to see that the prospect carries out the program as outlined on schedule. No prospect (or any other person) is permitted to attend a regular group meeting until he has completed the Approach Program.

At any time during your association with the prospect, you are to seek advice of other associates, especially your Squad, should a problem arise which you are unable to handle alone.

AFTER FIRST INTERVIEW

Do not fail to arrange your call on the prospect at the end of the three day period assigned to reading the book at a time and place so that you and he will have a full discussion. Always be prompt in all of your appointments as you are requesting the prospect to be. If the prospect is to call at your home or office at the expiration of the three day period - be available at the appointed time.

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Discuss the book with him. Tell him of your reactions to it and listen attentively to his. Encourage him to elaborate on his drinking experiences. Then ask him again whether he can answer the four basic questions in the affirmative.

If he still cannot, ask him if he would like to give you his reasons.

If you cannot convince him his reasoning is faulty, tell him that in your opinion he is not quite ready for the program. If he approves, give a full report of the case to one or two associates and ask them to make a call. Await further action until you have had a report from these associates.

If he still cannot truthfully give affirmative answers to the four basic questions, return and tell him to continue to think about the program and feel free to call you at any time in the future when he can honestly see the affirmative answers.

Then at the next regular Squad meeting, make a further report on the case. If, on the other hand, the prospect can answer the four basic questions in the affirmative, he is ready for the first test of his willingness to do ANYTHING to conquer his problem. Should the prospect be unemployed, you advise him that the approach program requires complete attention to the Program and that he could not handle a job and the Approach Program at the same time. Make no promise as to how long it will take a prospect to complete the Approach Program. The problem of employment must be dismissed entirely from his mind for the time being. He may protest against this. If so, you should tell him that the program in the beginning will require most of his time and thought, and that a search for employment or actual employment would conflict with the proper execution of his assignments and would be an attempt to solve his two problems at once. Emphasize that a job is of trivial importance

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so long as he has the problem that is certain to make him jobless. The Alcoholic Problem must first be eliminated. Cite the experience of Associates who have completed the Approach Program while jobless and then have experienced amazing economic progress; and the experiences of prospects who have failed on the program because a job was more important to them than the solution of their one big problem. Should the prospect be employed, you advise him at this point (following the reading of the book) that the approach Program requires complete attention and that he could not handle a job and the Approach Program at the same time. Therefore, he must obtain a leave of absence from his job - if he desires to continue in his present position - or resign from the job - if he is dissatisfied with it. In case the prospect desires a leave of absence, he must go to his boss and tell him the true reason for

the requested leave; that he has discovered he is an alcoholic, that he has an opportunity to conquer the problem through association with a group of alcoholics and that his first treatment is a program usually requiring three or four weeks of his entire time.

If, when this request is made, the boss declines the leave of absence, the prospect is to report the fact to you and you will at once call a special meeting of the Committee to deliberate on what steps must be taken.

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The next step, after reading the book, is the case history. The prospect is requested to write a case history of his life in chronological order including his family background, his schooling, his martial experiences, if any; his employment, and a detailed account of his drinking, from the first drink up to the time of his contact with AA. Explain that this is to be a frank, honest story of his life and that if he wishes, you will be the

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Only one to see this history; that the way in which it is written, whether on typewriter, with pen or pencil; the form, the grammar, etc - all is immaterial, that what you want is for him to get everything down on paper so that it will enable you to help him get his mind free and his past cleaned up so that he can start a new life. Tell him the schedule on this is three days. Ask him to call you if he needs anything special during this time. Also you should see the prospect at least once each day or evening during this period. Also during this period, send other associates around to see the prospect.

When the prospect has finished his history, arrange to meet him so that you can spend at least two hours at a time and place that will enable you both to relax and talk frankly and fully. Have him read the history to you. Try to find his reasons and excuses for drinking and be able to point out to him the fallacies in them. Also look for the real cause of his Alcoholism. Be sure to impress at this time that he is now embarking on a program that will enable him to find a new way of life; that he is undertaking the program for himself alone, and not for his wife, for his family, for his economic good, or for any other

reason. Point out that he can solve no problem until he has solved his alcoholic problem, and that when that is solved he will find the solution to the other problems because his mind will then be freed.

Following the reading of the history, get a pencil and paper and make out a schedule of activity for the prospect for the next seven days, but give the schedule to the prospect one day at a time. Emphasize to the prospect that he must report each day to you on the results of that day's work and to receive schedule for the succeeding day. Set a definite time and place for prospect to meet you each day.

ASSIGNMENTS

First - Make a list of his creditors. Have the prospect see the local creditors and explain to the creditors that he has found that he is an alcoholic; that he

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that he has been introduced to the Alcoholics Anonymous program and has undertaken to follow it, that he is sorry he has not paid his bill, that he is first going to get started on the treatment for his alcoholism and then obtain a job. He will return and discuss a plan for payment of the bill just as soon as he has completed the entrance program and obtained employment.

Second - If the prospect has creditors outside the city have him write them and explain the situation in the manner outlined for the personal credit contacts 'above'.

Third - Make a list of all former employers for whom the prospect has worked during the time of his abnormal drinking. Have him see each one located in Little Rock and write those located outside of Little Rock. In either the personal calls or the letters it should be explained that he has discovered he is an alcoholic, that he has found the AA Program and is undertaking to follow it, and is putting the first steps into practice by coming around (or writing) to say he is sorry for the fact that he was drinking excessively while working for him, etc.

Do not fail to emphasize to the prospect that he must in every letter or interview say that he is not looking for employment at this time. He must stat that he is not

ready for employment and intends to devote his efforts to a recovery from alcoholism until such time as his progress is satisfactory to the AA group.

Fourth - Make a list of all people to whom the prospect owes apologies and/or against whom he holds resentments or dislikes.

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Fifth - Make a list of old friends (not drinking acquaintances) with whom the prospect has not had very close contact in recent months due to his drinking, but with whom the prospect would again like to be on friendly terms. (In the list of assignments have the prospect see at least one of these each day.)

Sixth - Give the prospect a list of names, addresses, etc., of members of the group and ask him to see at least one member of the group each day and discuss with him for a few minutes his progress, troubles, etc.

Out of the foregoing information and such other necessary clean-up steps as the prospect's history and your discussion with him indicates advisable, give the prospect enough assignments each day to keep him busy that day and continue to do this until completed.

Seventh - Interspersed with other assignments for the second week should be the following lectures which should be taken only in this order:

1st day- "There is a Solution"; 2nd day- "More about Alcoholics"; 3rd day- "How it Works"; 4th day- "Into Action"; 5th day- "Working With Others"; 6th day- "A Vision for you".

The associates who will give the foregoing lectures will be assigned by the Committee.

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Have him report to you once each day so that you can check over his list of

assignments, give him any helpful suggestions and so forth. This is the time when you have the opportunity to do your greatest service. The ultimate success and the solution of the prospect's problem depends much on the sincerity with which you take the time daily to encourage the prospect to "do the best you can this day". If you are not sincere and helpful to the prospect you can not expect him with a brain befogged by alcohol, to get the habits upon which the success of this program depends. Slips can be traced almost always to the failure of the prospect during the first thirty days to get his mind entirely clear of old troubles and of doing something about the program each day on schedule.

Eighth - When the prospect has seen all of his creditors (or written them), his boss and ex-bosses, and has made his apologies, ask him if he has talked the program over fully with his wife; if he has had an honest heart-to-heart talk with her and made all possible amends to her. If he has not, suggest that he do that immediately, and that from then on he should talk over his progress on the program daily with her so that she can begin to understand fully the program and will begin to know that she has a part in the program. (It is desired

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that the wife read the book.)

Ninth - He is then ready to select some minister, priest, rabbi, and or practitioner and go to him for an interview, explain that it is not necessary for him to join a church and that he may tell the clergyman that he is not ready to join a church. The interview with the minister is for the purpose of a "confession" and the assurance a minister can give that God, as the prospect understands Him, is forgiving. He should read his case history to the minister, should explain in detail his problem, giving his un-

My name is Josh and I'm not an alcoholic. In the past a college student with my drinking habits - a frequent beer or two, a couple of times a year to excess - wouldn't feel compelled to declare this. But when I got ill from drinking last spring at Princeton and was taken to the infirmary, I was told to meet with the school's full-time alcohol counselor. Opening a folder in my name, he began the interview: Do you play drinking games? Have you gotten sick on alcohol before? Do you consume more than fourteen drinks a week? After fifteen minutes of this, he told me that getting sick was "a significant episode" in my "drinking history," that I was teetering on the brink of alcoholism.

Subjection to this type of inquisition is an increasing part of the curriculum on America's campuses: 60 percent of colleges have some sort of substance abuse program. And the idea behind it - that a given level of consumption or a major bender means you're a confirmed lush, or close enough to being one to need treatment - now pervades the \$2 billion alcohol- treatment industry.

Today's treatment theories reflect a far broader neo-temperance trend, which first became evident around 1984, when Mothers Against Drunk Driving succeeded in raising the drinking age to 21. In 1988 then Surgeon General C. Everett Koop called (unsuccessfully) for a ban on happy hours. Last January an award-winning edition of Little Red Riding Hood was banned for first-graders in the Empire, California, school district because Grandma takes a glass of wine after escaping the wolf. Today's puritans lobby for a whole range of prohibitions, from banning alcohol industry sponsorship of sports events and rock concerts to barring convenience stores, gas stations, and supermarkets from selling booze.

The new public awareness about drinking has, of course, helped to reduce the horrendous problems caused by alcohol abuse. Consumption is down, particularly among the young. In 1980, 58 percent of Americans between the ages of 18 and 24 said they drank beer, according to Simmons Market Research. By 1989, only 47 percent did. The number of deaths attributed to drunk driving has fallen, too, from 20,356 in 1982 to 17,849 in 1989 - a 12 percent decline in seven years.

You'd think such a success might moderate the impulse for ever more draconian correctives. But if anything the anti-alcohol severity is increasing. Last summer the Supreme Court found that "the measure of the intrusion on motorists stopped briefly at sobriety checkpoints" is a small price to pay in the effort to reduce the "death and mutilation" caused by drunk drivers. Thirty-nine states now have "dram-shop" liability and twenty-four states have "social host" liability, in which bartenders and hosts can be held partially responsible when someone they serve gets in an accident.

In the treatment industry, the tactics used to intimidate heavy drinkers have become more coercive. An increasingly popular method of alcoholism treatment

these days is "intervention." Invented by Dr. Vernon Johnson, a reformed alcoholic who became famous when he pressured Betty Ford into treatment, the method relies upon a team effort. Family, friends, and co-workers "intervene: by confront-ing the offender in public -sometimes at work, preferably when he is hung over - with a list of grievances and a series of ultimatums. Johnson's transcript of a typical intervention from his recent book, Chemical Dependence, includes threats from the victim's wife that she'll leave him if he doesn't seek treatment, and from his boss, who says he'll fire him. A car is supposed to wait outside so the victim can be whisked directly to a treatment center.

The Johnson Institute promotes intervention through travelling workshops and a large mail-order business of books, cassettes, and videos. One of Johnson's biggest clients is the national network of Employee Assistance Programs, in-house and regional counselors who specialize in alcohol problems and are currently working with 12,000 corporate government offices across the country. A supervisor, noticing lagging performance or simply suspecting an alcohol problem, can order an employee to meet with an EAP counselor. the counselor, who doesn't have to meet any national training standards, will tell these presumed alcoholics to go on the wagon. If the employee is caught drinking again - whether or not the drinking is affecting his job performance - his boss is encouraged to send him back for more counseling or fire him.

Coercive treatment is essentially an extension of one of the main precepts of Alcoholics Anonymous: alcoholism - a disease over which the alcoholic has no control - starts with the first drink and leads inexorably to death if the alcoholic does not become perfectly abstinent. It is thus essential to stop alcoholism in its early stages, no matter how scant the evidence. In recent years, however, the disease theory of alcoholism has come under attack. (See "alcohol and Free Will" by Robert Wright, TNR, December 14, 1987.) Studies have shown that even many hard-core drinkers are able to control their drinking. Yet virtually every major alcohol treatment program in the country largely adheres to the A.A. tenets, and now a growing number are using some form of coercion.

Drunk drivers, understandably enough, have come under particularly ferocious scrutiny.

District Court Judge Albert Kramer of Quincy Massachusetts sentences about 470 drunk drivers a year to enroll in Right Turn, a \$725, twenty-six week, out-patient treatment program, and to attend a series of A.A. meetings. "Everyone is assumed to be having a problem by virtue of their DWI conviction," explains Dr. Steve Valle, director of the program. "Social drinkers are really high-risk problem drinkers." As do most treatment programs, Right Turn uses a questionnaire to determine if you're an alcoholic. Right Turn's test is adapted from one by the National Highway Traffic Safety Administration. Out of curiosity, I took it myself. Sure enough, I scored a 30 out of 47, which meant I was in "the final, deteriorative stage of alcoholism,

when most alcoholics outwardly appear to be alcoholic." The test was designed in such a way that each symptom on a night of overindulgence was recorded separately, boosting my score.

Across the country convicted drunk drivers are ordered to begin treatment, usually at an A.A. chapter, or are given a choice Between treatment and prison, which is, I suppose, a choice of sorts. But forcing someone to go to A.A. presents another problem: six of A.A.'s "Twelve Steps" to counter alcoholism allude to God. Last year a Maryland drunk driver, John Norfolk, objected to his court-ordered A.A. meetings, saying the government was forcing him to participate in a religion. The state yielded - Norfolk was switched to a non-religious program - before a judgment was rendered, avoiding a precedent and letting Maryland continue with court-ordered A.A. There are now, though, non-spiritual groups for people with drinking problems, which judges are beginning to use as A.A. alternatives in sentencing. In contrast with A.A., one group, called Rational Recovery, believes everyone has the power to overcome alcohol problems - without undergoing lifelong treatment.

The craze for compulsory treatment would make some sense if there were proof that it worked. Yet a 1988 Bureau of Statistics report found that nearly half of all inmates convicted of driving while intoxicated had previously been involved with an alcohol treatment program, and one in eleven was in treatment at the time of arrest. A major report issued last spring by the National Academy of Science's Institute of Medicine cites a study in which sanctions (e.g., suspending licenses) were shown to be more effective against recidivism than alcohol treatment.

Of course, all this might be an elaborate process of self-denial. After several more sessions with my college alcohol adviser, a couple of compulsory sessions with A.A., and an "intervention" organized by TNR interns, maybe I would be forced to admit that, yes, I am an alcoholic. The trouble is, by the time that's all over, I probably will be.

Source: The New Republic, April 22, 1991.

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+++Message 1088. Periodical Lit:
From: Jim Blair 6/13/2003 9:15:00 AM

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A New Course on Campus: AA 101

California school takes the pledge

At first glance, the wealthy Los Angeles suburb of Pacific Palisades seems an idyllic community of winding roads and ocean-view estates. But in the last 16

months it has been the setting for tragedy. Ten young residents have died violently, many in incidents involving alcohol or drugs. Just last month four teenagers were killed in a fiery crash when their speeding car struck a light pole on a main boulevard, veered across the median strip and hit a tree. The driver, 17-year-old Russell Kantor, was reported to have a blood alcohol level of .08 percent, just below the state's .10 criterion for drunk driving.

While many in the community mourn the deaths, Palisades High School psychologist Linda Levine decided to start what is believed to be the country's first high-school chapter of Alcoholics Anonymous. "I think some students have decided that one way to memorialize the kids who died would be to get sober in their honor," says Levine. "There's an instinct to try to keep this thing from having been totally in vain."

Getting clean. The high school already has 19 different organizations aimed at students with substance abuse problems, including a lunchtime support group for expatriates of hospital treatment programs and a mandatory program after school for students caught using or carrying drugs. Palisades High also has a two-year-old chapter of Alateen, for those with alcoholic relatives and friends. But Levine felt kind needed more. "How do you tell your dad you want to go clean," she says, "If you've never confessed that you're not clean?" The school, following the A.A. credo of anonymity for participants, allows students to go to once-a-week sessions without informing their parents, and no records are kept. Levine's only role is to unlock a classroom door and let A.A. leaders in. About 10 youngsters are attending now, she says, and the turnout increases every week.

In 1977, Palisades High caught the nation's attention as the subject of the best-selling book, "What Really Happened to the Class of 65?", a case study of the pressures of growing up in a rich community. Young inexperienced drivers operating fast cars, late-night parties where alcohol and drugs are used, a lack of parental supervision - these are the facts of life in well-to-do communities across the country. Many residents think these are the factors behind the recent spate of fatalities in Pacific Palisades, where the median house price is \$660,000. Despite the A.A. program's initial success, some Palisades residents think the drinking problem won't improve without parental involvement. One mother, who didn't want her name used, says many parents feel they've done enough if they hire a driver for their kids on prom night. Her son's best friend was killed in a collision a year ago. "I think the adults are very aggressive and very successful and very much on the fast track," she says, "these kids have a lot to live up to."

The A.A. chapter isn't the only new anti-drinking initiative in the Palisades. A representative of Mothers Against Drunk Driving will speak to the students next month and bring along Russell Kantor's demolished car as dramatic evidence. "Somehow we have to get across to the young people here that it's not a question of not drinking and driving," says Parent Teacher Student Association copresident Sally Lorillo, "It's a question of not drinking."

The Little Rock Plan was, we believe, the first of its kind in the country. By adhering strictly to the "Plan" hundreds have been brought into AA and because this group has kept accurate records and statistics, we can report that our success is better than the national average of 75%; or to put it another way, our "slip" record is lower than the 25% expected and reported from other groups over the country.

It is not easy to become a member of this group. When a person has expressed a desire to achieve sobriety and has had a sponsor appointed for him, he must leave his work or position for at least two weeks. Usually the prospect is required to spend that entire time within the confines of the club rooms, studying, preparing a case history, meeting and filing assignments laid out by the sponsor.

If, after two weeks, he has discharged his assignments to the satisfaction of his sponsor, he is brought before the executive committee and there his request for membership is presented by his sponsor in his presence. In some instances, because of the peculiarity of the case, he may not be admitted for varying periods as high as six months in some cases. However, if he is deemed eligible by the committee, he is brought before the next meeting, receives a warm welcome, is handed a copy of the "Approach Program" and the 12 Steps.

This is not all, however. We do not simply say, "Now here you are, you have had it all, go your way, and may God bless you." No, we do not cut him off in mid-air, so to speak. We give him a small diary and ask that each day thereafter for 28 days, he record his impressions of the day, any event, whether a happy one or a sad one, and enter therein, "I have not taken a drink this day," and sign his name.

At the end of this period he returns the diary to the club, is again welcomed and is admitted in full membership, the privilege of the ballot and an unrestricted part in the activities of the fellowship. He is then assigned to a squad, given some definite task, and encouraged to work, guided by some older member, with new prospects.

In dealing with the new man, here are other procedures. First of all, in addition to being required to adhere strictly to the assignments required by his sponsor, he serves his apprenticeship in what is known as "The Prospect Squad." Here he learns from a squad leader various phases of the work of AA, mingles with other neophytes, hears their experience and contributes his own. If he needs guidance or advice this is where he gets it, along with other new men seeking the way out.

There is the "slip squad," where the man who has suffered a setback, no matter how severe or how light, must serve from two weeks to six months before he is again recognized as a full fledged member. Often the slippee is assigned tougher, more strenuous assignments than when he first was admitted. Here he discusses the slip freely with those men, who like himself, have "missed the boat" somewhere down the line. He tries to find out why he made the mistake and learns again that "to err is only human" and that a slip in the beginning is not uncommon, certainly not fatal.

The executive committee is comprised of representatives from each squad. The squads meet once a week on nights other than the regular meeting and transact the actual business of the Fellowship.

We spend much time in planning and executing the new man's graduation from the freshman stage. We carry him slowly and carefully through the "Prospect Squad"; admit him to membership; keep our contacts with him through that critical period, the

Only Bill Wilson could have imagined A.A. as it is today, because only Bill, among the old-timers of Alcoholics Anonymous, had such grandiose, improbable dreams. In the summer of 1935, there were only two A.A. members - Wilson, a failed Wall Street stockbroker, and Dr. Bob Smith, a practicing surgeon - sitting in the Smith kitchen in Akron, Ohio, through half the night, chain-smoking and gulping coffee and trying to figure out how they could sober up other drunks like themselves. The society they had founded attracted only 100 members over the next four years; it would not even have a name until 1939. Now there are more than a million and a half of us around the world - members of the most successful, imitated, yet often misunderstood self-help movement of the 20th century.

About half of all A.A.'s are in the United States, the rest are scattered among 114 other countries. Many additional millions have passed through the movement and been made whole by its program, but A.A. periodically counts only those who are regularly attending meetings.

For those in the know, there are clues to A.A.'s presence everywhere: the sign on a jeep's hood in a Mexican town that says the "Grupo Bill Wilson" will meet that night; a West Virginia bumper sticker advising "Keep it Simple." The Serenity Prayer, attributed to the theologian Reinhold Niebuhr and recited at the end of A.A. meetings, appears framed on the wall in a South African living room or embroidered on a pillow in a chic Madison Avenue shop.

A.A.'s meet in Pagopago, American Samoa, on Wednesday nights, in McMurdo Sound, Antarctica, on Saturdays, and in Lilongwe, Malawi, on Mondays and Friday. They find one another just to sit and chat between meetings in a doughnut shop and coffee shop on the main street of Peterborough, N.H., a town of 5,200 that has four A.A. groups. One of them is called Our Town in honor of Thornton Wilder, who took Peterborough as the model for his nostalgic play about American small-town life. The belfry of a Roman Catholic Church near Covent Garden in London and a bank's board room in Marin County, Calif., are reserved for A.A. meetings once each week. Some groups meet on ships, at sea or port. To these exotic settings must be added the thousands of prosaic basements and halls in churches, community centers and hospitals where most A.A.'s inch their way back to a life of quality.

In the last decade or so, large numbers of Americans, mainly entertainers, have gone public to say they are recovered alcoholics. Almost all said their motivation, and their hope, was, by their example, to inspire still-drinking alcoholics to recover. But the great mass of membership everywhere is composed of more or less ordinary people. They are neither movie stars nor skid row bums; the great drama of their lives has not been played out in the spotlight or in squalid flophouses. These alcoholics have suffered., increasingly isolated, in bars, in their own bedrooms, or in the living rooms of friends who have become estranged by their drunken behavior. Their recovery has been worked out in private.

Over the last 50 years, the substance of A.A. - its core literature, its program of recovery and its ways of looking at life - has changed very little. But in terms of the numbers and diversity of its members, A.A. today would be unrecognizable to its pioneers. In the early years, A.A. members were almost exclusively male, white, middle-class, middle-aged and of Western extraction. They were men who had fallen very far, often from the top of their business and professions.

The A.A. of 1988 is huge, increasingly international, multiethnic, multiracial, cutting across social classes, less rigidly religious than it was in the beginning, more accepting of gay people, and of women, who now form one-third of the total North American membership and about half of the A.A. membership in big cities. Increasingly, many turn to A.A. for help in earlier stages of their disease.

A much more abrupt and spectacular trend is that young people have streamed into A.A. in the last 10 years, most of them addicted to other drugs as well as to alcohol. Dr. LeClair Bissell, the founding director of the Smithers alcoholism center, in Manhattan, expresses the consensus of the alcoholism research and treatment world when she says: "There are almost no 'pure' alcoholics among young people anymore. They are hooked on booze and other drugs, or only other drugs."

It is common now at A.A. meetings to hear a young speaker say, "My name is Joe, and I'm a drug addict and an alcoholic."

The dually addicted anger some A.A. members. One with 20 years of sobriety says: "This fellowship was formed to help suffering alcoholics, and alcoholics only. That's why it has been so successful - we don't monkey around with other problems."

In a few communities, A.A. members have formed groups billed for those "over 30." The message is clear: No druggies wanted. This development infuriates John T. Schwarzlose, executive director of the Betty Ford Center for substance abusers in Rancho Mirage, Calif.: "A.A. is the epitome of tolerance, flexibility and inclusiveness, but some drug addicts have told me about being turned away from A.A. meetings in the Midwest and South when they say they were just addicted to drugs, Now I tell them to say they are both alcoholics and drug abusers." In the big cities and at A.A. headquarters, attitudes toward the dually addicted are much more welcoming.

For a long time, Alcoholics Anonymous was believed to be a purely North American phenomenon. It was thought that its themes of self-help and voluntarism would not transfer to more relaxed cultures. A.A.'s Ecuador-born coordinator for Hispanic groups voiced the early point of view among his Latin friends: "A.A. is O.K. for gringos, but not for us. In Latin America... if a man doesn't drink, he's not a macho." To his surprise, A.A. began to boom

among Hispanics in the 1970's. Mexico's membership of 250,000 is now second only to that of the United States. Brazil, with 78,000 members, and Guatemala, with 43,000, are next-highest in Latin America.

Until recently, A.A. had been unable to gain a toe-hold in the Soviet Union or in Eastern Europe. The movement had been regarded there as possibly threatening, because of its precepts of anonymity and confidentiality, its religious overtones and the fact that it operates outside any government control. Then last summer, the Soviet Union sent to the United States four doctors specializing in addiction. They visited Alcoholism-treatment centers, the Summer School of Alcohol Studies at Rutgers University and numerous A.A. meetings. When they returned home, they took back quantities of A.A. pamphlets translated for them into Russian. Still, the only Eastern European nation to embrace A.A. has been Poland. Its Government finally recognized what is called the "psychotherapeutic" value of A.A.

In the United States, those long familiar with A.A. meetings notice that there seem to be disproportionately high numbers from certain ethnic groups. "Alcoholism goes with certain cultures, such as Celtic or the Scandinavian, that approve of drinking, or at least are ambivalent about it," says Dr. Bissell. "But in some environments or religions, people don't drink on principle. These abstinent cultures in the United States include Baptists, some other Southern Protestant sects and Mormons."

For a long time, there was a widely held belief that Jews did not become alcoholics. The work of JACS - Jewish Alcoholics, Chemically Dependent Persons and Significant Others - is helping to dispel that myth. Jews are present in large numbers, JACS says, at A.A. meetings in many large cities where there is a significant Jewish population. But rarely do A.A. meetings take place in synagogues or Jewish community centers.

Sheldon B., an alcoholism counselor in New York, told of how a few years ago he approached his own rabbi with the idea of opening their temple to an A.A. group. He thought that Jewish members in any A.A. group might be more comfortable about accepting help in a synagogue setting than in a church. The rabbi informed him that there was no need: "There are no Jewish alcoholics." When Sheldon B. said, "But I am an alcoholic," the rabbi thought for a moment and then replied, "are you sure you know who your real father was?"

Although there are black A.A. groups and mixed racial groups in large Northern cities, the number of blacks in A.A. does not appear to reflect the race's proportion in the nation - 29 million, or 12 percent of the population.

"There is a great stigma in being black and being drunk, even recovered, a black Philadelphia teacher declared at a meeting devoted to the subject. "I made the mistake of telling my principal that I had a problem. I checked myself into a treatment center. She used a hatchet on me."

As a black Milwaukee social worker explained: "The black community is afraid that if blacks admit their alcoholics, it will reinforce the white stereotype that they are shiftless...The black community likes to think that oppression causes their alcoholism...Other oppressed minorities use the same argument. "Who wouldn't drink?" they say.. "Our lives are so goddamned awful.. .Oblivion is the only way out of our pain."

Homosexuals are coming into A.A., and in sophisticated communities are welcomed. Some recovered alcoholics have formed all-gay groups, just as there are special groups for women, doctors, agnostics, lawyers, airline pilots and others.

"Growing up in Alabama, I was taught to hate myself," one gay member told an A.A. meeting. "I was a nigger sissy. In A.A., I learned that God loves us all. My business in A.A. is to stay sober and help you if you want it."

A.A. surveys do not inquire whether members attend religious services or if they believe in God. There are no questions about ethnic or racial origins, sexual preference or whether alcoholism runs in the family. But a family predisposition to alcoholism is reflected strikingly within A.A. Often, speakers at meetings begin: "My name is Mary, and I am an alcoholic...and my father [or mother] was an alcoholic."

Longtime A.A. members believe that it is hopeless to drag another into sobriety if the alcoholic is determined not to be helped or refuses to believe he is ill. Even so, the courts in some states are sending thousands of offenders to A.A. meetings instead of to jail. But the A.A. program sometimes catches on even with unwilling alcoholics.

There are many things outsiders believe A.A. to be that it is not. It is not a temperance organization or Prohibition society. A.A. does not want to save the world from gin. Nobody invites you to join A.A. You are a member if you say you are, or if you walk into an A.A. meeting with the thought that you have a drinking problem and you want to stop. There are no papers to sign, no pledges to take, no obligations to speak up, no arms twisted. The attitude of members toward those outside who drink moderately is, "I wish I could drink as you do, but I can't."

A.A. is not a religious cult. Some members are agnostics or atheists. Many choose to believe that their "higher power" is their A.A. group. Most members prefer to call A.A.'s program "spiritual." Yet God is mentioned directly or indirectly in five of the Twelve Steps, which A.A. uses to help heal individuals, and this sometimes repels outsiders who might otherwise be attracted. (Boiled down to six instantly understandable principles, the Twelve Step program might read: We admitted we are licked and cannot get well on our own. We get honest with ourselves. We talk it out with somebody else. We try to make amends to people we have harmed. We pray to whatever greater Power we think there is. We try to give of ourselves for our own sake and without stint

to other alcoholics with no thought of reward.)

A.A. does not work for everybody. But then, nothing does. About 60 per cent of those coming to A.A. for the first time remain in A.A. after going to meetings and assiduously "working the program" for months or even years. Usually, they stay sober for good. But about 40 percent drop out. These statistics refute a widely held notion that A.A. is always successful or an "instant fix." Even so, its success rate is phenomenally high.

Freudian analysis and religious faith, for example, may be two great ways to heal the human spirit, but they do not work on their own for alcoholics. The vast majority of doctors, psychologists and members of the clergy who are familiar with A.A. as well as almost all experts in alcoholism, make A.A. their No.1 choice for a long-term program of recovery. A.A. precepts are built into the programs of every respected intensive alcoholism treatment center in the country, including those of Hazelden in Minnesota, Smithers in New York and the Betty Ford Center. John Schwarzlose of the Betty Ford Center expresses a typical opinion. "Patients ask how important it is that they go to A.A. after they're through here. I say, "I can give you a guarantee. When you leave here, if you don't go to A.A., you won't make it."

A.A. has no ties with political parties, foundations, charities or causes, nor does it sponsor research into alcoholism.

And unlike most tax-exempt organizations, A.A., whose current annual budget is \$11.5 million, does no fund raising. Nor does A.A. accept money from outsiders. The funds supporting headquarters services come mainly from A.A.'s huge publishing empire, which distributes authorized literature to members.

Each group is self-supporting, passing a basket at every meeting to help pay for coffee, snacks, literature and rent for the meeting space. Those present often give a dollar. Others may just drop a coin in the basket. Some cannot give anything.

No member may donate more than \$1,000 a year to A.A. Nor may a member bequeath more than \$1,000, or leave property to A.A., which has never owned any real estate.

"The reason we discourage gifts and bequests," says Dennis Manders, a nonalcoholic who served for 35 years as the controller at A.A. headquarters, "is that we don't ever want some person dropping a million bucks in the A.A. hopper and saying, 'Now, I'm going to call the tune.'"

About half of the groups contribute nothing at all for headquarters services. Many members feel that carrying the expenses of their "home group" is enough. This kind of autonomy and decentralization typifies Alcoholics Anonymous.

The average A.A. member, according to surveys, attends four meetings a week.

After about five years of regular attendance, some A.A.'s go to fewer and fewer meetings. They may stop altogether when they feel they are able to function comfortably without alcohol. However, some speakers at meetings are full of cautionary tales about how they drifted away from A.A. and drank again, sometimes disastrously and for long, periods of time, before returning to the fold.

The movement works in quiet and simple ways. Members usually give of themselves without reservation; exchange telephone numbers with newcomers; come to help at any hour when a fellow member is in crisis; are free with tips on how to avoid that first drink. Most people in A.A. are flexible, tolerant of eccentrics, suspicious of "rules" and "musts." The lack of ritual can be a surprise to beginners. So is the absence of confrontation, finger-pointing, blame-laying, angry debate and chronic whining.

The essence of A.A. can only be guessed at in big, showy gatherings, such as its international conventions every five years. It is in the intimacy of the neighbourhood meetings that the truth, the flavor and the inkling of the reasons for A.A.'s success can be grasped. The members may meet in groups as small as 2 or 3, or as large as 200, but the usual attendance is somewhere between a dozen and 40 people. In New York City, the most active single A.A. spot anywhere, there is a choice of 1,826 listed meetings held by 724 groups every week.

As A.A. grew and diversified, the stigma of alcoholism gradually faded. There were many stages along A.A.'s road to respectability, beginning in the 1940's, that gradually transformed the public's perception of the society of recovered drunks from a butt of disbelief and even ridicule to that of an accepted and admired organization. None was more significant than the action taken by the American Medical Association. In 1956, the AMA's trustees and its House of Delegates declared that alcoholism was a disease, thereby validating a central belief of A.A., from its co-founders on, that it is a sickness, not a sin.

Now the Supreme Court of the United States is debating the legality of the issue. Last Dec.7, the court heard a challenge by two Vietnam War Veterans against the Veterans Administration for excluding "primary alcoholism" (in which drinking itself is the root disorder) from the list of illnesses and disabilities that allow veterans more time to claim education benefits. Extensions can be granted to veterans hindered by physical or mental problems "not the result of their own willful misconduct." The justices are expected to hand down an opinion before the Court's term ends in June.

The structure of A.A. is a little harder to grasp than the disease theory of alcoholism. It is close to the truth to say that A.A. consists of a million Indians and no chiefs. And that it is less an organization than an organism that keeps splitting amoeba like, into ever more groups. If a member doesn't like how things are run in his group, he can start another one with people he finds more compatible. This has given rise to an A.A. saying: "All you need to

start a new group is two drunks, a coffee pot and some resentment."

There is a structure in Alcoholics Anonymous, but it would set any conventional notion of how to run a business on its head. Basically, the local groups are boss and the board of trustees and the staff at the General Service Office are supposed to carry out their orders. The board of trustees is made up of 14 A.A. members and 7 nonalcoholics.

Although alcoholics hold all the top administrative jobs, they never handle money. A.A.'s financial operation is run by nonalcoholics. The reason is that Bill Wilson and the early A.A.'s were afraid that if anybody running A.A. fell off the wagon, that would be bad enough, but if he were handling finances as well, the results could be disastrous. The philosophy has endured.

The manner in which A.A. directs its collective affairs and sets policy can be seen most clearly - or in all its democratic confusion - at its yearly General Service Conference, the closest approximation to a governing body of A.A. About 135 people attend, including 91 delegates elected at regional A.A. assemblies in the United States and Canada. Also on hand are the trustees of the board and representatives of the head- quarter's staff.

The day-to-day business of Alcoholics Anonymous has been carried on since 1970 in a brick building at 468 Park Avenue South, in midtown Manhattan. Whatever policies are decided at the conference are carried out by the headquarters staff. Their jobs are divided into specialties such as literature, treatment centers, prisons, public information and cooperation with professionals - doctors, counselors, social workers and teachers, for example - in the alcoholism field. And just in case somebody should become overly fond of a specialty, all the top staff members, except the general manager and the Hispanic coordinator, regularly rotate jobs every two years. The same frequent rotation occurs at every level in A.A. Officers in local groups usually step down every six months.

The seven nonalcoholic trustees, who are often experts in some profession, such as medicine, law, banking or social work, serve a special need. Joan K. Jackson, a sociologist with long experience among alcoholics, explains: "We can use our full names in public. We are not perceived by outsiders as having any vested interest. Privately within A.A., our greatest function is as gadflies and questioners."

What makes A.A. headquarters run is the A.A. World Service publishing empire. It now brings in \$8.8 million annually or 76 per cent of A.A.'s yearly corporate revenues. It is the cause of some trepidation among those who have taken what amounts to a vow of poverty. Each year, A.A. distributes 7 million copies of more than 40 pamphlets (mostly gratis for members), and almost a million and a half copies of 6 books and two booklets. Seven million copies of the Big Book (A.A.'s central text, published in 1939, whose formal title is "Alcoholics Anonymous") have been sold. Last year alone, about a million Big

seasoned citizen of 70 years.

Dr. Paul Sherman was a professional of stature, a strategic thinker, and an early and influential member of the emerging profession of Employee Assistance. He was the President of this Association, then known as ALMACA, from 1976-1978. We were not even a decade in the making at that time, when Paul was providing leadership, structure, and direction to this evolving group of occupational alcoholism and related workplace and varied treatment interests.

Under his guidance, the Association was positioned for growth and grassroots efforts by geographic regions, the rudiments of EAPA structure today. Emphasis was placed on internal administration and resources for external operations in anticipation of EA profession and Association growth. The stage was set for movement beyond the first two staff members (Executive Director Jim Baxter and Associate Director Judith Evans) to the eventual hiring of "Thundering One Hundred" veteran Tom Delaney, as Executive Director. Former EAPA President, Don Magruder, recalled Paul as an effective leader who used the Association committee process well and focused on giving structure to the Board and staff operations. On a personal note, Don described Paul as "truly a gentleman, professional, strategic ... a very nice man."

Paul hailed from Chicago and completed a doctorate in industrial and organizational psychology from the Illinois Institute of Technology in 1961. He held several key HR executive positions from 1965-1979 with the International Telephone and Telegraph Corporation (ITT), having directed

personnel planning, development, and industrial relations operations across ITT North America. He developed, implemented, and directed the Behavioral/Medical and Employee Assistance Programs for ITT. In 1979, he founded Paul Sherman and Associates, a national consulting firm offering a wide range of executive assessments, EA, organizational development and more. Paul had an early and well-established reputation for services targeting chemical dependency in executives, key managers, and professionals.

Dr. Paul Sherman represented himself and our Association well on CBS Evening News, the Today Show, Not for Women Only, Good Day New York, Freeman Reports, in the New York Times, Wall Street Journal, and many HR and EA professional journals. Paul was well suited to reach out to corporate and political decision-makers on behalf of his consultancy and his Association. He brought the late Sen. Harold Hughes to address our Association in a past annual conference in NYC. It is through the Hughes Act that initial funding created the NIAAA, and grant money to help this grassroots effort gel in to the membership association then known as ALMACA.

In addition to spouse Joan, of White Plains, and their seven grandchildren, sons David and Scott; daughters Julie and Laurie; and his sister Charlene survive Paul. The family requests donations in Paul's memory be sent to the National Council on Alcoholism & Drug Dependence, 20 Exchange Place, Suite 2909, New York, NY 10005.

I conversed with son David on Tuesday. It was just after the funeral. I

I suspect that this is about to change. An entire generation that came of age in the '60s and '70s, that thought that cocaine, alcohol and pills were the inevitable accompaniment of work in "the biz" are now recoiling from the disorder that drugs have wrought in their lives. They are retreating to A.A. And therein lies a tale of how A.A. and Hollywood work.

I would never have known about this were it not for a few things that happened to me in late 1987 when I became a father for the first time at the age of 42, lost more than I could afford to in the stock market crash and learned that a loved one was a drug addict. Like any good American, I asked my doctor for the means to cut the anxiety, allow me to work and let my eyes close in sleep at the end of the day. Soon, I had my cupboard filled with sleeping pills and tranquilizers; with chloral hydrate and meprobamate, Xanax and Halcion to take the edge off reality. Within months I was walking around in a sort of prescribed fog. I felt far better, but I still had a real problem - the pills were doing nothing about them. I told a friend that I wanted to see what my life would be like without medication that dulled the sharp edges. He suggested that I go to A.A. I told him that I almost never drank, but he just smiled. "try it," he said, "You'll like it."

And indeed I did. From the first meeting I went to in Beverly Hills almost eight months ago until now, I have been moved by the way that A.A. cleans up messy, wrecked lives. At every meeting there is a similar format. After prayers and brief readings from "Alcoholics Anonymous," the basic text, one or more persons stands up and talks about what it was like before A.A., how he or she happened to come to the program and how he or she lives without drugs and alcohol. Some of these talks are astoundingly graphic.

At one of the first meetings I went to, a young man told about how, when strung out on intravenous cocaine, he would hold his arm over a fish tank, cut into his veins with a razor and watch the blood flow into the tank and turn the water pink." Another man recounted how he could almost simultaneously shoot cocaine into each of his arms while he also smoked freebase. Others, by the score, told of getting drunk and crashing into telephone poles - then sailing through windshields. They talked about drunk tanks and jails.

Personally, I appreciated the more analytical approach. One man, who spoke for almost every addict I have ever known, said that he had been a "heartbroken child." He had carried that heartbreak around with him all of his life until he met alcohol and drugs and then found that they organized his life. They took away the pain and allowed him to succeed at his work - until they so disorganized his life that he literally fell apart. A.A., its tenets, its group willpower, its spiritualism, he said, had helped him put his life back together.

I found this form of public confession deeply affecting. But more than this, this quintessentially Protestant, holy roller sort of ritual (albeit delivered with startling restraint considering the subject matter) struck me as key to

The Long Road Back

'After-care' for drug and alcohol abusers

At the Betty Ford Center in Rancho Mirage, Calif., patients are prohibited from receiving phone calls for their first five days of treatment, cannot keep any medications they might have-not even vitamins or mouthwash-and are assigned chores: Elizabeth Taylor hauled garbage and hosed down the patio. At the Smithers Center for Alcoholism and Drug Treatment in New York City, where New York Mets pitching ace Dwight Gooden spent the last four weeks, residents trying to kick the habit go through a program that harkens back to grammar school: they meticulously copy out statements, such as a list of definitions of sobriety, and attend lectures. But when patients complete the standard one month of in-house treatment at a rehabilitation clinic, they are only beginning what may be the most critical part of their recovery: after-care.

Even doctors and psychologists who debate the merits of various treatment programs agree on one thing: a few days or weeks spent in an alcohol-or drug treatment center is not enough to wean patients from their dependency. Some 80 percent of addicts, be they drinkers or drug abusers, fall off the wagon at least once, says Dr. Thomas Kosten of the Substance Abuse Treatment Unit at Yale University. And short "detox programs" have, he says "a failure rate of 90 to 100 percent within a couple of months." For that reason, every reputable rehab center provides its patients with an aftercare program to follow after release. Though the requirements vary, they generally include weekly follow-up visits to the clinic for meetings to talk about learning to live sober.

But a primary goal of many after-care programs is to get patients into Alcoholics Anonymous or a similar support group that uses AA's 12 steps. "Meetings are your lifeline," says Betty Ford. The clinics urge patients to attend 90 AA meetings in their first 90 days back home and, after that, to attend regularly or whenever they feel the need-for the rest of their lives. Sometimes, just going to a meeting to help others will keep an addict on the wagon. Mrs. Ford, for instance, regularly works with patients.

One relapse-prevention strategy recognizes that old environments can trigger old habits. Ex-patients encounter "cues" that can prompt them to reach for the bottle or the white powder once again. The cue might be a friend who uses cocaine or a party at which many people are drinking. Clinics therefore teach patients to identify such cues and deal with them-to quickly leave the party, for instance, or find new, non-coke-snorting friends.

Most centers have patients return for counseling after release. Graduates of Smithers usually return two or three times a week at first, then once a week for about two years, says associate director Dr. Allan Lans. Gooden, who tested positive for cocaine use late in spring training, is expected to receive psychiatric counseling up to three times a week. One reason for mandated follow-ups is that patients who've grown accustomed to leading

REMINDERS:

Many people get upset when they send a message which is not posted to the list. So here are some reminders:

One: we are not an AA group. The list is open to anyone interested in AA history whether AA members or not.

Two: we are not a chat room. Please do not use the list to comment on other people's posts. You can copy the E-mail address of the person posting to E-mail that person directly with any comments about his or her post. So don't send them to the list unless you have additional history on the subject.

Three: Nothing will be approved for posting unless it contains AA history or questions about AA history. No personal opinions, or posts based just on rumor or vague memory of what someone told you will be posted. To the extent possible please list the sources for any information you send.

Four: Posts that repeat history already on the list will not be posted, so please use the search box at the top of the page to make sure the information is not already on the list. Also please search the list before posting a question which may already have been answered. I spend a lot of time writing to people who ask a question which is already answered on the list, and would prefer to spend that time doing further research on our history.

Five: I prefer that you do not send website addresses. (I sometimes make exceptions to this rule.) Instead, copy any AA history which is not already on the list to a new post. This is to avoid bringing to the attention of the members of the list websites which may contain inaccurate material about our history.

We try to keep the information on the list as accurate as possible. There are several professional historians on the list who have published books on AA history and they help us to distinguish what is history and what is merely AA legend which may have been repeated often by oldtimers.

To read old posts go to:

Yahoo! Groups : AAHistoryLovers Messages : 1-31 of 853 [88]

New members may be particularly interested in the "Let's Ask Bill" series posted by Jim B. of Canada. They begin at Post 19.

Yahoo! Groups : AAHistoryLovers Messages : Message 19 of 853 [89]

having changed so much after a year of sobriety that he was unrecognizable. After 3 1/2 years, he got drunk and never got sober again; died in 1954.

"A Feminine Victory": Florence R. They might have called it "100 Men," except for Florence. She was the first woman to come into AA and put together continuous sobriety. She stayed sober one year, then married a drunk, got drunk, and committed suicide in 1941.

"A Business Man's Recovery": William R. He's got a terrific, inspirational story in the Big Book, with all kinds of colorful details like fleeing to South America to work in the oil fields so he could learn to drink responsibly like the oil well workers; he thought that would help him. He was the first alcoholic trustee on the board of the Alcoholic Foundation; unfortunately he got drunk as soon as he was elected.

"A Different Slant": Harry B. Harry is probably "Fred" from the chapter "More About Alcoholism," the competent accountant who thought he didn't need AA, he could stay sober on self-knowledge, but inexplicably kept winding up in the hospital. He says in his story that he wants to illustrate that even a successful businessman, like himself, can become an alcoholic. He was elected to the board of the Alcoholic Foundation to take over when William R. got drunk, and promptly got drunk himself.

Curiously enough, the author of the "The Backslider," the 5th story, is the first one who stayed sober. His name was Walter B., and he was the first one admitted by Dr. Bob and Sister Ignatia to the hospital after they formed their partnership to hospitalize drunks.

The author of the 6th story, "The Seven Month Slip," actually slipped for about 30 years. His name was Ernie G., and he has the distinction of marrying Dr. Bob's daughter, Sue, while drunk, in 1941. Dr. Bob was against the marriage; in fact he found out they had gotten married by reading the newspaper. Both Dr. Bob's children married drunks. Ernie stayed sober about a year, got drunk, and stayed drunk off and on until he died in 1971.

There's a strain of propaganda these days that says that AA was much more successful in the early days, but that doesn't seem to be borne out by the Big Book stories. Perhaps it is appropriate that on AA's anniversary, we take a moment to remember how many of the early members who created this fellowship that has saved so many lives didn't make it themselves.

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+++Message 1101. Illinois sharing, 1959
From: ricktompkins 6/16/2003 10:30:00 PM

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Of the Southern, Northern, and Chicago AA Areas, here's a talk from a Chicagoan to the Southern section, preserved by the Northern section in a transcript. Luke H. was elected as Chicago Area 19's first Delegate to the General Service Conference in 1951, Ward M. served as Southern Illinois Area 21 Delegate to the same Panel. Earl T. got sober in 1937, Luke mentions first meeting Ward in 1942, and all three remained close friends.

March 2, 1959 talk by Luke H. of Chicago at the Abe Lincoln Hotel,
Springfield, Illinois

Springfield is one of my favorite AA centers. I was here with Earl T. at the first meeting of downstate groups and I have been here on several occasions of AA activity. The friendly hospitality hear-about gives me the feeling of being very much at home.

Another bond comes from having watched the growth of AA in Springfield almost from the beginning. When I first met Ward M. he had been on the program a year but hadn't acquired a single steadfast disciple, and he was rapidly becoming impatient. I tried to calm him by telling him that Earl had experienced the same frustration in Chicago for two years, and that what kept him going was Dr. Bob's kindly counsel that all would be well in due season, "Just stay sober and don't try to force things," said Dr. Bob. So, Ward, like Earl, learned patience, which is a very good thing for an AA to have.

AA in Springfield finally got out of the loner class one summer day in 1943. After several disappointments with slippery prospects, Ward had Jerry O. all but signed up. For the clincher we went to the Leland Hotel, which Ward held in high regard for its chocolate ice cream. It turned out that Jerry was dead ripe, so thereupon the Springfield group in the multiple sense became fact.

By the way, if anyone wishes to make a pilgrimage to the birthplace he may go to the Leland dining room and pace off 15 feet in from the east wall. If he is truly of the faith, he may have a vision of Ward founding the Springfield group over a double helping of a chocolate ice cream sundae.

No, while I felt much complimented by being invited to speak at this meeting, I also felt somewhat hesitant. When you bring in a speaker in from outside and treat him bountifully, you have the right to expect something super.

In short, the Word. I have no such gem.

Do we in AA have the key to sobriety in one syllable? I mean to say, have we one shot for the newcomer anything like the advice given by the old pugilist to the boy who wanted to know the one fundamental to be a fighter. The old pug said, "Breathe."

Of course, there's the temptation to tell the man or woman seeking sobriety, "Stop drinking." But he's heard that already from every side. In fact, each one of us heard it until our ears ached. Now we know better. We know that sobriety results not from a negative position but from a positive action. Our program only begins with "Stop drinking." From there on our task is to build up a personality that can adjust in an uncertain world without resort to alcohol.

We say to the newcomer, "Here are the tools we used. Take them and start your own project and we'll give you all the help we can."

Within the frame of the Twelve Steps, he has a broad choice of materials, starting with his own understanding of a Higher Power. Each story of AA success is different and all are equally good. Who can say that John A, who keeps sober and happy in his way, has a truer philosophy than John B, who keeps happy and sober in his way? If it's more uniformity we're looking for, there's always the Infantry Drill Requisitions.

So, instead of standing here and pretending to offer sovereign remedy for the sickly souse or sobriety in one easy lesson, I'd rather use my time to tell of some of the things seen along the way.

In AA I have learned from both the Greek and the Barbarian, from the wise and the unwise, from my sponsor and many others who have maintained happy sobriety, and also my friend who is just now making his tenth start since 1941.

I believe he will make it yet, if not this time, maybe next time, but I won't sell him short.

I have always considered myself among the fortunate. For one thing, I found AA - or probably the other way around - when I was still enough alive to make use of the program. Furthermore, I had used up my share of slips, and I knew as much as anything that one more chance was all I could expect.

I had become what I now am pleased to call a profound drinker. This classy term, I would have you know, has clinical authority, having appeared in a medical report of inmates of the Seattle jail. As near as I can define it, a profound drinker is one who really has the problem.

In the last year or so of drinking, I came to know deep down that I really had the problem. My difficulty was that I couldn't come up with a decision. By myself, I would doubt if I ever would have. Then, all of a sudden, the stage was set. The timing was right, and I met AA as if it had been rehearsed.

A great part of my good fortune was the warm support given me immediately. My family, whom I had hurt the most, forgave without reservation. So did my employer. The doctor who introduced me to my sponsor, the lawyer whom my wife

had engaged to deal with our domestic difficulties, even a bartender, lined up
on my side.

The barroom scene took place when I had been dry a week. I was in the saloon
with five others of my set, ostensibly out for a bit of lunch. One of them
called for drinks, and when I took a coke, there was considerable merriment.
The owner came to where I was standing somewhat apart and said, "I'm very glad
to see it. Some of the fellows ought to get off the stuff, too."

There's a little more to the story. Within a short time thereafter, three of
the five were in AA. One of them has not had a drink to this day and the two
others were sober to their deaths.

I feel privileged to have been in AA for the formative period, for I have had
the opportunity to watch interesting developments over the years. AA was given
a foundation that seems to reveal the wisdom of Providence in the design. The
early members were far-gone alcoholics. Thus, the maximum test was applied,
and it was proved at the outset that AA can work for the worst. Nevertheless,
there were moments of doubt. There was also the challenge of the skeptics. The
Journal of the American Medical Association reviewed the Big Book when it
appeared and shrugged it off as the rash venture of laymen into a field where
medicine itself had not found the answer.

The second era dawned brightly, AA was attracting drunks in sizeable numbers
and the early adherents were still sober. Favorable publicity appeared in
newspapers, Liberty Magazine, and the Saturday Evening Post. These were the
balmy days. New people came in flocks, and it seemed that on every hand,
rescued souls were taking watches out of hock, getting their jobs back, and
even being elected vice president of the firm. Slips were not unduly numerous,
and hearts were young and enthusiasm ran high.

As it appears to me, the next chapter brought disappointment. By then, some
had been on the program for considerable time - five and even ten years. Yet,
here and there, one turned up missing. These fellows had been active,
enthusiastic AAs. Perhaps in some instances they had been too fired up for the
long pull. At any rate we began to hear that so-and-so wasn't attending
meetings any more. Some had gone back to the bottle. All this was a shock, for
while we had come to expect a certain rate of slippage among newcomers; we had
supposed that a five-year man was solid. A particularly dismaying thing was
that to no one knew just how to approach the delinquent senior to get him
back.

Perhaps that period hasn't come to its end, but there are signs that a new era
of experience has begun. In a rather small circle, I know of five stray elders
who have come back to their group meetings in recent months.

If these are only individual experiences with no common factor, they may not
be important in our movement, but if the attraction of AA, given time to work

has the power to restore the lost spirit, then it is significant indeed, for
the future as well as the present.

AA came of age numerically in 1955. But we have also reached maturity in a
larger sense. We have learned that adversity can be overcome.

In the springtime of the fellowship the spirit of youth prevailed. People who
had felt miserable suddenly felt wonderful. Even though seasoned drunks, the
early members were fairly young in years and the group was touched but lightly
by illness and death.

The pioneers, who were then in middle age, are getting along, and like other
human beings, are subject to human infirmities. In Chicago this has been
particularly noticeable, for among those afflicted with physical ills are men
and women who were outstandingly active and helpful in the group.

Now, although forced into inactivity, they are still helpful, and in a greater
degree than ever. For us, their serene acceptance of misfortune is final proof
that our program is all-sufficient.

They have renewed their strength and ours. They have become the eagles of AA.
Instead of complaining that their devotion to the good cause entitled them to
a better break of luck, they have been truly grateful for being conditioned to
meet adversity. They have exemplified the program to the final stage of
individual experience. They have given us AA Triumphant.

The attainment of emotional maturity is a real accomplishment for any one
person, let alone a mass movement of thousands who started at scratch.
Alcoholics are the juveniles of the human race. This is neatly pointed up by
James Thurber in his story of the Bear Who Let It Alone, which I shall now
read to you.

"In the woods of the far west there once lived a brown bear who could take it
or leave it alone. He would go into a bar where they sold mead, a fermented
drink made of honey, and he would have just two drinks. Then he would put some
money on the bar and say, 'See what the bears in the back room will have.'

"But finally he took to drinking by himself most of the day. He would reel
home at night, kick over the umbrella stand, knock down some bridge lamps, and
ram his elbows through the windows.

"Then he would collapse on the floor and lie there until he went to sleep. His
wife was greatly distressed and his children were very frightened.

"At length the bear saw the error of his ways and began to reform. In the end,
he became a famous teetotaler and a persistent temperance lecturer. He would
tell everybody that came to his house about the awful effects of drink, and he
would boast about how well and strong he had become since he gave up touching

the stuff.

" To demonstrate that, he would stand on his head and his hands and he would turn cartwheels in the house, kicking over the umbrella stand, knocking down the bridge lamps, and ramming his elbows through the windows.

"Then he would lie down on the floor, tired by this healthful exercise, and go to sleep. His wife was very distressed and his children were very frightened.

Thurber adds a moral: "You might as well fall flat on your face as lean over too far backward."

I have a kind of moral of my own to the bear story: "To sober up, grow up."

While I like to think is that I am more grown up than I used to be, there have been times when my sense of maturity was put to the test. This happened not long ago in spectacular fashion. All of a sudden, without anything leading up to it, I found myself figuring that I had been sober exactly half as long as I had been married. In other words, Mrs. H. had a sober husband as long as she had put up with the other kind. This was strictly accurate, for prior to AA she had never known me to practice sobriety. The first time she saw me I had been tipping; just enough to be attractive, you know, but nevertheless unmistakable. In later years this was a good gimmick for me, when berated I could reply, "You should have known what you were getting; let's have no complaints."

So, this big idea flashed into my mind. My next thought was, now we're all even, I'm paid up, I'm off the hook. But it wasn't quite clear what was to follow. I know I didn't entertain any thought of taking to drink or staying out all night. I can't afford today's prices and I get sleepy sooner than I used to. But more than that, I have come to like being sober. So if I were to take advantage of this 50-50 deal with Mrs. H. I would have to find some other way. And the only possibility was to let up on trying to be a normal person.

Well, it didn't take me long to realize that the sobriety I now enjoy depends on a sober way of life as complete as I can make it. I couldn't see any place to trim. By this time I had finished shaving that morning, I was back to where I was before I got slugged in the head with the silly idea.

A little later, I told Earl about it and he said the same thing had happened to him. As long as we had both skimmed through, we tossed it off. But we wondered whether this was not more or less common AA experience. Had some of the long timers I mentioned a while ago figured that their bill was paid and had succumbed to the idea?

If I had tried to put my wayward vision into practice, it would, I am sure, have meant a quick return to the childish mentality of my drinking days.

Hemingway admitted to alcoholism on the cover of *People*; this year, it's

Names of recovering addicts and some identifying details have been changed, since anonymity is the founding principle of A.A. and all other twelve-step programs.

this year, it's thirteen-year-old Drew Barrymore. "A.A. has lost the image of unshaven bums," says Matthew, a 28-year-old actor who's been attending meetings for eight months. "Everybody's in to it."

"Getting high is no longer hip," says Candy, a long-term pill popper who's been sober for seventeen months. "Now it's hip to be in recovery. The program is the best-kept secret in Manhattan."

Why the rush to "the rooms," as members call the meetings? Hipness has nothing to do with it; nobody hangs out in church basements for fun. While alcoholism takes its toll over the course of years, coke, free-basing, and crack are causing people to bottom out within months. "It's very simple," says Paul, a 45-year-old real-estate broker with a large investment firm, who became a born-again Christian when he kicked his coke habit. "There's a line you cross where it becomes impossible. It usually takes twenty years with alcohol, ten to fifteen years with pot, five years with snorting cocaine, six months for shooting it, and a matter of weeks for crack."

"Alcohol is a much slower route to addiction," says Nancy Dombrowski, a private therapist who is affiliated with the Alcoholism Council of Greater New York. "But when you mix alcohol with cocaine, you get there on the express train." In the past four years, the number of CA groups nationwide has gone from 169 to 1,043. In New York, the number of NA groups has doubled to 266.

On the Friday before New Year's Eve, Marissa and Tracy are at an NA meeting in a church basement in the East Eighties, where their friends Max is celebrating his fourth year of sobriety or, as he prefers to call it, "being clean." The 75 people are mostly under 40 and range from yuppies to obvious junkies. Marissa runs up to Max and gives him a stuffed dog. He gives her a big hug. One attractive couple has brought a new baby.

This is an anniversary meeting. The five speakers in the front of the room have been sober anywhere from a year to nine years. There's a chocolate cake to celebrate. A thin girl dressed in black is passing out slices. People help themselves to coffee from an urn in the back of the room. Others light up cigarettes in the smoking section.

"Don't compare drug stories," cautions Candy, the pixyish woman in the leopard-skin boots who is leading the meeting. "Just relax and identify. One of the best things about this program is the idea of a day at a time. Otherwise things look so big. All these days add up. What you see tonight are all these 'just for today's' adding up to one, four, nine years."

The speakers - two women and three men, ranging in age from 24 to 40 - take turns. They introduce themselves as addicts and say how long they've been clean. Everyone applauds, and then their stories begin: burnout tales from hell that all end up on a note of hope. This NA meeting seems raunchier than the A.A. meetings, a little more out of control. The word "death" comes up often. There's a sense of mortality that isn't dispelled by the Georgette Klinger bag passed around for donations. But there's also a feeling of victory and solidarity here. It's like a locker room full of athletes primed for the same goal: winning the game.

Max, 30, is one of the last to speak, "Hi, everybody. I'm Max, and I'm an addict, and today is four years." The room bursts into applause. Max's story is both banal and sad. With a little editing, his narrative could be another *Bright Lights, Big City*. Max, a middle-class kid from Long Island, worked at a club in the city where drugs flowed as freely as Rolling Rock. Max indulged with the best of them. "Everyone at work did coke," he says. "People were always giving it to me to get in free. But I didn't know where to draw the line. I would end up in court every three months because I hadn't paid my rent. I had no phone or electricity. My girlfriend broke up with me. One of the guys I worked with died. I remember people used to leave NA stationary on my desk and it was like, "How dare you think I have a problem?"

People laughed in recognition. "Then I hit rock bottom, I was taking money from my family. I forged a check to my father, who's an accountant. One day, I was sitting over this drawing board. My nose was stuffed and caked from doing blow, and then it started bleeding. It was like the beginning of the end. The next night it was my birthday. I had an eight of an ounce of coke, and I was with some girl whose name I didn't even know. The next morning, I called my parents and made them fly me down to Florida to get clean. My first meeting was in Florida."

Max winds up his story: "I always felt less than other people; I never felt like I fit in. I've learned how to be human in four years of recovery. I didn't do this alone. My recovery is about people; we have unity here. That's how all the healing is done. Now I have a beautiful midtown office. I laugh about it sometimes.

When the meeting ends, people join hands and recite a prayer: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference. Keep coming back; it works if you work it." The ring breaks up, and people stand around chatting, exchanging phone numbers.

"The key to the rooms," says Marissa, "is that there are guidelines; there are rules. And there's unconditional love. Nobody ever says, 'Don't come back,' No matter how sick you are, no matter what you've done. No one leaves you or abandons you. When I first started the program, I used to think it was a cult

thing. But it's not. It's just a better way of living."

All over Manhattan, there are similar meetings around the clock. During lunch, midtown professionals flock to an A.A. group called Foglifters, at Fifth Avenue and 55th Street. On Sunday evenings, in a dimly lit, tiny room on Perry Street, there is a smaller, more intimate meeting. Every midnight in a building off Times Square, dozens of people climb the stairs to a film noir-ish room with a tin ceiling and slow-moving fan. At St. Bart's an Adult Children of Alcoholics group fills a classroom decorated with elementary-school drawings. And actors gravitate to the Studio Group at a church on the Upper East Side.

A.A. meetings and their various spinoffs are based on a twelve-step program that hasn't changed since it was created in 1935 by two "hopeless" drunks, Dr. Bob Smith and Bill Wilson, who had a heart-to-heart talk about their mutual problem. Wilson, a broker from New York who had made several fortunes and lost them to alcohol, was in Akron, Ohio, on business. He had been sober for three months, but when the proxy takeover he had come to town for failed, he wanted a drink. Wilson, who had been hospitalized for his last binge, learned two important things: that alcoholism is a disease, "an allergy of the body and an obsession of the mind," and that relief would come only after he surrendered himself to God. (Wilson and his wife were members of the Oxford Group, an international organization that practiced the faith of the early Christians.) He called a local minister for advice, who in turn contacted a woman from the local Oxford Group. She introduced him to Dr. Bob Smith (known just as Dr. Bob), a surgeon who was also an incorrigible alcoholic. What he and Wilson came up with was powerful but simple: A.A. is based on both abstinence and the concept that talking about their addiction with fellow recovering alcoholics - real-life experts on the problem - is a potent form of reciprocal therapy. As Dr. Bob wrote about Wilson, "He was the first living human being who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language."

By June 10, 1935, Dr. Bob was stone-cold sober. He and Wilson began to spread the word, drunk by drunk. By 1939, the group had developed a guidebook. A New Yorker writer came up with the title Alcoholics Anonymous. Popularly referred to as "the big book," it lists the twelve basic steps for recovery.

It's these steps that give A.A. its "religious" reputation. After admitting that they are powerless over their problem and that their lives are unmanageable, alcoholics are exhorted to believe in a "higher power" and to turn their will to the care and direction of God.

But between the pious-sounding lines is a pragmatic program: A.A. forces alcoholics to admit they have a problem and provides them with a structural solution and support group. Arnold Washton, who runs Washton Institute, an outpatient rehab center for addicts says, "Twelve-step programs help define the problem in a meaningful way and enforce honesty with oneself and others.

They maintain a focus on realistic goals. And they provide the support of a community of friends and peers with special understanding and empathy. The rewards can be extraordinary."

Dr. Anne Geller, director of the Smithers Alcoholism Treatment and Training Center, says, "Going to these groups also gives people some activity to fill up the time when they are struggling to come off an addiction. It fills the void."

The program is free. The only requirement is a desire to stop drinking and drugging. This is especially important for those without insurance. Members are asked only to make voluntary donations to help rent the rooms and pay for literature and refreshments.

For many, however, A.A. still seems like some kind of religious order. First, there are all the references to God, and then there are the slogans. Talk to a member for more than fifteen minutes and a lot of homilies inevitably pop up: "First things first." "One day at a time." "Easy does it." "Keep it simple." "You're only as sick as your secrets." "One [drink] is too much and a thousand isn't enough." "Progress, not perfection." "Life on life's terms." "God is good, orderly direction."

Some people are turned off by the "God part" that never return for a second meeting. Others solve the problem by thinking of this higher power as the collective strength and wisdom of the people in the rooms. And then there are those who become truly religious.

"My sponsor said, 'Get on your knees before you go to bed, and talk things through,'" remembers Max. "And I said, 'Jewish guys don't get down on their knees.' He said, 'Did you ever get down on your knees to do a line of blow? I said I would have gotten on my belly. I call the higher power my spirit. There's nothing more spiritual than one person helping another.'"

"I hesitate to talk about a higher power because I am a very skeptical person to begin with," says Matthew. "For years, I thought of myself as an agnostic with no real ties to any kind of organized religion. But as the Big Book says, 'The hoop A.A. asks you to jump through is plenty wide.'"

Jay, 25, went from being agnostic to being fervently religious. "I remember going to my first meeting and seeing all these people that weren't religious fanatics. They weren't nuts, they weren't losers. They were hip people," he says. "They were happy, and they were talking about incredible things. If you go to these meetings for a year and you see somebody on their first day and then after six months, that's proof."

Just having lived long enough to get into the rooms can be proof of a higher power. "it wasn't hard for me to make that leap," says Anne, a 31-year-old sales representative. "Since I was fifteen, I can't tell you how many times

I've been in a car with a drunk driver, and it always turned out okay."

But people are people, and the sacred sometimes becomes the profane. One step the founders didn't have in mind was the "Thirteenth Step" - when a member who's been in the program for a while picks up a newcomer. "A person is so vulnerable when they first come in. To hit on someone is just awful," says Paula. "Once a new girl raised her hand and said she'd been clean 50 days, and I heard this guy say, 'Good. Get them while they are still shaking.' This is not a social club. This is really a place to get better. It's medicine."

Max admits, "there are a lot of people who develop relationships in the rooms. But I'm sick enough on my own. The last thing I need to do is to find someone who is a similar thinker. Still, I know when I first came around, a pretty girl made it easier. Everybody's motives aren't that pure. Some people are looking for a lover. Some people are looking for a job."

"I remember people telling me that A.A. was 'in.' That it was the new scene," says Marissa. "That's not what it's about at all. Anyone who comes in thinking that loses so much. It's not a sex club or a singles club of the eighties. People are terrified of endangering the safety of the rooms. And anyway, everybody knows, it's so incestuous."

There's an unwritten rule that members should avoid major changes in their lives - including relationships - for the first year of recovery. But the social aspects of the twelve-step programs are important, especially since members are told to try to avoid the "people, places, and things" associated with their habit. "These people are going to have to eliminate large parts of their life-style," says Dr. Washton. "Having new people to socialize with is very important."

"I have had to cut off so many people I used to see," says Dan, a cocaine addict who hasn't used the drug for nine days. "I really need the people in A.A." Some members even begin finding it difficult, if not impossible, to deal with people outside the program. This can be a real problem for non-members who have intimate relationships with members.

One 33-year-old woman who recently separated from her husband says, "A.A. kept him alive but stole him from me. You expect problems to be solved, but they are replaced by a whole new set of problems. The irony is that if I could scrape him off the pavement when his heart was palpitating and his face was gray and his tongue was hanging out, you think I could deal with a healthy, sober person. But A.A. became a rival in the marriage. If he doesn't go to a meeting, he gets hypercritical, antsy, negative. He goes to a meeting and comes floating out. It's almost like a fix. But I still wouldn't trade his being in the program for anything in the world, because I know without it he would be dead."

The meeting can also bring people together. Jim, 31, is engaged to a woman he

met in A.A., and he knows at least six other couples who met through the program. Most people find a healthy medium in handling relationships: The dealer has to go; friends who aren't only drugging or drinking pals can stay.

Until recently, drug addicts were not always welcome at A.A. Max remembers "going to a meeting in Florida and saying I was an addict and being asked not to share." Says Candy, "Eight years ago, I was thrown out of an A.A. meeting because I was a drug addict, and they said I had no right to be there. You still hear some resentment." But today, many young members identify themselves as cross-addicted: Most cocaine users are also alcoholics. "My husband used to say, 'I have a coke habit, not an alcohol problem.' Then he'd drink," says one woman. "But as soon as he had a drink, he'd lose control over his urge to do coke. Then he'd disappear." Fellowships like A.A. recommend complete abstinence from addictive substances. "Once you start getting high, it brings you back to your drug of choice," says one member.

Some addicts prefer meetings such as CA or NA, that focus on their particular problem. Others are drawn to A.A. because its members tend to have longer histories of sobriety than those at the more recently founded fellowships. Many members rotate among several types of meetings to get the support they need.

New members try to do 90 meetings in 90 days. They are encouraged to call other members when they get cravings or urges, and there's a sponsorship program that provides one-on-one guidance. There are 1,800 A.A. meetings in Manhattan, varying in size and ambience.

This 54-year-old form of free therapy may have become a burgeoning subculture, but it's far from an instant panacea. It means a lifetime of hard work. Members know they can never drink or take drugs again: The "pink-cloud" high most newcomers get when they enter the program soon gives way to the realization that staying sober is just the beginning. Working the twelve Steps means transforming yourself. Like psychotherapy, it's a process that involves peeling back layers of personality.

It's easy for an outsider to parody the program. Often, it seems like a New Age Salvation Army or seventies-style group therapy run amok. There are meetings that are overly social, and some people become as addicted to the meetings as they once were to a substance. Others take on the fervent tone and jargon of the born-again.

That's because those who've gotten sober feel that they've been saved. For many, private therapy didn't work; dividing their stashes into cute little packets didn't work; rationing drinks didn't work. The alternatives were a totally dysfunctional life, or death.

It's a Tuesday evening, and the A.A. meeting in the basement of a church on Park Avenue in the Sixties is bustling. The crowd is a mostly upscale mix of

about 60 men and women. One woman seated in the front of the room has just finished "qualifying," or telling her story. She's obviously struck a chord. Hands shoot up all over the room. The first person to share is a pretty blonde. "Hi, I'm Paula, and I'm an addict and an alcoholic."

"Hi, Paula," the room booms back.

"Hi, everybody. I've seen you here a lot, but I never heard your story before," she says to the attractive brunette in her thirties who's just finished her own tale of drug abuse, abusive relationships, arrest, recovery, and professional success. "I really identified with you. I graduated from an Ivy League school, and I'd be sitting in a crack den saying, 'But I've got a Ph.D.,' and they'd be saying, 'Pass the pipe.'"

The meeting breaks up into small coed clusters. It's easy to pick up on some flirtation among members. "Sure I go to meetings when I have crushes on some of the guys , " says Paula. "They say that whatever gets you here doesn't matter. People do date people in the program. But there's an old- timers' saying that there's a slip under every skirt. It's true that most people slip up because of relationships too early on. It takes the focus off yourself and your recovery."

A week later, in her office, Paula tells a wild but typical story. Paula, 32, works in the entertainment business. Posters of celebrities cover the walls, and the conversation is constantly interrupted by the phone and fax machine. Like many in the program, Paula chain smokes. "Basically, I'm a nice girl from the suburbs," she begins. "All I can say is my whole life, I felt something was just off. I always felt I was never good enough and you'll hear this a lot from people in the program. From the minute I started getting high and drinking, I knew that's how I wanted to feel. They say that we have a disease, and the word is 'dis-ease,' you know. I knew that when I drank and did drugs I felt more comfortable. And if you go to enough meetings, you'll hear every alcoholic and drug addict say this. But once we take a drug or drink, it's like we have no stop button."

Paula did well in high school and went to college and then to graduate school. She moved to New York when she was 24. "I felt really lost, and that's when all the trouble started," she says. "I began by doing little teeny bits of coke. I felt so empty. And somebody turned me on to free-basing. I did one hit, and I thought, this is what normal people must feel like. I absolutely loved it. It rapidly started ruining my life."

She missed work and spent all her time hanging out with a dealer. "He was a disgusting sleazeball hairdresser," she says. "And there was this whole scene of washing your hair, cutting it, and free- basing and drinking champagne. I hated him, but the minute you free- base, you love everybody. Then there'd be these huge fights where he'd say everyone was using him and smash the free-base pipe. And I'd say, 'I'm never going to come back.' But then the

craving would start."

Paula was fired from one job after another but always managed to scrounge up enough money for drugs. "I got money from my parents. I didn't pay bills. I charged roommates more rent than they should have been paying. I used money I was supposed to pay my shrink with. And I got a new boyfriend, another dealer. We were like little hustlers down at Washington Square Park. By the end, we were cooking crack for rich people. I stole from him constantly." By now, Paula was a typical wreck.

"I weighed 95 pounds," she says. "My apartment was full of mice. My eyes were bulging out. I looked like Don Knotts. But I kept going. I was fired from my final job. I was going to be thrown out of my apartment. I had no lights or electricity. I would look outside, and it would always be this beautiful sunny day. You'd miss work, and it would be ten in the morning, and you'd want to die. You wish you were anybody but who you were. That was the worst feeling. Just hating yourself so much."

Eventually, Paula's parents sent her to a rehab clinic, where she stayed for five months. She moved back to New York and started going to CA meetings. "In the beginning, the fellowship of people is more important than the actual steps," she says. "I mean, all you really have to do is to remember that you are powerless over drugs and alcohol. But eventually the steps help you change. When it comes down to it, if you remain the same person, you're going to end up doing drugs and alcohol again. Basically, you're a sick person getting better. They say that whatever age you started drinking or drugging is when you really stopped growing emotionally. I've heard the program called 'growing up in public.'" Paula has now been sober two and a half years.

Sarah and Matthew are a rich, good- looking young couple. They could be out on a date, but this Wednesday night, they are at one of their favourite A.A. meetings, in a church in the East Sixties. The elevator man is used to the activity and cheerfully takes the hordes up and down. The members are affluent, slinging their fur coats and leather jackets over the folding chairs, stashing their briefcases and shopping bags underneath. There are about 50 people in the room, and only five could be called skid-row types. Sarah and Matthew look perfectly at home.

Sarah, an investment broker, has been sober two years; Matthew, an actor, has been sober eight months. Both are trust-fund kids who went to prep schools. But somehow, their upbringing let them down. "You're enabled by your looks and your money," says Sarah, 24, who looks like a little Amy Irving. "But you are not given any foundation, any building blocks for living."

Sarah grew up in a "very high-society, party atmosphere." At ten, she was sampling the drinks she mixed for her parents. Her parents were divorced when she was twelve, and her mother, then in her late thirties, dated, partied, and hung out with her three daughters, all of whom are now in A.A. "She tried to

play mother and best friend. I partied, drank, and did coke with her a lot," Sarah says. Sarah and her sisters were popular, athletic, seemingly together. The truth wasn't quite so pretty.

It wasn't until Sarah's older brother tried to commit suicide that anyone in the family was willing to take a closer look. Sarah's father stopped "enabling" his children with money. But Sarah continued to play the party girl. "I still looked good. I had money in the bank and lived in a beautiful apartment," she says. "I would go on binges. Then I would try to go to meetings. Finally, I was able to get sober for a year, but I didn't work the first step at all. I didn't admit I was powerless over alcohol, and I thought I could control my drinking. Then I drank for three straight weeks, and I knew it was over. My life was a mess."

By now, Sarah's two sisters were sober, and Sarah began to take the program seriously. "Before, I didn't want to meet any of the people in the program," she says. "I thought I was different, better. This time, I embraced it in a totally different way. I was so relieved. I felt like this is where I belong. I'm an alcohol. I felt safe. The program gives you the tools to learn to function in the world, to learn to deal emotionally with things that used to baffle you, because you used alcohol to deal with emotions. It's a bridge back to life, but it's not life."

Pot smoking brought Matthew to the meetings. "I got through school on a combination of wit and charm," he says. "I thought it was a great joke to show up in class high. After a while, I could barely function. When I graduated, I wasn't getting any acting jobs. My life started to fall apart."

Matthew went to a rehab center on the West Coast. When he returned to the East Coast, he started going to meetings. "I knew I had a problem with pot for a long time," he says. "But I thought A.A. was a group of weaklings. The twelve steps are simple, not complicated, mystical, or cultish in any way. I have new friends, a new girlfriend, and my professional life has improved. I am hooking up with an agent as a result of taking some action I never would have taken if I weren't sober."

The Saturday night CA meeting in an auditorium in a hospital uptown is packed. Tonight the guy qualifying is a blue-collar worker with the timing and delivery of a stand-up comic. Before long, everyone is laughing at his descriptions of life under the influence of coke: the hours he spent glued to the window, convinced that his car was being stolen or that the Feds were in the street. The times he ripped up the carpet looking for coke. The way he terrorized the family cat, or spent all his time in the bathroom pretending to shower or to slug Pepto Bismol for his ulcer. His transparent attempts to explain missing paychecks to his wife or get credit from his dealer, who lived, conveniently, on the first floor.

"They say the difference between an addict and an alcoholic is that the

alcoholic will steal your money and the addict will steal it and help you look for it," he says, remembering how he rolled back his sleeve to show off his watch at the first meeting so nobody would think he was an out- of-work bum. He also remembers how his wife threatened to leave him. He's now the proud father of a newborn daughter.

From the comments in the room, it's clear that he's touched a lot of people. "I can't believe your growth," says one woman. "When I look at you, I see that I must have grown, too."

Dan, a sweet-faced 26-year- old, looks very nervous. This is his fourth meeting. His drinking and drug problem, which started in high school, has escalated into a full-scale coke and beer addiction. He used to consider himself a "literary druggie." Now he can't even get through a day at the small publishing house where he works without taking drug and drink breaks.

An eight ball (three and a half grams of coke) barely lasts him several days. Everything in his life is in jeopardy. "the physical urges are hell." he says. "But the program has given me a center, a way to get out all the urges and talk about it. I don't have to isolate myself or worry about shocking people. Recovery is subsuming my life, in some ways, more than the drugs and alcohol. If I didn't have the program to take me one day at a time, I'd be overwhelmed. But the little applause you get makes you come back." For Dan, the program is a slender thread between his present and future that could snap at any minute.

We are in the midst of an answered prayer," says Tommy, 29, who's just completed four months of recovery. "I think the program is pretty miraculous. I see people who would be just totally trashed become really decent members of society." But the people in the rooms are only a tiny fraction of addicts, and there are far more "slips" than long-term recoveries.

Marissa's ex-boyfriend is still doing drugs. "He thinks the program is full of s_ and that the people are fake. How can someone just hug you and not even know you? He thinks the people talk a lot of bull__ and they don't really feel it. There are people who never grasp it, who miss something, and it's sad. It just doesn't work for them. My ex has been in and out of the rooms for six years. The program is not for him right now. He needs something more."

Recently, an NA member who Max was sponsoring died. I'd wait for him at St. Mark's Place and he wouldn't show up. He stopped coming to meetings. He stopped calling me. I saw it coming, but I couldn't see him dying. People die from this." At some NA and CA meetings, a moment of silence is observed for those still out there.

Marissa, for one, counts herself lucky. Eighteen months ago she was a burned out v\club kid. Now she has a new apartment, is back in school, and has started a line of greeting cards that she says is being picked up by a major company. She's got a life of her own. "When I first came in, I had no sense of

self," Marissa says. "I felt I was a nonperson. For the first time, I'm honest with myself. I don't have to hide. There are many people who go in and out of these rooms for years and never make it. It's an action program; nothing is delivered to you. If you don't work, the program doesn't work for you."

Source: NEW YORK, February 20, 1989

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+++Message 1103. Home Group
From: Sandy Trus 6/18/2003 12:33:00 AM

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I'm a new member of this group. SD June 20, 1991. I'm syarting to do a little teaching in a treatment center. For my own education. I've been unsuccessful in learning the origin of the Home Group suggestion. Could anyone please help.
Thanks. Sandy

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+++Message 1104. Periodical Lit: Time, April 10, 1989
From: Jim Blair 6/18/2003 7:08:00 AM

|||||

Soviet Scene

Moscow Beginners

Where Slava Starts Over Again

At a meeting of the country's first A.A. group, alcoholics learn a sort of personal perestroika, one day at a time.

By GLENN GARELIK

"My name is Slava, and I am an alcoholic."

The young man speaks rapidly, but every syllable reverberates. More than 30 other men and women seated in a large drab room at a Moscow community center listen quietly. Over the next hour and a half, most of them, giving only their first names, will stand under the bare fluorescent lighting and make the same confession. It is a painful admission to make anywhere, but especially in the Soviet Union, where drinking is legendary and individual accountability has decayed. This is the daily meeting of Moscow Beginners, the first antidrink group for Soviet citizens that is registered with Alcoholics Anonymous.

A.A. is a new weapon in the country's struggle against alcoholism, encouraging people to rebuild themselves - a sort of perestroika of the personality, one day at a time. More poignantly, it is an exercise in self-expression that is the essence of glasnost, an act of standing up and discussing a shortcoming that the state once preferred to keep quiet.

Disturbed by his countrymen's fondness for the bottle, Mikhail Gorbachev in 1985 launched an all-out campaign against alcohol. The Soviets raised the legal drinking age from 18 to 21, limited the hours when alcohol could be sold and increased the price of vodka from 4.7 rubles (\$7.75) to (\$16.50) a liter. But popular resistance has forced Gorbachev to ease up on his crusade, and public drunkenness is on the rise again.

Moscow Beginners was started in 1987 by the Rev. J.W. Canty, an Episcopal priest from New York City who came to Moscow in 1985 to help lay the groundwork for the group. Meanwhile, Volodya, 36, a machinist, had heard about A.A. on a Canadian radio broadcast and had written to A.A. headquarters in New York, which in turn informed Canty that he had a taker in Moscow. The group's first session was held in a hotel room across from the Kremlin, was attended by Volodya and two visiting American members of A.A. Membership grew slowly, largely because the group did not have official recognition and would-be members were unaware of its existence. But radio and television programs highlighted Moscow Beginners, and now the Ministry of Health has endorsed A.A.'s self-help concept.

As at A.A. sessions around the world, the Moscow Beginners tell tales of searing despair. For Sasha, a 37-year-old engineer, the horror culminated in 1987, when he was repeatedly hospitalized for alcoholism and his wife left him. "I was watching my life spin out of control," he now recalls.

Like Sasha, almost everyone in the group has undergone compulsory hospitalization, some as many as seven times. The hospital stays can be as long as six months, and patients are often treated with sulfazine, a drug that induces high fever. The intended result: to sweat the toxins out of the body and thus shock it into a change of behavior. The drug's effects are not long lasting, and Western doctors refuse to use it.

Two Moscow Beginners tell how they were forced to spend terms of up to two years in prisons - reserved for those who cannot be cured by the hospitals. There, boredom was punctuated only occasionally by days of forced labor in understaffed factories. Even the government has admitted that these jails are not likely to keep alcoholics on the wagon.

By contrast, Sasha says, he is enthusiastic about A.A.'s methods, "the beginning for me was when I learned that the word alcoholic could be said out loud, that people would even applaud. With alcoholism, you have to admit despair before you can experience victory."

Volodya has known his share of despair. Having drunk heavily since his teens, he says, "I thought I would never be able to stop. I went to clinics where I would dry out, but I could never stay sober. I felt I did not have what it takes to help myself. And then came the group. It was like a miracle."

It is an interesting choice of words in an officially atheist society, and A.A.'s teaching that members must learn to rely on a "higher power" creates an inevitable conflict for Moscow Beginners. Some of the members are uncomfortable with the group's religious tone; others, understandably, are afraid to tamper with the organizations time- tested tenets.

"My name is Mikhail, and I'm an alcoholic," says the next speaker. Sober only a short while, Mikhail, 41, stayed home from work, on his last birthday out of fear that his co-workers would insist on celebrating the event with a bottle. "I don't want to talk about my drinking tonight. I just want to thank you for the chance to express myself honestly. Until I came here, I had never done that before."

Already the group is reaching out to others. Some of Moscow beginners spend Saturday afternoons visiting inmates in two of the city's alcoholic prisons, and this month a clinic using American treatment methods and run jointly by Soviets and Americans will open for out-patients. It will be the first alternative to the state-run program. Beyond that, according to Volodya, "young people are writing to us from all over the country."

Tonight, though, it is 33- year-old Slava who is in trouble. "I have to tell you something this evening that I am not proud of," he says hesitantly. "I drank today. And my wife left me. Please don't abandon me. You know what I am going through. Forgive me for betraying you."

"Betrayed is a strong word," says Liuba, 35, a factory worker who during her drinking days found herself waking up in the beds of men she never remembered meeting. "It's better not to use it. We might not have drunk today, but only at the end of the day can any of us say that with confidence."

"You know," says Slava, "after being here and talking, I feel peaceful inside. I'm sure I'll get better; with the help of my friends, I will get better."

"Until I joined this group, I felt isolated," says Sasha afterward. "Now I am helped by my friends - and by my strength and example, I can be of help to them." trying to humanize itself. Says By helping others help them selves, Volodya: "What I like about A.A. is Moscow Beginners is rebuilding the that it ends our dependence on a sense of self-worth that society cure from above. We are had stripped from them. In a rediscovering how to help limited way, the A.A. style could ourselves, and how to help each turn out to be just what the doctor other. In this country we had ordered for a society that is forgotten how to do that."

Source: TIME, April 10, 1989.

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+++Message 1105. AA History Timeline Document
From: Arthur Sheehan 6/18/2003 11:06:00 AM

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Hi All

Last January an AA History Timeline document was offered to members of the AAHistoryLovers special interest group. The document builds upon, and expands, a wonderful work by Archie M. from Tennessee (which can be found at several web sites). The goal of the expanded Timeline is the compilation of historical facts with corroborative references to well-researched and reliable works authored by AA Historians. Currently over 30 reference works have been researched and several are still being folded into the document.

The Timeline sent out last January has been substantially updated and is again being offered to members of AAHistoryLovers. It is a Microsoft Word document that is a little over one megabyte in size. If you would like to obtain a copy please do the following.

- 1) First off, do not reply to the AAHistoryLovers distribution list. This will burden Nancy O. with messages. Reply directly to ArtSheehan@msn.com.
- 2) Prior to replying please ensure that your ISP will allow receipt of a message with a one megabyte+ MS Word document attachment.

The e-mail addresses of requestors will be compiled into a distribution list. Distribution is planned for the end of June.

The document is marked "Confidential - for AA Members Only." It contains the last names of deceased members. It also uses a number of reference sources that are marked "Confidential for AA Members" (e.g. Conference advisory actions and Conference final reports).

Cheers

Arthur

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+++Message 1106. Re: Home Group
From: Glenn Chesnut 6/18/2003 1:02:00 PM

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Origin of the idea of the "home group"

In many parts of the U.S. in the 1940s, you were lucky if there was any A.A. group meeting in your own town at all. That group would frequently meet only once a week, although once A.A. got big enough in a town like, say, Elkhart IN (pop. 40,000), they would have one open meeting a week where everybody and their spouses went (in a church or some place like that), and divide the A.A. people up into several smaller subgroups, each of which met once a week for a closed meeting in someone's home. In Elkhart, you were simply told by the leaders which subgroup you were to attend (which was your "home group" in the sense in which you are using the word) -- the Wednesday night meeting, or the Thursday night meeting, or whatever.

But in smaller towns, there would not be enough A.A. people to do that. So in western Long Island in the 1940s, you would have one A.A. meeting a week in the town where you lived (your "home group"), and then people would get together in small groups in someone's automobile and go to visit A.A. meetings in other nearby towns on some of the other nights of the week. Two or three of the visitors were often asked to stand up and give short (five or ten minute) mini-leads at the meeting they were visiting.

In my part of Indiana, even in the 1950s, the really dedicated A.A. people were still travelling to visit meetings many miles away, so that everybody in A.A. in northcentral Indiana knew who people like Brownie and Goshen Bill and Nick K. were.

You and the people who were in your "home group" became very close to one another as a result. Your sponsor would also be a member of that group, who showed up every week without fail. You would drop in on one another's homes just to chat and visit, have picnics together, and that sort of thing. You had the feeling of a really close-knit support group that you could call on instantly if you were hitting any kind of problem -- not just your sponsor, but everybody else in that group.

Over a period of time, the people in that "home group" got to know one another very well indeed. There were no secrets after a while. This was very good. Alcoholism is a disease of isolationism. Also, as Submarine Bill puts it (one of our local good old-timers), "You are as sick as your secrets," and I have seen many people fail in attaining quality sobriety because they closed off other people too much, and wouldn't talk about their real feelings and the real problems they were struggling with in their lives. This "home group" was a small close-knit group where you could finally come to trust a few other people enough to "tell them where it hurts." A medical doctor couldn't help a patient who came to him in obvious enormous pain, but who responded to all his questions about "where exactly does it hurt" by screwing up his face and saying obstinately "Won't tell you!"

All of this helped to produce a high success rate among these early groups. There is an A.A. group in my area which still operates much like that, and I have verified (over the past twelve years) that they have an 81% success rate in getting people sober and keeping them sober: of the newcomers who come to that meeting without fail once a week for a year, 90% are still sober at the end of the year. They get to know the other people in the group extremely well, and vice versa. Even if they later transfer to other meetings, 90% of that group are still sober today.

PRINCIPAL SOURCES:

The Factory Owner & the Convict (pub. 1996, now out of print, but due to be reprinted by the end of this summer, when it will be available on amazon.com and so on), a book about the early years of A.A. in northcentral Indiana.

Sgt. Bill S., On the Military Firing Line in the Alcoholism Treatment Program (at the typesetters now, will be available through amazon.com and so on in another month or so), a book which contains the memoirs of an oldtimer who began attending A.A. meetings in 1945 and got permanently sober on Long Island in 1948. (He also started the first officially sanctioned alcoholism treatment programs on military bases, where he obtained a 50% success rate in his program at Lackland AFB in the 1950s for example.)

The annual Christmas Eve radio broadcasts over radio station WSBT by Ken M., the founder of A.A. in South Bend IN, during the 1940s and 50s: great emphasis upon the way the group bands together to forge its way through hostile territory, where a single person by himself or herself would be overcome. (Contained in the South Bend archives.)

The Higher Power of the Twelve-Step Program: For Believers & Non-Believers (available through amazon.com and so on) contains many statements by A.A. old-timers, some of which are relevant to understanding why the home group concept was so useful in producing real healing.

----- Original Message -----

From: Sandy Trus

Sent: Wednesday, June 18, 2003 6:46 AM

To: AAHistoryLovers@yahoogroups.com

Subject: [AAHistoryLovers] Home Group

I'm a new member of this group. SD June 20, 1991. I'm syarting to do a little teaching in a treatment center. For my own education.

I've been unsuccessful in learning the origin of the Home Group suggestion. Could anyone please help.

Thanks. Sandy

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The disease theory takes many forms, sometimes pointing just to the physical damage alcohol abuse does cause the body. Some people can never control their drinking, and genetics may be the cause. Proponents of the disease theory argue that it has helped some people realize they have a problem, a need to get treatment and to abstain from alcoholic beverages. But critics of the theory suggest that it relieves responsibility for the drinking problem, and they also note that the medical field has not come up with a sure cure.

"The more psychologists and attorneys dismiss forms of misbehaviour as uncontrollable compulsions, the less people are held accountable for their actions - even when they have harmed others," writes Stanton Peele, a consultant with Mathematica Policy Research in Princeton, New Jersey.

"Creating a world of addictive diseases may mean creating a world in which anything is excusable," he adds in his *Sciences* magazine commentary.

Trouble from the disease theory abounds when it is introduced into the legal system, especially as a matter of civil rights. Specialists who help people get off the bottle emphasize the responsibility of the alcoholic to recover and abstain from drinking. In the hands of lawyers, though, the client is never at fault. It's always the fault of the employer, or the disease, or the employer's failure to offer treatment for the alcoholism at the right time or the right place. That approach suits the alcoholic just fine, because one of the symptoms of the problem is to blame everyone else.

At this point, "civil rights" for alcoholics could hurt alcoholics badly. What's needed for recovery is not civil rights, which leads to lawyers and lawsuits. The need is the alcoholic's growing sense of responsibility.

One of the most effective responses to alcohol abuse has been Alcoholics Anonymous, which places heavy stress on the responsibility of the alcohol abuser through the Twelve Steps.

"Make a searching and fearless moral inventory of yourself," declares one step, followed by, "admit to God, and to yourself, the exact nature of your wrongs. Be entirely ready to have God remove all these defects of character." Other steps include restitution to offended people.

The principles of A.A. don't include a list of civil rights for the alcoholic. Adding this problem to a legal list of disabilities is not just bad law and bad policy. It's a slap in the face of Alcoholics Anonymous and its work with people for so many years.

So far drug addiction has been successfully removed from the legislation, on the sensible grounds that drug addicts do not need additional civil rights at a time when the federal government is declaring war on illegal drugs. The next sensible step is to take alcoholism out of this legislation as well. Civil rights and alcohol abuse make a bad mix.

Some women are grateful for what 12-step programs have given them: a generally available peer model providing support and understanding at no cost. Yet no one way works for everyone. The steps were formulated by a white, middle-class male in the 1930s; not surprisingly, they work to break down an overinflated ego, and put reliance on an all-powerful male God. But most women suffer from the lack of a healthy, aware ego, and need to strengthen their sense of self by affirming their own inner wisdom.

Research strongly suggests that alcohol addiction has links to genetic predisposition. A vital point that seems overlooked in AA is that in the case of nearly all substance abuse, the brain chemistry and the body ecology need extensive healing in order to prevent the protracted withdrawal syndrome of depression, anxiety, volatile emotions, and obsessive thinking that can last for years. Too often women endlessly attend groups, have psychotherapy, or take antidepressants when their emotions are actually being influenced by a chemical imbalance that could be helped by proper nutrition and exercise.

Other addictions and codependency (as well as the will to recover), are influenced by cultural oppression, which includes poverty, battering, racism, sexism, and homophobia. Treatment programs need to incorporate understanding - and advocacy - regarding these concerns.

As a psychologist and former member of 12-step programs, I have encouraged women to write steps that resonate with their own inner selves, putting the focus on self-empowerment.

Here are the 12 steps (as published by AA World Services) followed by a critique and by some possible empowerment steps:

1) "We admitted we were powerless over [our addiction]-that our lives had become unmanageable." The purpose of this step is to crack through denial or an inflated ego and acknowledge a destructive problem. It can be helpful to say "I am powerless to change my partner," but many women abuse chemicals or stay in harmful relationships because they feel powerless in their lives. Thus, many women prefer to affirm that they have the power to choose not to use chemicals or have dependent relationships. So, alternatively:

We acknowledge we were out of control with but have the power to take charge of our lives and stop being dependent on others for our self-esteem and security.

2 . "Came to believe that a Power greater than ourselves could restore us to sanity." I believe that spiritual power is neither higher nor lower but all pervasive. I would replace the passivity implied in this step - that something external will magically restore us to sanity - with "affirmative action"; I came to believe that the Universe/Goddess/ Great Spirit would awaken the healing wisdom within me if I opened myself to that power.

3. "Made a decision to turn our will and our lives over to the care of God as we understood Him."

This conjures up images of women passively submitting their lives to male doctors, teachers, ministers, often with devastating consequences. Instead: I declared myself willing to tune into my inner wisdom, to listen and act based upon these truths.

The following steps are grouped together here because they all ask women to focus on negative aspects of themselves:

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." (All emphasis mine.)

We women need to make a searching and fearless inventory of how the culture has mired us down with guilt and shame, recognizing how hierarchy has harmed us, and how we have been complicit in harming ourselves - and only then look at how we have harmed others.

So, instead:

We examined our behavior and beliefs in the context of living in a hierarchal, male-dominated culture.

We shared with others the ways we have been harmed, harmed ourselves and others, striving to forgive ourselves and to change our behavior.

We admitted to our talents, strengths, and accomplishments, agreeing not to hide these qualities to protect others' egos.

We became willing to let go of our shame, guilt, and other behavior that prevents us from taking control of our lives and loving ourselves.

We took steps to clear out all negative feelings between us and other people by sharing grievances in a respectful way and making amends when appropriate.

study of alcoholism in the elderly. A variety of research approaches were used to address questions that ranged in level and focus from government policy to individual case-handling. While a tremendous amount of useful and important information was developed in that study, none of it is as important or useful as what you are about to read in this article.

Health and social service providers who work with elderly people need to realize that about 10% of the elderly are likely to manifest varying degrees of health, psychological and social dysfunctions related to the excessive use of alcohol. The difficulty associated with detecting excessive alcohol use is inversely related to the chronicity and severity of the problem. About two-thirds of elderly alcoholics are severe, chronic alcoholics whose symptoms tend to be both obvious and profound. These symptoms are likely to include physical signs of intoxication (e.g. dysarthria, ataxia, impaired motor skills, attention and memory deficits, inappropriate behavior) alcohol withdrawal (e.g. tremulousness, nausea, vomiting, anxiety, tachycardia, hypertension, sweating, insomnia, loss of appetite, mild disorientation), medical problems (e.g. gastritis, cancers of the digestive tract, especially esophagus and stomach, pancreatitis, fatty liver, hepatitis, cirrhosis, organic brain syndrome, peripheral neuropathy, blackouts, atherosclerosis, hypertensive heart disease, cardiomyopathy, muscle pain and deterioration, weakness), abnormal laboratory tests (e.g. elevated uric acid, low levels of platelets and clotting proteins, decreased production of red and white blood cells, SGPT and SGOT elevations, low magnesium and potassium), and psychiatric and emotional problems (e.g. anxiety and depression, suicidal ideation, sleep disturbances, confusion and disorientation, frequent life crisis, disturbed interpersonal relations, and marked change in personality when drinking).

The remaining one-third of cases are likely to be less obvious. These people generally started drinking excessively later in life and their dependence on alcohol has not yet resulted in profound debilitation. Regardless of the obviousness or chronicity of the alcohol problem, "patients" are far more likely to present themselves as having medical problems than to walk in and announce that they have a drinking problem. Denial is the most basic and frequent psychological response to the suggestion that one has an alcohol problem. Thus, while you are well-advised to get some training in the recognition of alcohol problems, it is not likely to help you much unless you also have some idea about what to do with older people who drink excessively once you have found them. This is where we get into the areas of intervention and referral for treatment the most delicate aspects of handling alcoholic clients.

A major difficulty in making referrals for alcoholism treatment is resistance on the part of the client. This may be augmented in elderly problem drinkers who were the youth and teens of the Prohibition era and who hold very negative and moralistic attitudes about alcoholics. This population is also poorly educated about alcohol and alcoholism, and their denial of alcohol problems is likely to be supported by their observations that they do not drink or act as

their stereotype of an alcoholic would.

Confrontation may thus be the first step in the referral process. Ideally, the counselor will have established a collaborative relationship with the client, and a mutual rapport. Generally, the best approach is for the confronting person to share his or her concerns, using the client's presenting complaints to bring up the subject of excessive drinking. The counselor may wish to point out destructive patterns of alcohol use; the relationship between drinking and symptom manifestation; or educate the client as to future problems he or she can expect if drinking is continued. The counselor should avoid the label "alcoholic" as well as judgmental, blaming, or punitive statements.

When the client has accepted the need for, or the reality of the referral, it will be necessary for the counselor to explore with the client his or her perceptions about treatment, and needs and preferences in regard to treatment. Fear is a common response to the idea of entering alcohol treatment, and the counselor should allow the client to express fears of being "locked up," socially ostracized, or financially ruined as a result of entering an alcohol treatment program. When the client has overcome the initial shock and its attendant anxieties, the counselor can explore those issues pertaining to the type of facility which is acceptable to the client.

The third step in the referral process is assisting the client in contacting the referral agency. This might include arranging transportation to the agency; contacting directly the person who will meet the client there; arranging a specific time for the appointment; obtaining signed releases for the transfer of information; and arranging for follow-up report(s) from the referral agency. Referrals to agencies with long waiting lists should be avoided, as research shows that the longer an alcoholic waits before entry into the treatment system, the less likely he or she is to enter or succeed in treatment.

There are a variety of existing programs for the treatment of alcoholism, ranging from in-patient, hospital-based programs to out-patient clinics and half-way houses. In choosing a referral for an elderly alcoholic or problem drinker, a number of factors must be considered. First is an assessment of the person's physical condition. Does he or she require detoxification or immediate medical attention? If this is judged to be the case, then referral to a hospital's alcohol program or to a detoxification center may be appropriate. Does the client have special health-care needs or disabilities which would bear on his or her eligibility of treatment? Before referring a client to any institution it is advisable to be aware of the organization's requirements and the scope of its services.

The Most Important Things You Need to Know about Alcoholism Treatment

The variety of approaches to the treatment of alcoholic patients is mind-boggling in its diversity and this diversity constitutes a testimonial to

the frustration and lack of success which caregivers have experiences. Once you move beyond standard medical remedies for the physical maladies associated with alcohol dependence, you enter the realm of actually treating the disease of alcoholism. After 20 years of clinical and research experience, I am convinced that the program provided by Alcoholics Anonymous (A.A.) has provided more help to more people than any other approach. Furthermore, I see no evidence that this reality is likely to change in the foreseeable future. The most important information in this article is what you are now going to read about A.A. and how it works.

Most caregivers in the elderly services network have only a superficial awareness of A.A. Unless they are members of A.A. or have a close relationship with an A.A. member, their knowledge of A.A. is likely to be deficient and their attitudes toward A.A. may be distorted. The notion that A.A. is a "religious program" which "has twelve steps" and "requires a lot of meetings in smoke-filled rooms" fails to do justice to a vast, sophisticated and free alcoholism recovery program.

The majority of alcoholism treatment programs in the U.S., including hospital-based in-patient programs, out-patient programs, and long-term residential care programs use the A.A. philosophy and encourage patients to become actively involved with A.A. While a period of hospitalization may be necessary for many alcoholics to detoxify safely and to stabilize medically, the real test of the efficacy of treatment does not occur until the patient is back out in the world and independently faces the challenges of abstaining from alcohol. Data from the AoA-funded study clearly indicated that elderly alcoholics who became actively involved with A.A. were far more likely to remain sober than those who did not. This research also clearly showed that group therapy and social support, whether related to A.A. or not, were the most important and effective elements of treatment.

The A.A. approach to recovery incorporates a "medical" model of alcoholism and a "moral-spiritual" model of recovery. The medical model of alcoholism asserts that alcoholism is a disease which, if not treated, is progressive and may lead to premature illness and death. The fundamental medical problem is that some people respond physically to alcohol in an abnormal way which leads to excessive use, dependence, "craving" and an inability to control intake.

The medical model of alcoholism has received some persuasive research support in recent years as evidence has been generated in support of the assertion that there may exist, in some people, a genetically inherited predisposition to become alcoholic. While it is true that there is a continuing scientific debate over the characterization of alcoholism as a disease, this debate has proven to be of more scientific interest than therapeutic value. In my opinion, the medical model of addiction has been valuable in therapeutic practice largely because it is more acceptable to the "patient" and to society to view addictions as illnesses rather than as reflections of a personal failure of will-power or some other equally humiliating characterization.

The A.A. 12-step program of recovery begins with the practical observation that, for whatever reason, the individual has lost the power of choice with respect to alcohol consumption. The alcoholic's capacity to drink moderately is so impaired as to render the notion of "free-will" a fiction. Along with the inability to control alcohol consumption is a diminished capacity to manage one's health and life in general. The recognition and acceptance of this reality constitutes an enormously important psychological change from denial to awareness. It's like walking from darkness into light and it constitutes the foundation on which a program of recovery can be built. It is part of the wisdom of A.A. to know that this "awakening" is very much an individual matter which will not happen until the individual is "ready." Getting to the point of readiness may require that the individual "hit bottom" through considerable suffering. Sadly, some alcoholics never do reach a state of readiness and, other than intervention through some sort of confrontation, there seems to be little that outside agents can do to assist the process.

The second step of A.A. further reflects the genius of the program in that it provides hope and strength to replace despair and weakness. In this step the alcoholic acknowledges the existence of a power greater than self which can restore "sanity." The acceptance of a "Higher Power " is both a source of strength and inspiration to some people and an obstacle to be dealt with for others. The concept of a Higher Power in A.A. refers to "God" as we understood "Him" and it is the cornerstone of the spiritual foundation of A.A. Unfortunately, the "religious" nature of the A.A. program has been used by many alcoholics to justify their avoidance of the program. They complain or argue that this is a "turn-off" or that they can't relate to it. So profound is this phenomenon that in Alcoholics Anonymous, the A.A. "Big Book" which describes how the program works, there is an entire chapter entitled "We Agnostics" which deals with this issue. For some, A.A. becomes the higher power. For now, suffice to say that it is a gross distortion of the A.A. program to assert that one must be a highly religious person to benefit from the program.

The remaining 10 steps of the A.A. program also reflect the wisdom of those who have struggled to recover from alcoholism and while space limitations preclude an examination of each of them here, I will address a few points which they cover. In A.A. it is accepted that the cessation of drinking does not constitute recovery - it merely makes recovery possible. The need for profound life-style change is reflected by the individual's conscious decision to lead a less self-centered life and to accept one's place in the broader scheme of life. The alcoholic is asked to make "a searching and fearless moral inventory of self" and to share this with another person. Sound psychology is represented here in that exposure of the truth is consistent with a healthy orientation to reality and the emotional catharsis associated with relief from guilt and shame represents an unburdening of the self from negative, depressive emotions. Confession really does seem to be good for the soul.



BLITZED

By Joshua Zimmerman

My name is Josh and I'm not an alcoholic. In the past a college student with my drinking habits - a frequent beer or two, a couple of times a year to excess - wouldn't feel compelled to declare this. But when I got ill from drinking last spring at Princeton and was taken to the infirmary, I was told to meet with the school's full-time alcohol counselor. Opening a folder in my name, he began the interview: Do you play drinking games? Have you gotten sick on alcohol before? Do you consume more than fourteen drinks a week? After fifteen minutes of this, he told me that getting sick was "a significant episode" in my "drinking history," that I was teetering on the brink of alcoholism.

Subjection to this type of inquisition is an increasing part of the curriculum on America's campuses: 60 percent of colleges have some sort of substance abuse program. And the idea behind it - that a given level of consumption or a major bender means you're a confirmed lush, or close enough to being one to need treatment - now pervades the \$2 billion alcohol- treatment industry.

Today's treatment theories reflect a far broader neo-temperance trend, which first became evident around 1984, when Mothers Against Drunk Driving succeeded in raising the drinking age to 21. In 1988 then Surgeon General C. Everett Koop called (unsuccessfully) for a ban on happy hours. Last January an award-winning edition of Little Red Riding Hood was banned for first-graders in the Empire, California, school district because Grandma takes a glass of wine after escaping the wolf. Today's puritans lobby for a whole range of prohibitions, from banning alcohol industry sponsorship of sports events and rock concerts to barring convenience stores, gas stations, and supermarkets from selling booze.

The new public awareness about drinking has, of course, helped to reduce the horrendous problems caused by alcohol abuse. Consumption is down, particularly among the young. In 1980, 58 percent of Americans between the ages of 18 and 24 said they drank beer, according to Simmons Market Research. By 1989, only 47 percent did. The number of deaths attributed to drunk driving has fallen, too, from 20,356 in 1982 to 17,849 in 1989 - a 12 percent decline in seven years.

You'd think such a success might moderate the impulse for ever more draconian correctives. But if anything the anti-alcohol severity is increasing. Last summer the Supreme Court found that "the measure of the intrusion on motorists stopped briefly at sobriety checkpoints" is a small price to pay in the effort to reduce the "death and mutilation" caused by drunk drivers. Thirty-nine states now have "dram-shop" liability and twenty-four states have "social

host" liability, in which bartenders and hosts can be held partially responsible when someone they serve gets in an accident.

In the treatment industry, the tactics used to intimidate heavy drinkers have become more coercive. An increasingly popular method of alcoholism treatment these days is "intervention." Invented by Dr. Vernon Johnson, a reformed alcoholic who became famous when he pressured Betty Ford into treatment, the method relies upon a team effort. Family, friends, and co-workers "intervene: by confront-ing the offender in public -sometimes at work, preferably when he is hung over - with a list of grievances and a series of ultimatums. Johnson's transcript of a typical intervention from his recent book, *Chemical Dependence*, includes threats from the victim's wife that she'll leave him if he doesn't seek treatment, and from his boss, who says he'll fire him. A car is supposed to wait outside so the victim can be whisked directly to a treatment center.

The Johnson Institute promotes intervention through travelling workshops and a large mail-order business of books, cassettes, and videos. One of Johnson's biggest clients is the national network of Employee Assistance Programs, in-house and regional counselors who specialize in alcohol problems and are currently working with 12,000 corporate government offices across the country. A supervisor, noticing lagging performance or simply suspecting an alcohol problem, can order an employee to meet with an EAP counselor. the counselor, who doesn't have to meet any national training standards, will tell these presumed alcoholics to go on the wagon. If the employee is caught drinking again - whether or not the drinking is affecting his job performance - his boss is encouraged to send him back for more counseling or fire him.

Coercive treatment is essentially an extension of one of the main precepts of Alcoholics Anonymous: alcoholism - a disease over which the alcoholic has no control - starts with the first drink and leads inexorably to death if the alcoholic does not become perfectly abstinent. It is thus essential to stop alcoholism in its early stages, no matter how scant the evidence. In recent years, however, the disease theory of alcoholism has come under attack. (See "alcohol and Free Will" by Robert Wright, *TNR*, December 14, 1987.) Studies have shown that even many hard-core drinkers are able to control their drinking. Yet virtually every major alcohol treatment program in the country largely adheres to the A.A. tenets, and now a growing number are using some form of coercion.

Drunk drivers, understandably enough, have come under particularly ferocious scrutiny.

District Court Judge Albert Kramer of Quincy Massachusetts sentences about 470 drunk drivers a year to enroll in Right Turn, a \$725, twenty-six week, out-patient treatment program, and to attend a series of A.A. meetings. "Everyone is assumed to be having a problem by virtue of their DWI conviction," explains Dr. Steve Valle, director of the program. "Social

the groups, with an international membership of 20,000. "Some people in SOS are quite religious, but they don't believe in an intervening God who would come down and stir their coffee for them."

RR also shuns the religious element. Founded in Lotus, Calif., five years ago by clinical social worker Jack Trimpey, the organization has grown to holding meetings in more than 150 cities from a high of just 30 last year. It traces its roots directly to the ideas of Albert Ellis and his New York-based Institute for Rational-Emotive Therapy. Ellis's theories, formulated in the 1950s, blame emotional problems on the distorted perceptions rather than inner conflict - a view also held by practitioners of cognitive therapy. Trimpey, himself an A.A. dropout, says RR tries to help members recognize the sort of "crooked" thinking that sets up impulse behavior. "The beast" is what RR members are taught to call the irrational inner voice that tells them it would be great to have a beer or a tumbler of vodka with breakfast. To the RR way of thinking, A.A.'s notion of "powerlessness" is another irrational idea. "It perpetuates the addictive cycle," says Trimpey. "It says, 'I have no choice.'" But RR insists that choice is the essence of the drinking problem. "You can pick up a container of beer and drink it without somehow choosing to," Trimpey says.

For some alcoholics, the appeal to forces within one's own control simply works better. "The whole higher-power concept just never did it for me," says Paul, a 45-year-old Brockton, Mass., mechanic who bounced in and out of A.A. for a dozen years before hooking up with a Boston-based RR chapter. "It was like hocus-pocus, like magic. When I put my hand on the door knob at the package store, I'd say, 'O.K., higher power, where are you?'" With RR he has learned to think differently. "Now I don't even get in my car to go to the package store. I think it out (and) say, 'I've been there before. What's going to come of it?'"

A.A. of course doesn't discourage that kind of reasoning. But it holds that alcoholics are never really cured of the "disease" of drinking, and should attend meetings all their lives. Thus, critics complain, A.A. simply substitutes one kind of dependency for another. Jean Kirkpatrick, a sociologist and founder of the 5,000 member Women for Sobriety, says that that presents a particular problem for a woman, who is "already dependent on alcohol, on her husband, on everything but herself." In A.A., Kirkpatrick says, "she develops new dependencies, on a sponsor, on a higher power, on going to meetings for the rest of her life."

Like RR, Women for Sobriety has other ideas. Its own 13 steps stress positive perceptions ("I am what I think") and individual responsibility. Kirkpatrick, who founded the group after A.A. failed to halt her own decades-long bouts of alcoholism, says a Ralph Waldo Emerson essay on "Self-Reliance" finally helped her realize that by changing her thoughts she could change herself. WFS literature tackles A.A. head-on, saying that the older group's "philosophy is to turn over our will and our lives"

while WFS advocates "Taking Charge." A.A. puts "emphasis on alcoholism," the literature continues; WFS emphasizes recovery.

The organization justifies its single-sex approach on the ground that women alcoholics have different psychological and emotional needs from males. "We try to give women self-value, self-esteem and self-confidence, which most of them don't have," says Kirkpatrick. "Hopefully, this empowers women." (In A.A., she notes, members introduce themselves by saying, "my name is X and I'm an alcoholic." WFS members say, "My name is X and I'm a competent woman.")

Shrugging off the criticisms, A.A. defenders insist that it doesn't compel members to believe, literally, in a deity. In practice, they say, religion plays a relatively minor role. "Realistically, 12-step people have never behaved as if they think the power is outside themselves," says John Hopkins professor George Bigelow, a psychologist who runs the schools substance-abuse program. "In fact, most of the steps deal with what people themselves are going to do."

Enviably-recorded; Undoubtedly, part of A.A.'s attraction is the release from accountability implied to the appeal to higher forces. Calling drinking a disease instead of a personal failure also seems to help some people. "acknowledging an addictive disorder as a disease has some of the same element of psychological forgiveness as the confessional," says Bigelow. "it says, 'It's a disease, it's not my fault.'" A.A. supporters also see nothing wrong with fostering dependency on the group. "For some people, it's exactly what they need," says Dr. Edward Khantzian, a psychiatrist at the Danvers State and Cambridge Hospitals in Massachusetts. "They need an antidote for the terrible, progressive self-centeredness that develops with this addictive illness."

Even critics of A.A. acknowledge that it has worked for thousands over its more than half a century of existence. Because its operations are anonymous by definition, there is no official count; but according to statistics, the organization succeeds in keeping around 29 per cent of its members sober for more than five years, a record considered enviable in the field. The alternative groups will have to prove their own staying power, but meanwhile there is surely room for more than one approach. Indeed, one member of the Seattle RR chapter also belongs to A.A., attending RR's Friday-evening meetings and A.A.'s sunrise meetings on Saturday and Sunday. "In A.A. I'm an alcoholic," he says. "In RR I'm not. I have to remember what day it is." The double allegiance is fine with RR's Peterman. "This is an alternative," he says. "We're not trying to replace A.A. If we help one more person that A.A. couldn't help, then we've saved one more life."

David Gelman with Elizabeth Ann Leonard in New York
Binnie Fisher in Seattle

man with scruffy reddish-brown hair and a mustache, perhaps 40 or just over, wandered in and looked about in sullen appraisal.

"Well, I finally learned the hard way, I just had to let go and let God," a girl was saying, running her hands through her dark hair. "That's about all I have for today, so I'll pass."

It was the scruffy-haired fellow's turn already, and he wasted no time. "I'm Scott," he said, "and I'm an alcoholic."

"Hi, Scott," everyone greeted him.

"I'm glad to be here," he said. "I came today - although this isn't my regular meeting - because my sponsor's been telling me I'll never stay sober unless I confess, like the fifth step tells us to. Here's the deal. Back in 1971, I murdered my girlfriend - it's that simple. I injected her with an overdose of heroin. I took her to the emergency room, but nobody suspected I had done it. It was easy to get away with it."

A few heavy sighs, but no one interrupted. It was not unusual to hear a shame script, a recitation of what people had done when they were drinking - a "drunkalogue." Most of it was covered under the leader's usual reminder at the opening of each meeting. "What is said here should stay here."

"I served some prison time later, for manslaughter, on a drunk driving charge," Scott added, "but they never found out about my girlfriend. So there it is and I'll pass."

"Don't worry," the leader assured him, "We're not going to hang you."

Then a woman stood up and walked over to Scott.

"Jesus Christ died 2,000 years ago for your sins," she said. "I want to give you a hug. God loves you." Awkwardly, she bent down and hugged Scott.

Perhaps Scott had exaggerated his guilt. There's the joke about the alcoholic who was in a San Francisco hotel at the time of the great earthquake. He awoke, looked out the window, and said to himself, "Oh, hell, how am I ever going to pay for this?"

The meeting droned on as usual, with speakers one by one telling of their struggles not to drink, and to maintain a spiritual center. None made a reference to Scott's confession. And when they were finished, all stood up, joined hands in a circle, and intoned the Lord's Prayer.

Scott was invited to stay for coffee, but he slipped away, presumably with confidence that his secret was safe. And yet, "We are only as sick as our secrets" is another A.A. tenet.

But is murder covered by the 12-step formula? Apparently at least one precedent says no, because last year Paul Cox, a carpenter from Larchmont, N.Y. was convicted for a 1988 double slaying he revealed during an A.A. meeting five years later.

The Alcoholics Anonymous fifth step says to admit our wrongs "to God, to ourselves and to another human being." Another human being might be a priest or a doctor, but could "ourselves" mean a room full of strangers? How far does confidentiality go in a 12-step meeting? And are we really empowered to forgive on behalf of victims we don't even know? And who are we to decide a killer is no longer a threat?

Detective Porfiry inviting Raskolnikov, the murderer in Dostoyevsky's "Crime and Punishment, " to confess, said "it will be infinitely better for you." But there was a little matter of expiating the crime with a few years exile in Siberia.

Raskolnikov experienced the redemptive love of Sonya, as well as the understanding of the detective who trapped him for his own good. Sonya was willing to go with him to Siberia, but she never suggested that his solution was to hide his crime. "Go to the crossroads, " she told him, "bow down before the people, and kiss the ground, because you are guilty before them, and say aloud to all the world, ' I am a murderer! ' "

She does not tell Raskolnikov to say it to a group assured that his secrets will be kept. She says "to all the world." Let's hope Scott's not still a danger to others, but who am I to decide, particularly when justice these days seems to be as much a matter of popularity or social prestige as of guilt or innocence. When was the last time a rich man was executed?

For decades Klansmen walked out of Southern courtrooms with smirks on their faces, after justice was not done. Do we give the same blessing to those crimes we do not report? What right does a killer have to expect us to keep his secret? Recently in a Kansas City suburb at least a dozen teenagers kept the secret of a classmate who had been involved in a murder. All knew, none told.as if they were sworn to the Mafia code. And a friend told me he had not reported being mugged because he was afraid of retaliation.

"I don't owe it to society to get myself killed," he said.

"But you are society," I said. "If everyone makes that decision, we have anarchy. "

Perhaps we don't care enough about the victims - including Scott's nameless girlfriend, dead for nearly two decades. A minister has told me how he handles confessions like Scott's, He offers to go with the confessor to the authorities, to stand by him as he accepts accountability. A 47-year-old

wives of doctors to zoologists who love too much. Alcoholics Anonymous, once heavily male and middle class, has experienced a huge influx of female and low-income members. Men, meanwhile, are streaming into the self-help movement at what is—considering the usual male reluctance to discuss intimate feelings—an absolutely astonishing rate.

Why is this happening? Because people have discovered that talking and listening to their fellow sufferers has a soothing effect on the psyche, sometimes more so than doing the same thing in the presence of a therapist. Support groups—a rather high-falutin name for what's usually nothing more than loosely structured gab sessions—salve psychological wounds, help destroy addictions and even extend the lives of other people suffering from cancer and other physical afflictions.

And how do they do all this? Well, let us first acknowledge that there are some doctors, psychiatrists and others who say that support groups do nothing of the sort—that they in fact represent a dangerous do-it-yourself approach to problems of the mind, body and spirit. Yet most professionals and, of course, support-group members themselves, see the meetings as an amazingly effective antidote to aloneness—something that, apart from being a problem in its own right, compounds every known condition brought on by late 20th century living, from compulsive hand-washing to AIDS. Though no academicians or researchers have yet studied the self-help movement, there seems to be something at once common-sensical and utterly mysterious about how the meetings work. "Just the sight of your fellow sufferers," says one self-help group organizer, "tends to make your pain a little more bearable."

And so there is a group for every season. Got the midwinter blues? (Call Depressives Anonymous.) Are you obese? (Overeaters Anonymous or the National Association to Aid Fat Americans.) A gay Episcopalian? (Integrity.) Consider yourself asexual? (Finding Our Own Way.) Feel certain that aliens are trying to transform you into George Jessel? (National Organization of Rare Disorders.) Wish that aliens would transform you into George Jessel? (True Potential Toastmasters.)

Cultural Upheaval: You could call this a trend of course, of course. But when there is a group for women whose daughters won't talk to them meeting weekly in Westchester County, N.Y.—and when the New York City Self-Help Clearinghouse has had several callers ask if there were meetings for people who, to quote a spokesperson, "drink a little too much but not way too much Coca-Cola"—then what you have, really, is a sea change, the kind of cultural upheaval that makes the fax machine look like mood rings, break-dancing or some other fleeting fad. Through it all, though—as the national registry of support groups has grown to include Compulsive Shoppers, Pedestrians First, the Trichotillomania Support Network (for people who pull their hair out, strand by strand), Hot Flashes ("support for women with menopausal problems") and numerous bereavement groups—two basic conditions have endured. The first is that participation in a true self-help meeting is limited to peers. That means

there is no professional moderator to make Wise Pronouncements based on a purely academic understanding of the subject matter, to sell books or to collect fees. While some groups designate a leader who might be charged with making announcements or recognizing members who want to "share" an experience or observation, no true self-help organization can have a hierarchy, especially one headed by someone who doesn't share the members problems. To include such a person transforms the support-group meeting into group therapy, a standard psychiatric technique which tends, the self-help people say, to take the burden of recovery off the group member. "As soon as you have a therapist or someone like that running the meeting," says Marilyn Ng-A-Qui, director of the New York City Self-Help Clearinghouse, "the group members tend to dump their problems on the so-called expert. Their attitude becomes 'Here I am-fix me.' In a support group, though, the members know they can't be lazy. The responsibility for getting better is in each member's hands.

The second common trait among support groups is that they engender a near-religious fervor. Listen to a member of Schizophrenics Anonymous in Southfield, Mich.: "If I don't come to a meeting and I'm by myself for three or four days, I'll start getting weirder than I am now. I have to realize that I can't do it alone." Many members of Alcoholics Anonymous-the oldest and by far the largest support group, with an estimated membership of 1.73 million worldwide-strongly suggest that newcomers attend 90 meetings in as many days in order to break their bonds with the past.

Swirling blizzard: But many support-group members don't need encouragement to attend. "If people are feeling needy or going through a crisis," says a New York woman from Al-Anon, a group for relatives and friends of alcoholics, "they'll build their whole lives around the meeting schedule. They'll go 15 times a week." Fran Dory, now executive director of the California Self-Help Center, recalls that when she was organizing groups in New York, a bunch of senior citizens trudged through a swirling blizzard and then, when an elevator failed to function, climbed 14 flights rather than miss their weekly meeting.

There's nothing irrational, or spookily New Age, about this kind of devotion, which is usually born of sweet relief from years of suffering and isolation. Support groupies say their meetings tend to serve as much stronger mind medicine than an equal number of hours with the most expensive shrink. Regular attendance, they claim, allows them to sleep more soundly, eat heartier and, in the case of recovering sexaholics, finally have the time to read the collected works of Will and Ariel Durant and mow the lawn.

Lately there has even been some scientific data to support the continual stream of anecdotal evidence-put forth by members of such diverse groups as Cocaine Anonymous, stroke victims and Incest Survivors-that the meetings don't just improve life but prolong it as well. A 10 year study by researchers at Stanford University showed that terminally ill cancer patients who participated in weekly support group meetings in addition to receiving treatment lived nearly twice as long as those receiving only medical care.

Even if support groups didn't work, they would provide a very wit-it way to stay miserable. It's hard to open a local newspaper without seeing, on the once bland community-activities calendar, notices for child molesters, former convicts or gambling junkies. Likewise, every suburban supermarket bulletin board seems to have-push-pinned among the pleas for babysitters and promises of cheap firewood-announcements pertaining to cocaine addicts, teenage insomniacs and women who love too much. The settings vary-the folding chairs might be chintz-covered at a meeting of a short-lived group called Rich Kids Anonymous. But a quick flip through the Self-Help Sourcebook-Older Women In Relationships with Younger MenThe International Intractable Hiccups OrganizationProstitutes Anonymous.only proves that human problems know no geographic boundaries. And that Donahue, Oprah and Geraldo will probably never run out of topics.

Fashionable recovery: Indeed, steely-eyed guest hunters from some of those shows haunt the hallways outside support-group meetings, aware that transsexuals must be out by 9 because the bulimics have the room booked. "There's so much happening so quickly in this movement," says Frank Riessman, executive director of the National Self-Help Clearinghouse in New York, "that sometimes you just have to sit back and smile at it all." Of course, intense suffering is what brought every support group into existence-and every member, quaking, to his or her first meeting. In one sense, nothing about this movement is funny. Yet, if you look at it the other way, why not laugh a little? We the People have embraced this notion with a bit of a vengeance, no? Today, in fact, "the social climate is such," says Riessman, "that it has actually become fashionable to be `in recover' from everything from drug addiction to spouse abuse."

In big cities especially, many people now treat AA and organization like the Manic and Depressives Support Group as an extension of the singles scene. "There are women at my meeting who don't really have a problem with alcohol," says Belinda L., a New Yorker in A.A. "They're looking to latch onto some guy who got divorced, or never got married in the first place, because of his drinking."

What's equally remarkable, perhaps, is that the self-help movement has managed, despite its phenomenal growth, to avoid becoming a big business, or really any kind of business at all. "There's this explosion of interest," says Riessman, with a sly cackle, "and no one has figured out a way to make a dime off the whole deal."

The best news, though, is that group members usually make measurable progress-a seemingly unknown concept in many forms of psychotherapy-if they stick with the meetings. Cambodian refugees who attend a group in San Francisco often say during meetings that they have nightmares about the atrocities they themselves endured at the hands of Pol Pot. But when they arrive, neatly dressed and with children in tow, at the Tenderloin Self-Help

Center each week, the group members are often engaged in animated conversation, playing with their children and otherwise showing signs of recovery. As with other support-group members, relief, for the Cambodians, has come with a willingness to express intimate thoughts and experiences to one's fellow sufferers. "When I eat," said an older woman at a recent meeting, "I think of starving relatives and I cry." Hearing that, another woman tried to commiserate. "I know what you're thinking. Most of my family was executed and it is still too overwhelming for me. Yesterday I lost my way home. I forgot I was in San Francisco." A 39-year-old male refugee then spoke up, saying, "I feel happy in this group because I know the faces. It's been very helpful to realize I am not the only one who has trouble in my new life."

Marcia Colone, the director of social services at the University of Chicago's Hospitals, sees something uniquely American in the self-help movement's emphasis on tangible results (though other countries are now getting involved as well, most notably in Europe and the Mideast, where groups for victims of terrorist attacks have recently sprung up). "This supports America's values of marshaling resources, taking charge and solving the problem," she says. "There's no doubt that these groups help people make real changes in their lives."

Yes, power to the people, so the people may help themselves. The support-group movement may be the only advance in the area of social services that was possible in the era of Reaganomics. "At a time when we are faced with drastic government cutbacks," says Ng-A-Qui, of the New York City Self-Help Clearinghouse, "a lot of poor people and people of color have had to fall back on their tradition of banding together to help each other." Most people in poor areas, she says, prefer the relatively unstructured groups, which usually don't bother with such formalities as guest speakers and would never think of limiting the conversation to any one topic. Instead, says Ng-A-Qui, "people just get together and share experiences or exchange practical information."

Formal presentation: At the other end of the spectrum there are the 12-step "anonymous" groups. These stop short of employing parliamentary procedures, but they do usually begin with a formal opening statement defining the group and its goals and then proceed to announcements about schedule changes, new chapters and upcoming events such as lectures, films or picnics. After that, the leader often turns over the meeting to a group member who has prepared a 10-to 20-minute talk, either on one of the steps or a personally chosen topic. These groups usually round out their hour long meeting by allowing any of the other members to share a thought, feeling or experience that in some way relates to the speaker's presentation.

In both the more and less structured groups, cross talk and the giving of well-meaning but potentially dangerous advice such as "get a divorce," "tell that boss of yours to go to hell" and "send firetrucks and pizzas to her house" is usually discouraged. Members who do get too controlling are usually reminded by the group leader that it is the principles of the organization,

and not one person's opinion of what another should do in a specific situation, that really matter.

Support groups are obviously based on the ancient concept of community, as strangers gather to help one another by telling stories. But in another sense they also represent a holdover from the Me Decade, since no one comes to a meeting for purely altruistic reasons. "The person who's sharing gets as much out of the experience as the listener, frequently more," says Riessman. Or as one Al-Anon member says, "This is a very selfish program. But what we've found is that the best way to feel better about ourselves is to help each other."

These days nothing is too personal, it seems, to share with a group of strangers. The sexually dysfunctional gather at Impotents Anonymous. Those who subsist unhappily among stacks of old Vogues and Ladies' Home Journals can call Messies anonymous-or maybe Crossroads, a group for male transvestites. As for women who continually fall in love with priests: Good Tidings. It doesn't matter if you're a member of Bereaved (a group of parents of children who died during autoerotic asphyxiation) or if you suffer from AIDS or from such strange-sounding afflictions as prune-belly syndrome, male breast cancer and maple-syrup urine disease. "The only thing you won't find in this whole movement," says Riessman, "Is someone waiting to judge you." "Why, there's even a Kleptomaniacs Anonymous. They meet.well, the list was here a minute ago.

Anyone who explores the self-help movement eventually winds up on a road heading towards Akron, Ohio. It was there, in 1935, that Dr. Robert Smith and a New York stockbroker named Bill Wilson-both heavy drinkers-held a historic discussion that led to the founding of A.A. Wilson and Smith made no breakthrough on the causes and cure of alcoholism; the world awaits that news. What they did discover that evening was that there was something about the presence of a fellow sufferer that was more powerful, as an aid to recovery, than any of the spouse-inflicted punishment, public humiliation or solitary pain they had previously endured.

Never mind that "something" was-the way to stop drinking was to get together and then, tomorrow, get together again. Wilson eventually took the notion of camaraderie and refined it into a program based on his now famous 12 steps. These emphasize such concepts as acceptance of one's addiction and the acknowledgment of a "power" in the universe greater than oneself. A.A. grew rapidly in the 1930s,'40s and `50s, though near as fast as it would grow in the `80s, when it doubled in size as women and minorities started joining in large numbers. The one thing it didn't do for a long time was inspire many offshoots or imitators. With the exception of Al-Anon, a program begun by Wilson's wife, Lois, in 1951, AA for all practical purposes was the support-group movement for many years. Which meant that if you didn't happen to be male, white, middle class and a drinker, there were no meetings at which you could feel comfortable.

That wasn't a big problem. In those days, many people had something that took the place of meetings: intact, functioning, extended families. You wanted some brotherly advice? You called-egad, how positively "Nick at Nite"-ish!-an actual brother. For a maternal perspective on things right there in the kitchen, she's all yours. And so on, down to street-wise Aunt Sophie and just-plain-wise Uncle John. Women who had problems too delicate to discuss with any of the faces around the dinner table could always turn to their coffee klatches or, as Leslie Borck Jameson, the executive director of the Westchester Self-Help Clearinghouse says, with a sweeping gesture toward her window, to "all those other mothers you always saw pushing baby strollers through the park."

Kiddie books: But of course that world now seems as distant as Freud's Vienna-or Donna Reed's Hillsdale. The traditional family started to come apart at the seams in the mid-`60s, as boomers began graduating from college and moving far away from home to find jobs. Divorce, drugs and the doomed Yuppie quest for perfection have sped along a process of deterioration that had been going on since the late 19th century. By the early `80s, there was a flourishing cottage industry of kiddie books and records that dealt in the "OK-ness" of having no dad, two moms, a step-this, a half that, a mysterious "uncle" and a grandma who's not talking to any of you lowlifes at the moment. But in fact there were problems, even more than before, and, for many people, only two places to bring them-the therapist's office and/or a self-help meeting.

Traditional "couch" therapy has certainly helped a lot of people, offering as it does the advantage of a professional caregiver and a greater focus on the individual patient. But even those who can afford the high cost of psychotherapy have sometimes grown dissatisfied with the open-ended nature of the process, and suspicious of advice that comes from someone who has never sparred with their particular demons. For those people, the only viable option is frequent support-group sessions.

It was the women's consciousness-raising movement that first extended the self-help concept, beyond alcoholism. For the most part, these oh-so-`60s "organizations" engaged in unstructured discussions that were as likely to concern drinking or drugs as they were sexual harassment, the military-industrial complex, lower back pain, Vietnam or anything else that wasn't groovy. What the get-togethers were mostly about, though, was getting together. The consciousness-raising groups set the tone for the self-help revolution of today, by giving people a chance to come out and see others who-despite having some very recognizable flaws and problems-were surviving, thriving and even smiling.

Support groups in the past few years seem to have sorted themselves into four basic categories: those that address problems of addictive behavior (Compulsive Shoppers, Workaholics and others that often follow a slight variation on A.A.'s 12 steps); those for physical and mental illness

(Parkinson's Support Group, Recovery, Inc.); those for dealing with a transition or some other crisis (Widowed Persons Service, Recently Divorced Catholics), and those for friends and relatives of people with a problem (Adult Children of Alcoholics, Parents of Agoraphobic Teenagers). Though it sounds sacrilegious, Borck Jameson and others think that a support group can be a better place to seek help than the traditional family. A dysfunctional family, after all, is often what brings people to support groups in the first place. Among strangers, people can be brutally honest. At one recent meeting of Batters Anonymous (sometimes called Forte) in Los Angeles, a member posed the rhetorical question, "Man, what am I supposed to do when my old lady tried to block my way out of the door? There's nothing left to do but remove her with my fist." Moments later, another member explained that being arrested for beating his wife only fueled his anger. "The last time we had a fight, I pulled a shotgun on her and it jammed," he said. "That's the only reason I'm here today. If it hadn't jammed, I'd be doing time."

The only reason a lot of guys are at Crossroads, the male cross-dressing group, is because they need to know where to get size 14EEEE high-heeled shoes or an extra-long string of pearls. For one married member, lounging around in a wig and a dress and listening to a guest lecturer discuss the best way to apply blusher, is, he says, one way to "get away from the tension of being a husband, the breadwinner and dealing with the factory, everyday life. Here I can just be Susie." Almost every problem left untreated can become debilitating or even life threatening. Ed Madara, the director of the New Jersey Self-Help Clearinghouse, points out, noting that at Speakeasy members tell stories of stutters whose affliction led them to suicide. At some meeting, such as those for women with endometriosis and other gynecological problems that are often mishandled by the male medical establishment, there is almost always a palpable sense of urgency-if not anger-in the air. Often, what support-group members are maddest about is the way they've been treated by their doctors and therapists. "The professionals are discouraging and negative toward recovery," says Joanne Verbanic, 45, an executive at Ford Motor Credit Co, in Detroit and the founder of Schizophrenics Anonymous. They put limits on us, saying we'll never get better. But sometimes that's not true."

The relationship between support groups and health care professionals is improving. There are, for example, few, if any, alcohol treatment centers in the United States that do not funnel their outpatients into A.A. At the same time, says Marion K. Jacobs, adjunct professor of psychology at UCLA and codirector of the California Self-Help Center, "there is still a huge amount of resistance in medicine to incorporating self-help as part of health care." Though there are probably more people involved in self-help than in any other single form of therapy, psychiatrists have "scant" training in support groups, according to Dr. Frederick E. Miller, director of the Adult Inpatient Psychiatry Unit at the University of Chicago. "It's a neglected area," he says. Professionals don't like the idea of self-help groups for two seemingly unassailable reasons: a little knowledge is a dangerous thing, and he who treats himself has a fool for a patient.

Margaux Hemingway to Tony Curtis have hit the lecture circuits to describe their battles with the bottle and/or drugs-and they're grabbing fees ranging from Hemmingway" lowball \$5,000 a shot to Stacy Keach's \$25,000 for his cocaine-to-prison tale. "There's a Cocaine Anonymous meeting in Santa Monica where you'll see more celebrities than at Spago," says a Westwood psychiatrist.

"You're nobody in Hollywood these days unless you are attending one of these groups," says Dr. Dickson Young, a past president of the Alcoholism Council of Los Angeles County and one of only 3,000 doctors in the country certified as an addictionologist, medicine's newest niche.

In a cover story last month, Newsweek estimated that the number of self-help support groups have quadrupled in the past 10 years. An estimated 16 million Americans-more than one million in the Los Angeles area-are in some kind of recovery program. But only a small percentage goes to the trendy private detox, counseling or weight-loss clinics that are making megabucks on the new asceticism. Most opt for one of the many anonymous groups. Most opt for one of the many anonymous groups. There are at least 27 such groups in L.A., all using some spin-off of AA's tried-and-true model. Groups range from Overeaters Anonymous, Gamblers Anonymous, Cocaine Anonymous, Narcotics Anonymous, Pills Anonymous, Divorce Anonymous, Prostitutes Anonymous and Debtors Anonymous to Artists Anonymous, Sex Anonymous, Parents Anonymous, Impotents Anonymous and Depressives Anonymous. There's Al-Anon, Adult Children of Alcoholics and Codependents Anonymous for the spouses, children, sweethearts and friends. There's even a Diazepam Support Group for people trying to kick a Valium addiction. And almost all of them began in Los Angeles.

There are groups that meet at members' homes for recovering doctors and attorneys, and there's one for actors and agents. Both ABC and CBS have weekly in-house meetings. Every Tuesday at 8a.m., there's an AA meeting in the United States Capitol for members of congress and their staffs. There's a meeting of Overeaters Anonymous-for nudists-every week at Elysian Fields. KIEV-AM radio airs a thrice-weekly talk show, The Recovery Show, aimed at addiction and dependency. Executives with recovery problems are ducking out during their lunch breaks to go to exclusive meetings attended by other execs and managers.

"Nowadays, the assumption is that if you aren't recovering from some addiction or another, you must be still practicing it," says Dr. Judith Stevens-Long, professor of psychology at California State University, Los Angeles.

"I tell my patients that abstinence is chic, they they're right in step," says Young, who treats alcoholics and other addictive personalities in private practice and serves as medical director of New Beginnings at Century City Hospital, where patients undergo a one-month detoxification and rehabilitation program. "Recovery is especially hot in Southern California, where everyone is so health-conscious. It fits right in. Everyone is drinking Evian."

Ironically, the anonymous meetings themselves have become social events, places where you work out your problems and also meet new friends and do some serious networking. For many, the groups have come to replace singles' bars. "Half of the guys here don't even have a weight problem," confides Gordon R., a longtime member of Overeaters Anonymous. "They just come to score."

"These groups are like any club," says an AA member. "During breaks, you start talking about what you're doing, sharing ideas—the kind of conversation you might have had at a cocktail party, except you're discussing things that really matter to you. Eventually it gets around to business."

It's not exactly the Knights of Columbus, but there's the same ripe environment for opportunity. "In many instances, members use their group connections much the same way guys used to attend church just to sell insurance policies," says the friend of one AA member. "I saw two people pitch an editor a story just last night," says a member of an AA meeting for writers. "I've seen guys show up with scripts in their hands. But even though these things happen, they're not the point of the group."

The first AA meeting in L.A. was held on December 19, 1939, four years after a New York stockbroker who called himself Bill W. and an Akron surgeon known as Dr. Bob Smith found that discussing their problems help to overcome them. They published a book called Alcoholics Anonymous—now known within the organization as the Big Book—in 1939. A nonalcoholic woman hosted the first West Coast meeting in her home on Benecia Street in West L.A. A second group was formed in South Pasadena, a third in a Masonic hall on Pico Boulevard. By November 1941, the L.A. chapter of AA had a post-office box, a listed telephone number and a newsletter. Soon, California had more members and groups than any other state, a distinction it has held ever since.

The AA formula had been proving itself successful for a decade before it spawned its first copycat group. Narcotics Anonymous was started in 1953 by four addicts and originally run out of a Sun Valley home. Then, also in keeping with the AA model, a compulsive gambler who called himself Jim W. (nobody uses last names in anonymous groups) formed the first chapter of Gamblers Anonymous in L.A. in 1957. In November 1958, an L.A. woman known as Rozanne S. and her husband escorted a friend they thought needed help to a GA meeting.

"I was a world saver," Rozanne says. "Although I didn't have a gambling problem myself, what I heard at that meeting made me realize that I was not alone, that the anger and resentment I felt, the lying and the cheating and the self-pity, that I was not the only one who felt that way."

Rozanne's problem was that she weighed 161 pounds, even though she was only five-foot-two. She realized her compulsive overeating and the resultant self-loathing was akin to what compulsive gamblers felt. "I went to GA founder Jim W. and asked him to help me form a group," she says. Thus, it was Rozanne

and two friends who held the first meeting of Overeaters Anonymous on January 19, 1960—again based on AA's basic program and again based here in LA.

Initially operated out of Rozanne's dining room, Overeaters Anonymous has grown to 200,000 members attending 9,400 meetings each week in 50 countries. In contrast to Weight Watchers and other diet programs, Overeaters Anonymous does not promote any particular diet or eating plan. For years, OA did distribute a "gray sheet" diet plan but gave it up in the late 1980s when diet clubs and weight-loss plans such as Jenny Craig, Nutri/Systems and Optifast proliferated. They decided that OA's primary mission should be to free its members from their obsessions, rather than whittle off their excess pounds. "We try to get at the heart and soul of the compulsive nature more than we try to get thin," Rozanne says.

During the `60s and `70s, a variety of "consciousness-raising" self-help groups emerged, but most returned to AA's model to face the problems of the `80s. The first meeting of Cocaine Anonymous was held in rented space at the motion-picture health clinic on La Brea Avenue. Today there are more than 400 CA meetings a week in L.A. Codependents Anonymous is one of the newest spin-offs—and one of the few not founded in L.A.

Chris A. founded Divorce Anonymous with a friend shortly after a long-term relationship ended. Believing that the same 12- those in the throes of a failed relationship, step program pioneered by Alcoholics Anonymous could offer comfort and support to Chris held the first meeting at the Council House for Jewish Women in April 1987. Thirteen people showed up. Today, she is holding four DA meetings a week, averaging as many as 50 participants, throughout Southern California.

Like AA, all the anonymous groups stress a practical approach to maintaining good habits, a rational lifestyle, as well as spiritual renewal and a pride in self free from obsessions.

And though all anonymous meetings are run by the members themselves, with no professional therapists or facilitators in attendance, they follow strict routines and adhere to rigid rules.

There are two principles common to anonymous groups: the acceptance of individual responsibility for the problem—meaning readily identifying one-self as addicted—and the assurance of anonymity. Although within the group, members sometimes identify themselves by their full names—and frequently give identifying information about their lives and professions—it is a cardinal rule that nothing said inside the meeting be carried outside.

Oddly, in this day of tell-all reform, one of the reasons for the anonymity is to prevent anyone from using the group for their own self-aggrandizement. "it's really not so much to protect the reputations of the members—because often belonging to AA is the aspect of their lives for which they can be most

proud-but to prevent them from exploiting the group," says one longtime member. And going public can backfire. When a Kitty Dukakis or Elizabeth Taylor backslides, it reflects poorly on the organization they have been touting.

But what really makes AA and its kin unique is the utilization of a 12-step recovery program called "12 Steps and 12 Traditions." Though the wording varies to fit the thrust of each group, the basic precepts are the same. The first of the 12 steps, for example, always involves admitting powerlessness over the addictive agent-whether it be alcohol, food or a relationship. Members are urged to find a sponsor-a mentor whom they can call if they feel the old temptation rise-and to choose one "home group" to attend on a regular basis, while visiting others as often as they feel the need.

New members are asked to take a personal moral inventory, to confess to their higher power and to another human being their past sins and to ask the higher power to remove all shortcomings. They are required to make amends where possible to anyone they have ever harmed. And just as important, they are charged with carrying the message to others who suffer the same addiction.

The only criterion for membership is the desire to join. There is no fee. Unlike many of the recovery clinics and diet programs so popular today, the anonymous groups are not run as money-making enterprises. Groups are supported by voluntary contributions that are placed in a collection basket passed at each meeting-know as the seventh tradition. Donations from outside organizations, corporations or government agencies are not accepted.

Similarities to a religious organization are not coincidental. As many point out, the anonymous groups function much like a church, and for many the 12-step program becomes more than a lifestyle: it becomes their religion.

Meetings are opened by a leader, who identifies himself and asks if there are others present who suffer from the same addiction. Those attending their first meeting are asked to stand and give their first name-"not to embarrass you but to allow us to get to know you during the social hour," says one member. Those within their first 30 days of abstinence are asked to raise their hands. Each time a person introduces himself by first name, the whole crowd calls out, "Hello, -----."

The 12 steps and the 12 traditions are read aloud, and portions of the Big Book are sometimes read. At so-called open meetings, there are speakers who tell what it was like when they were drinking or using or overeating or gambling-kind of a witnessing. The formula basically boils down to "Amazing Grace..that saved a wretch like me." Good speakers are in demand and often speak at many meetings. They become quite polished, and their accounts are larded with humor.

There is a common argot-much talk of "working the program" or "working the

steps." Members say they "stuffed their feelings" or "played old tapes" when they lapse into unproductive patterns of relating. At a West Los Angeles meeting of codependents Anonymous, a young man says, "Like many of you, I lived in my head for years. But since I've been working the program, I've become much more present in my feelings." Everyone nods. They know where he's coming from. "Sayings such as 'We have to feel it in order to heal it' or 'The only way out is through' helps people express what recovery is all about," says member Janet M.

At the open meetings, members are encouraged to bring spouses, children or friends to hear the speakers and to share in the fellowship. There are dances, picnics and other social events for members and their families, as well as weekend conferences at resorts and hotels. "When you come into a recovery group, you have to make it the focus of your life," says Rozanne. "It replaces whatever activity you are trying to eliminate."

"A lot of people were reared with a strong religious background, and then as they grew up they got away from it," says Young. "For those people, AA can be like a rebirth of religious experience. The diagnosis of chemical dependency allows them to come back to their old spiritual roots. In other parts of the country people may go to church on Sunday and then go to AA, but in Southern California I think a lot of people use it for their church. They make AA their religion.

Although some members of Anonymous groups insist they are not religiously oriented, Cal State L.A.'s Stevens-Long says that, on the whole, one of the reasons the 12-step programs have been so successful is because of their similarities with religion.

"Twelve -step programs emphasize forgiveness," she says. "All successful religions forgive their followers for their wrongdoings, because if they didn't, there would be no reason to belong. Twelve-step programs allow for confession and atonement-basic premises in every ancient religion."

It is the dependency on the program that bothers some critics, who feel the groups can come to function as a cult. "Another factor the two have in common," says Stevens-Long, "is the feeling of members being helpless without the program, that they need it in order to combat their problem—that those who belong are in a state of grace and those who don't are not. They are urged to bring in other followers. And there is a provision of community and fellowship, a major tenet of most religions."

Tarzana psychiatrist John Hochman, however, says the groups, while "quasi-religious," do differ sharply from organized religion. "They talk about a higher power, they have a code of conduct, a kind of scriptures—they read the 12 steps at their meetings and they read from the Big Book—but they don't worship their founders. They don't impute miraculous powers to them. It's like people studying the teaching of Martin Luther King."

Hochman says anonymous groups "differ from cults in that cults are shrouded in secrecy. You don't know where the money is going. These groups are completely open. You can go in and check them out. Sure, they do pick up people who are helpless and demoralized, and they do make them dependent on the group, but that's better than whatever these people were dependent on before."

"In a very real sense, AA does the same thing as the church," says Clancy I., who founded the Pacific Group 26 years ago when there was a free night at the Ohio Avenue meeting hall in West Los Angeles. "Like the church, AA gets people to change their lifestyles so they wind up in a more comfortable, spiritual way of life. That's the goal of religion, and the goal of all movements. But the difference is that most don't work. What makes AA unusual is that it works."

Nevertheless, addiction is not an exact science, and long-term success can be problematic. Doctors now know it takes the brain three years to recover from a chemical dependency, and during that time the brain is changing, Young says. "The patient is going to have ups and downs. At predictable intervals—for five days every 4 to 6 weeks during the first year, every 6 to 8 weeks in the second year and every 10 to 12 weeks in the third year—the patient is more susceptible to relapse."

According to a survey of AA members in the United States and Canada, an alcoholic with less than a year of sobriety has less than a 50-50 chance of making it through the next year without a drink. With one to five years of sobriety, he has an 86 percent chance. If he can stay sober for more than five years, he has a 96 percent chance of not drinking during the next year.

"Most of you here won't keep coming back," an AA speaker at the Beverly Hills Presbyterian Church at the corner of Rodeo Drive and Santa Monica Boulevard told a Friday-night group recently. "Most of you will go back to drinking."

Clancy I., with 31 years of sobriety, is a member of the University Synagogue AA group and a coveted speaker at recovery meetings worldwide. His group had only 250 members when it moved to the temple 12 years ago. There are usually some celebrities in attendance, given the convenient and highfalutin location. Names are never dropped, of course, but actors and rock stars, some of whom have made their newfound sobriety or abstinence known, frequent the meeting, where the riffraff quotient is low.

"We have a lot of sobriety at our meeting," Clancy says. "There are other trendy groups in town, but they don't have a great deal of sobriety"

One meeting fitting that description is held Friday nights at the Beverly Hills Presbyterian Church. The attire is indeed trendy—leaning toward leather and chains. Unlike at the pristine Brentwood meeting, no one seems to be able to sit still during the proceedings. "This is certainly a busy meeting," the

from a prestigious job as a foreign correspondent in Paris to reporter on my newspaper's woman's page; my closest friend of recent years was gone.

My friend was the bottle. My employer had summoned me home to New York in 1975 because I seemed to be on the verge of a nervous breakdown. The truth was, my heavy drinking was finally beginning to damage my life and my work. But as I turned 50 the following year, I was thankful for a magnificent gift. It was nothing less than a renewed capacity for hope and joy. I had been treated for alcoholism and sober for eight months. After a long period of self-destructive drinking, dramatically accelerated by my husband's death, I had finally decided to be present and accountable for my own life.

Now I am 65. I am retired. I am still living alone. I am still sober. And I can look back on the 15 years since I marked my own half-century and say honestly-despite struggle and seriously illness and vanished friends-that these have been my quality years.

To be alcoholic at any age is a torment. Every one of us who escaped that misery remembers how isolated we were, how duplicitous, how secretly full of shame and guilt. And so I get angry when I hear, "It's the only pleasure Mom/Dad has left. Why deprive her/him of a little nip?"

I am not speaking of social drinking here. I am speaking of alcoholism: problem drinking that distorts the lives of an estimated two-and-a-half million to three-and-a-half million older Americans, estranging them from family and friends and trapping them in a fog of blurred reactions. Cantankerousness, confusion, memory gaps, depression, anxiety-all too often, both doctors and kin dismiss these afflictions as a "natural part of growing old." It is just as likely that alcohol is to blame, or, at the very least, has made the conditions worse.

To the "Why deprive them" question adult children of older alcoholics often ask, Daniel J. Anderson, Ph.D., president emeritus of Minnesota's Hazelden Foundation-the granddaddy of all alcoholism rehabilitation centers-answers: "You're an enabler by making up excuses for the drinking. You've given up on them; you've already got them in a casket. Take a chance on treatment. If you love your parents, you owe them that."

"The rationale is that they haven't got long to live," says Edith Lisansky Gomberg, Ph.D., a University of Michigan psychologist who has been studying alcoholics for more than 40 years and is a nationally known authority on drinking in old age. "But alcoholism is not a pleasure-it's weird to think it is. The consequences both medically and in interpersonal relationships are terrible."

Studies have estimated that 10 to 15 percent of all Americans over age 60 suffer from alcoholism-about the same percentage as the general population. This is true even though many older people drink less or abstain altogether,

usually because drinking complicates their medical problems or simply makes them feel bad.

How do you tell who is alcoholic? One of the best answers comes from Alcoholics Anonymous—the oldest, most famous and arguably the most successful program devised to arrest the disease. AA gives this definition of alcoholism in *Time to Start Living*, a pamphlet for older people:

"Whether or not you are an alcoholic is not determined by where you drink, when you started drinking, how long you've been drinking what, or even how much. The true test is the answer to this question: What has alcohol done to you? If it has affected your relationships; if it has influenced the way you schedule your days; if it has affected your health, if you are in any way preoccupied with alcohol—then the likelihood is that you have a problem."

And remember, tolerance decreases with age because older bodies detoxify alcohol more slowly. What could be moderate drinking in a younger person—say, two drinks a day—can be dangerous in an older one.

Older alcoholics are divided into two groups. About two-thirds are "early-onset" drinkers who have abused alcohol much of their lives and have survived into an unhealthy, unhappy old age. The second group—about one-third of all drinkers over age 60—is unlike the general alcoholic population. This is the "late onset" group, which has an excellent chance for recovery.

"They are not as impaired physically, emotionally or cognitively as the early-onset drinkers," says Renee Zito, treatment director of the respected Smithers Alcoholism Rehabilitation Center in New York City. "With abstinence, proper diet and time, recovery can be complete."

Heavy drinking in the late-onset groups is usually triggered by traumatic loss. The deterioration is very rapid, covering in a year or two the progression in alcoholics who have been drinking for 20 to 40 years. They hit the bottle because their spouses have died, their children have moved far away, they have retired from their jobs, their health is not as robust as it once was. They are bored, lonely, invariably depressed. Alcohol takes the edge off those negative feelings—for a little while. But there is always the morning after, with remorse adding its sting to every bad emotion.

Le Clair Bissell, M.D., the founding director of Smithers and a recovered alcoholic who has been sober for 40 years, says it best: "There are no long-term chemical answers to life."

For many years alcoholism experts believed that isolated older adults were usually the problem drinkers. Then came a 1988 study of alcohol use in three retirement communities in the West. The study found that drinking was part of the communities' lifestyle, with 45 percent of the residents drinking on a regular basis and 27 percent of the heavy drinkers having increased their

intake after moving there. While drinking was primarily social, the study found that those who drank socially also drank more when alone.

Older alcoholics are often hard to spot. Detecting the problem is difficult because the signs by which society and the law identify younger drinkers are usually not there. These include arrests for drunk driving (many older people have stopped driving), warnings from employers about tardiness, waning productivity, etc.

How, then, can you tell when something is wrong?

"You can't say the problem is definitely alcohol-related unless you have an eyewitness, the patient admits to it, or his or her physical condition has deteriorated noticeably," says Larry W. Dupree, Ph.D., clinical psychologist and associate research professor in the Department of Aging and Mental Health at the Florida Mental Health Institute, University of South Florida at Tampa.

If you are a friend, helper or relative of an older person, you might suspect alcohol abuse if you notice any of the following signs. (With the exception of bottle stashes, these could also indicate prescription drug abuse; in any event, the person demonstrating such symptoms is in trouble.)

Abrupt or significant changes in behavior: hostility, paranoia, disorientation, forgetfulness, unsteady gait, slurred speech or trembling hands.

Previously controlled (via medication) conditions now out of control (e.g., diabetes, hypertension).

Complaints of insomnia; frequent napping; an absence of restful sleep.

Deterioration in grooming, housekeeping and eating habits.

Falls, broken bones, bruises or burns.

Bottles stashed in the home. ("Home health aids report many bottles in homes visited," says Dupree.)

Once alcoholism is suspected, how do you get an older person to seek treatment? Alcoholics of all ages deny they have a drinking problem.

"There is a tremendous amount of guilt and embarrassment among older people about the `stigma' of alcoholism," says Jean Dunlop, R.N., M.A., and a certified chemical dependency counselor who runs an outpatient program for older alcoholics at St. Vincent Hospital in Portland, Oregon. "The disease concept of alcoholism was accepted by the American Medical Association back in 1956, but these people have never heard of it. When they were growing up, alcoholics were skid-row bums; immoral, weak people. You show them films and

bring them to lectures and they say, `Well, it's very interesting, but I still think I was at fault: I had no will power.'"

Dunlop and others feel the number one motivator that gets an older person into treatment is a doctor who points out the medical problems drinking is creating. Zito and still others think the family network can best bring the older alcoholic into recovery. It is highly unlikely that older alcoholics will reach out for help on their own.

"Most of them weren't brought up to deal with their emotional problems, and they often view alcoholism as a sin," says Zito. To overcome this, intervention becomes necessary.

"Intervention involves presenting the facts about the alcoholism to the drinker in a tone that is nonjudgmental and shows concern," Zito explains. "ideally, all persons who are meaningful to the alcoholic, such as family, friends, neighbors, religious advisor, physician, should make clear and specific lists about events caused by drinking. The goal of intervention is to get the alcoholic to acknowledge the need for help, however reluctantly."

The suggested approach is to be loving and gentle. The use of words like "drunk," "drunkard" or "alcoholic" should be avoided. Those who treat older patients agree that the confrontational approach, though it often works well with younger patients, is absolutely wrong for older people. It is essential, says Zito, that the intervention be coordinated and conducted by a trained professional.

Once into treatment, the late-onset drinker usually responds well. But should the patient receive therapy in groups of only older people? Or are mixed-age groups better?

Those who vote for segregated age groups say that many older people are offended by and cannot identify with the younger people now pouring into treatment. The profanity, the talk about abuse of illegal street drugs that often accompanies alcoholism in the young, the horror stories told in gory detail—all of this turns off the older person, some experts say.

Dan Anderson of Hazelden is in the middle. "It depends on how dominate the young people are in the group," he says. "It is the duty of older people to defend the traditional culture and the duty of the young to tear it down. On the other hand, a lot of folks just don't want to be in a group where everybody else is also 70 years old."

Zito believes that after the initial shock, older patients are stimulated by daily contact with young alcoholics. She spoke of Virginia, a woman who came into treatment in her mid-70s after an intervention by her 45-year-old son. Virginia had been drinking almost suicidally since the death of her husband three years before. She immediately complained that she was older than the

Street and Riverside Drive that is known in the neighborhood as the God box. One staff member reflected recently that the Age of the Founders was long gone - Bill Wilson, the New York stockbroker who led the movement for more than thirty years, died in 1971, and Bob Smith, the Ohio surgeon who founded it with him, had died twenty years earlier - and the Age of the Apostles was now ending. "There's practically no one alive today who was there when Bill and Bob met, or in that very first group," she said. "Pretty soon, there will be no early timers at all."

Standing like a crewcut cadet among fops, the Interchurch Centre is set between the ornate spire of Riverside Church, to the north, and a row of neo-baroque apartment houses, to the south. A reasonable facsimile of a midtown corporate fortress, it has revolving doors that spin you into a mopped marble floor, and a badged guard who eyes you from behind a security counter. In A.A.'s eleventh floor office - described by one staff member as "the visible clearing house of an invisible organization" - close to a hundred people are at work, filling orders for A.A.'s publications, referring callers to local groups, disseminating information to the public and to the medical and counseling professions. "We are a repository of group experience," he said. "People write us about a problem they're having in their group - an unruly member, a question about confidentiality. We share experience by telling them what's been done in similar situations in the past. We don't issue directives. We don't hand down rules."

Besides being the nerve centre for the more than fifty thousand registered A.A. groups in the United States, the General Service Office is a shrine. Its corridors are hung with poster-size photographs of the founders, and placards bearing their sayings; along one wall of an anteroom that leads into the organization's archive is a locked glass case containing the various editions of the Big Book - the basic A.A. text, which has sold thirteen million copies since it was first published, in 1939. I consider the Big Book an inspired text, written by Bill under the guidance of the spirit," another staff member said. "And I worry that I see a shrinking in our reading and studying of the Big Book. People paraphrase it incorrectly. Some do spot reading, or they don't read it at all."

Some people say that if the Big Book is losing its hold on new members, it may be because its image of the alcoholic is hopelessly cornball and exclusively male: he is a travelling salesman tempted by the hotel bar; he is compared in his desperation to a "gaunt prospector, belt drawn in over the last ounce of food;" or, in his drunken oblivion, to "the farmer who (comes) up out of his cyclone cellar to find his home ruined," looks around, and remarks to his wife, "Don't see anything the matter here, Ma. Ain't it grand the wind stopped blowing?" There is even a condescending chapter addressed "To Wives." Today, A.A. is more than a third women, and twenty-five percent of the membership is under thirty - people for whom prospectors and storm shelters are defunct metaphors.

Others think the integrity of the fellowship is being threatened by "people who come in because the courts or rehab centres send them," in the words of Dr. Marc Galanter, a New York psychiatrist who has written extensively about A.A. "Many of these people have to get a meeting card checked off to show that they're fulfilling the obligations of, say, their suspended sentence - and though A.A. welcomes them, this is something that's basically against what makes the fellowship work. Coming in is supposed to be voluntary - an act of spiritual surrender, not acquiescence to some legal requirement."

And others think that A.A. is becoming a social club where people show up casually, in order to make deals or dates. "It used to be that when someone talked about suffering, you could hear a pin drop," a retired advertising writer who has been in A.A. for sixteen years said. "But now people come to the meetings with a bottle of designer water in hand, and there's more talk about success. It kills the meeting. People get up to pee, or look for an ashtray." One member, a carpenter of about forty who lives near a posh New York suburb, put it this way: "We have actually become afraid of the still suffering alcoholic. If a drunk walked into a meeting in my town, people would be agast. We've become too nice for that." He still attends his home meeting, he said, but he goes once a month to a meeting in a man's shelter in a neighbouring town, to get "the real thing."

It is not only this squeamishness before the hardcore alcoholic that bothers A.A. veterans, but what they see as a growing expectation among some members that meetings will amount to a form of public coddling. Sometimes this expectation is met ("unconditional love" is how one member described what she encountered at her first meeting); but sometimes it is disappointment. When a young woman at a meeting we attended said in a private- schoolish whine that she, as a recovering alcoholic, deserved "more space" than she was getting from her non-drinking friends, a young man in dreadlocks, looked at her with a mischievous grin and said, "When I was drinking, I had the same problem you have now. I had not yet achieved low self- esteem.

The rebuke was a pure expression of "the real thing" - of the Big Book's principle that "self-delusion, self-seeking, and self-pity" are the root of our troubles, "that we "must be rid of this selfishness. We must, or it kills us!" But some veterans are troubled that this basic A.A. insight is invoked less often than it used to be. They worry that alcoholism, which was once a source of convicting shame in America, is being turned into an alibi. They mention the recent case of a Westchester man who confessed at an A.A. meeting, to a murder committed while he was on a binge, and then mounted a legal defence based on the claim that alcohol had led him to confuse his victims with the parents who had emotionally abused him as a child. And they laugh - though not with real amusement - about the case of Leonard Tose, the former owner of the Philadelphia Eagles, who responded to a suit to collect gambling debts brought by an Atlantic City casino a few years ago by countersuing and claiming that the casino had allowed him to gamble away his fortune while he was manifestly drunk. "A.A. is not about excuses," one longtime member said.

"It's about obligations. Bill, and Bob would be appalled."

A.A. came into existence at a time when Americans were introduced to fear and futility on a scale that had not been previously imagined and has not been managed since - a time when it was a common experience for a man to feel prosperous one day and to be reduced to nothing the next. When A.A. first took form, in the nineteen-thirties, it was not a place where one came to ventilate anxiety about the enervation of a stressful life. It was the last stop before the abyss.

For many Americans, Prohibition had been less an obstacle than a nuisance. (H.L. Mencken reported that he failed only twice during Prohibition to find a drink - once when he was travelling in Pennsylvania and did not realize that "seafood" was the local euphemism for beer.) During the "dry years," Bill Wilson had made his living as a kind of mobile industrial espionage agent, scouting out companies for his brokerage house by befriending research-and-development men in their local watering holes, and then stiffening his will with another drink before attempting to persuade investors of the truth of tips he only half believed himself. By the time of Repeal, in 1933, he had drunk himself out of his job.

He and his wife, Lois, who at that time worked as a salesclerk in Macys's joined the ranks of the depression vagabonds, living with her parents, with friends, or on their own in shabby apartments. Paul Lang, the archivist in charge of the Wilson family papers at Stepping Stones, their eventual permanent home, in northern Westchester County (it is now a historic site, maintained by a foundation established upon Lois's death), counts fifty-four addresses for the couple in the early nineteen-thirties. These were hellish years, during which three ectopic pregnancies ended Lois's hopes of bearing children and the pace of Bill's drinking grew in proportion to his shame. Bill would dry out periodically in a clinic on Central Park West called the Townes Hospital, then try to stay sober until the "small, cold ball of fear... in his stomach would surge up," and only a drink could mitigate his terror of its return. He promised abstinence and was meanwhile hiding his liquor from his wife "as a squirrel would cherish nuts...in the attic, on beams, underneath the flooring...in the flush box of toilets." The archive at Stepping Stones contains Lois's personal Bible, in which Bill wrote periodic pledges to stay sober - promises whose ingenuousness is matched by a fear legible in the handwriting itself, which becomes increasingly spidery as it moves down the page:

To my beloved wife that has endured so much let this stand as evidence of my pledge to you that I have finished with drink forever. Bill October 20, 1928.

Thanksgiving Day 1928. My strength is renewed a thousandfold in my love for you.

To tell you once more that I am finished with it. I love you. Jan. 12, 1929.

Finally and for a lifetime. Thank you for your love.

Sept. 3, 1930.

As Bill later wrote in the Big Book, he was locked in a cycle of resolution and relapse by his inveterate tendency to compensate for pain by finding someone or something to blame:

With the alcoholic...this business of resentment is infinitely grave. We found that it is fatal. For when harbouring such feelings we shut ourselves off from the sunlight of the Spirit. The insanity of alcohol returns and we drink again. And with us, to drink is to die.

It was in the detox hospital in 1934 that Bill first arrived at this difficult knowledge. The epiphany came as his doctors were putting him through the usual regimen: sedating him with belladonna and purging him with castor oil. (Medicine had - and has - made little progress in treating alcoholism since the eighteenth century, when the pioneer physician Benjamin Rush treated a man "habitually fond of ardent spirits" by mixing tartar emetic with his rum.) Left to endure the craving and the cramps in a room that had been cleared of potential suicide instruments, Bill had the experience that broke the cycle:

My depression deepened unbearably and finally it seemed to me as though I were at the bottom of the pit. I still gaged badly on the notion of a Power greater than myself, but finally, just for the moment, the last vestige of my proud obstinacy was crushed. All at once I found myself crying out, "If there is a God, let Him show Himself! I am ready to do anything, anything!"

Suddenly the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe. It seemed to me, in the mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man. Slowly the ecstasy subsided. I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence, and I thought to myself, "So this is the God of the preachers!"

Bill left the hospital as a man possessed, roaming New York, in the words of his biographer, Robert Thomsen, "at all hours, indefatigable and incorrigible, totally convinced that if he could do it, could find a way out, (anyone) could do it." He literally dragged drunks home from the gutter, inflicting them on his wife, who fed and bunked them in their Brooklyn home while he pleaded that they consigned themselves to "the Presence." Mostly, what the Wilsons got in return was petty thievery and, sometimes vomit on the floor.

In the grip of his new obsession, Bill found himself ridiculed not as a drunk but as a fit successor to temperance fanatics like Carrie Nation. In the first decade of this century, Carrie Nation had toured the country from saloon to

saloon, smashing - as her biographer Robert Lewis Taylor puts it - "Venetian mirror (s) with brickbats," ripping "candid and stimulating prints from the walls," and, on one notorious occasion, throwing "a billiard ball at what she mistakenly took to be Satan lounging behind the bar." She

ended her life, in the words of the historian Norman Clark, as "a carnival freak...a sideshow for a series of country fairs, armed with hatchets and her Bible" - and to many who watched Bill on the prowl he seemed headed for the same oblivion. Yet however unavailing there efforts were for his "patients," they had the strange effect of somehow keeping him sober himself.

Bill did not come close to a "slip" until the spring of 1935, when he found himself in an Akron hotel lobby with nothing to do on a weekend afternoon. A business deal that had brought him to town had fallen through, and he was drawn by the sociable sounds of the bar. Retreating to a phone booth as if to a pocket of air in a room fast filling with smoke, he dialed all the church numbers he could find in the local directory, and when a clergyman answered he said - not knowing quite why - that he was a "rum hound from New York" who needed "to speak now" with another alcoholic.

He ended up visiting a local surgeon named Bob Smith, who was known around town as a hopeless boozier; and their encounter was, in effect, the first A.A. meeting. Dr. Bob never touched another drop for the remaining fifteen years of his life, going "dry into his casket," as the poet John Berryman wrote in his novel "Recovery," which is about his own A.A. experience. "Look up his life sometime, there must be stuff."

It took a while for the two men to identify the "stuff" that had saved them: the therapeutic value for oneself of helping another person stay sober, "Our talk was a completely natural thing," Bill recalled. "I had quit preaching. I knew that I needed this alcoholic as much as he needed me. This was it." Together, they began to visit patients in detox, telling their story, and inviting them to give the new talking therapy a try. Let us talk to you for our own sakes, they said, in effect, and then talk to us and we'll listen. Sometimes they were shooed away like pestering salesmen. But soon they had a success - with a businessman who was going through his eight detoxification in six months, the previous one having begun with his punching two nurses in the eye. At first he resisted, and railed at his wife for revealing his drinking to strangers. When she coaxed him into seeing them, he braced himself for another sales pitch. But he relented when he realized that "all the other people that had talked to me wanted to help me, and my pride prevented me from listening to them but I felt as if I would be a real stinker if I did not listen to a couple of fellows for a short time, if that would cure them" - and he became the third member of the new fellowship that called itself a "bunch of nameless alcoholics."

The principle on which the new group was based was that no one is responsible for the wreckage of the alcoholic's life except the alcoholic himself. No

matter what has been done to you, you are responsible for what is done by you. They would refuse to project evil on to some blamable cause, even though they might speak of alcoholism as (in the Big Books words) an "illness" or "allergy," and of some people as alcoholics before they ever touched a drop, as if they were born tainted by a poison activated by the first drink.

Within Alcoholics Anonymous (the name was adopted in 1939), some people speak of its astonishing growth after the Akron meetings as the expansion of God's dominion. But there has always been a tension between what might be called the pietist and the rationalist wings of the movement; and traces of this division remain in the Twelve Steps, the list of principles that Bill Wilson drew up as he wrote the Big Book:

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 awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Although some members still speak of these steps as if they were brought down from Sinai or were revealed, like the Book of Mormon, by a messenger angel, they are in fact products of contention that is still discernible in them.

Their wording was under debate until just before the release of the Big Book, when the phrase "on our knees" was deleted from Step 7 and "as we understood Him" was inserted in Steps 3 and 11. Some regard such concessions as proof of the democratic genius of the fellowship - of its ability to modulate the idea of a personal deity into an abstraction that can accommodate all members, including non-Christians and agnostics. Others worry that God has become so vague a conception that he has disappeared. Evidently wearied of the term "self-help," one member complains, "We're not a self-help program. If we were helping ourselves, we'd be in trouble. We are a spirit-help program, a God-help program."

God has always been A.A.'s raw nerve. Bill confided in only a few friends about how "the Presence" had manifested itself to him, lest A.A. become linked in the public mind with crackpots and ranters. But shortly after that hospital experience a friend recommended to him William James's, "The Varieties of Religious Experience." Bill read that book with the gratitude one feels toward a respectable witness who confirms that he, too, has heard the disembodied voice or seen the ghost that has brought one under suspicion of madness. James (whom Bill came to refer to as "one of the founders") seemed to know at first hand the power of alcohol to make one feel uncontested at the center of the universe - to turn any party into your fete, any music into your serenade: Sobriety diminishes, discriminates, and says no; drunkenness expands, unites, and says yes. It is in fact the great exciter of the Yes function in man. It brings its votary from the chill periphery of things to the radiant core.

And when James wrote about the futility of mental effort he seemed to grasp exactly what Bill had undergone in Towns Hospital:

You know how it is when you try to recollect a forgotten name. Usually you help the recall by working for it, by mentally turning over the places, persons, and things with which the world was connected. But sometimes this effort fails: you feel then as if the harder you tried the less hope there would be, as though the name were jammed, and pressure in its direction only kept it all the more from rising. And then the opposite expedient often succeeds. Give up the effort entirely; think of something altogether different, and in half an hour the lost name comes sauntering into your mind, as Emerson says, as careless as if it had never been invited. Some hidden process was started in you by the effort, which went on after the effort ceased, and

made the result come as if it came spontaneously.

James ratified the value of giving oneself up rather than "pulling oneself together" - an ineffably strange reversal for a man like Bill, whose life had

once been all about seizing opportunities, looking for the main chance, training, disciplining, driving himself. When Bill read that "something must give way, a native hardness must break down and liquify," he recognized an account of what had happened to him.

This experience of giving way and breaking down remains the key to every A.A. meeting, as it was at one we attended on a rainy Saturday morning in a Boston mental-health center - one of those nineteen- sixties scored concrete buildings with all the charm of a highway trestle. On the steps, outside, men slept curled in the rain. Inside, the atmosphere was festive. A tidy- looking young man (polo shirt, pressed khakis) was telling a group of about forty men and women how he had stepped, for no apparent reason, in front of a mirrored column in a subway station. Walking around it, as if he had been suddenly vouchsafed the ability to see himself from without, he stared at his own face, yellow and jowly, really seeing it for the first time. For months, he said, he had been drinking two bottles of wine every night in between aperitifs and chasers. In that instant, he knew he would never drink again. But he had no idea why.

One hears as many metaphors for such an experience as there are members who speak. One member at the Boston meeting likened it to the feeling of a runner who gets a second wind - that eerie sensation when exertion suddenly subsides into limpid ease. Another compared it to what happens when you stop straining to find your balance and suddenly it's there. One young man at a New York meeting described the splitting away of his old self as if he had been a plank with a fault line running through it until a pressure came that made the board break.

The latter editions of the Big Book play down this expectation of "sudden and spectacular upheaval," and report instead that "most of our experiences are what the psychologist William James called the 'educational variety' because they develop slowly over a period of time." But, whether the release is sudden or slow, public testimony about the hell in which one lived before deliverance is indispensable for both speakers and listeners; and the talking therapy has no designated end.

Like cancer patients in remission, A.A. members think of themselves as "arrested," not "cured." With the possibility of backsliding never far out of mind, they regard each day of sobriety as an unmerited gift, and each A.A. meeting as a holding action -because "each lapse," as James wrote, "is like the letting fall of a ball of string which one is care- fully winding up; a single slip undoes more than a great many turns will wind again."

As A.A. took form, Bill and Bob had no historical model in mind. They were not bookish men. But it is uncanny how closely their new fellowship resembled the first American churches that had been "gathered" three centuries before. The founders of those churches, named Puritans because of their implacable objections to the rituals of England's state church, had instituted in America

a practice of public confession, in which each member of the congregation spoke of his or her enslavement to sin and of how the bondage had been broken. The Puritans had called these testimonies "conversion relations" or "professions of faith." A.A. called them drunkalogues."

In the A.A. view, just as in that of the Puritans, salvation is not something one can possess by means of a penitential act now and then. Rather, it is a state of endless striving. The work of salvation, as the Puritan theologian Jonathan Edwards wrote in the seventeen-forties, must be, for each person, "not only...the business of Sabbath days, or certain extraordinary times, or the business of a month, or a year, or of seven years...but the business of his life... which he perseveres in through all changes, and under all trials, as long as he lives." The convert's obligation to his fellows is not satisfied by a coin in the Sunday collection basket. "Faith has to work twenty-four hours a day in us and through us," as the Big Book puts it, "or we perish." There is no evidence that Bill himself ever followed James back to Edwards (in whose writings James found an ("admirably rich and delicate description" of conversion), but if he had he would have found more than a congenial spirit. He would have experienced a shock of recognition when he came upon Edward's list of signs by which the anxious seeker tests the validity of his or her spiritual experience. Did it come from God, or was it hallucinatory? Edwards enumerated twelve signs by which one could tell. They do not match A.A.'s Twelve Steps with the exactness of a stencil, but they come close. Here is the Twelfth sign, which he called the "sign of signs" and "evidence of evidences" (the Big Book calls the Twelfth Step "the capstone" and "foundation stone" of all the rest):

Whatever pretences persons may make to great discoveries, great love and joys, they are no further to be regarded, than they have influence on their practice.

Substantially the same as A.A.'s Twelfth Step, this statement contains what James called the whole of Edwards's work. It is "an elaborate working out of (the) thesis (that) the roots of a man's virtue are inaccessible to us," James wrote. "No appearances whatever are infallible proofs of grace. Our practice is the only sure evidence, even to ourselves, that we are genuinely Christians." If, in other words, two people claim they are saved, and one sees Jesus' blood running down the bedroom wall, while the other sees only the swirls and cracks in the plaster, this difference between them has not the slightest significance. The only evidence that one's inner spiritual condition has changed is visible evidence of a new responsibility towards others in one's outward practice.

James repeated this point again and again, as if to rebuke his Harvard colleagues, who thought he had gone soft on God. The question of whether someone's conversion had a supernatural cause or could be explained in purely psychological terms held no interest for James. (Freud, working with the dualistic model of the mind, later described such events as an internal

rupture in the psyche through which the unconscious pours into consciousness.) Like Edwards, James was not interested in causes - only in results. It matters not a whit if the convert is transformed by God or by the smile of a child. The only thing that matters is the result of the experience. "If the fruits for life of the state of conversion are good," James wrote, "we ought to idealize and venerate it... if not, we ought to make short work with it..."

When it comes to applying this standard of results to A.A., not much is known about its aggregate impact on American alcoholics. Most experts estimate the number of alcoholics in the United States at ten to fifteen million, and some believe that nearly one in ten adults has attended an A.A. meeting at some time in his life. In 1968, recognizing that "our communications to the professional community had very little credibility because of a lack of objective data," A.A. began to conduct periodic surveys of its members in order to assess its own efficacy. In a 1989 survey of almost ten thousand members chosen at random, thirty-five percent of the respondents reported less than a year of sobriety, thirty-six per cent between one and five years, and twenty-nine per cent more than five years.

But what such number mean is far from clear. For example, the survey also revealed that about half of the newcomers leave A.A. after less than three months, and that "after the first year... attrition continues, but at a much lower rate." If you try to adjust the numbers to reflect these facts, it is still difficult to come up with a true sobriety (or "salvation") rate. The best the editors of an exhaustive recent monograph on research on A.A. can do is conclude that "long term sobriety occurs within a select minority of those who initially attend A.A." For certain cancers, this would represent a good outcome. For most bacterial diseases, it would not. To the theological father of Puritanism, John Calvin, who wrote in 1536 that if "the same sermon is addressed to a hundred persons, twenty receive it with the obedience of faith; the others despise, or ridicule, or reject, or condemn it," a "select minority" would seem about right.

It was the test of results that clarified for Bill what had happened to him in Towns Hospital. It gave him a way to answer those who said he had simply substituted a new addiction - A.A. - for his old one. When he had been drinking, he had been "at the gates of insanity," he wrote, and other people were obliterated by the intensity of his narcissism. But when, first in Brooklyn and then in Akron, and then through A.A., his mind had been directed outward, he was restored to the world of persons. Edwards called this new engagement with other people "consent to being." A.A. calls it "Twelve Stepping."

Twelve-Stepping is based on the insight that altruism has selfish value, in that charity gives hope to the giver: "When the phone rings at two in the morning," one member told us, "and it's a member in my group who needs help, I get up and go. Anything else in my life I will negotiate. But in A.A. I just do it. It doesn't make any sense to get up at two on a snowy night. But you do

it all the same."

In light of the fact that the religious dimension of A.A. has made many prospective joiners uneasy (newcomers sometimes have the self-conscious look of stragglers in the pews when everyone else is taking communion), it is striking how respectfully A.A. is regarded by even the most secular-minded experts in the field of addiction. We spoke with one such authority, Dr. Steven Hyman, who is the director of the Mind, Brain, Behavior Initiative, at Harvard University, in a squat brick building at the old Charlestown Navy Yard which used to be a storehouse for torpedoes but is now a research facility of the Massachusetts General Hospital, complete with atrium and cafe. Dr. Hyman, who looks like Pavarotti in fighting trim, does not initially impress one as likely to have much tolerance for a movement that began when a patient was seized in his hospital bed by "the Presence." In this respect he surprised us.

"The great A.A. insight was not just that alcoholism is a disease but that having this disease is not an excuse for anything - not for missing work, messing up your family, killing people in automobiles," he began. "In terms of cause, alcoholism does have genetic causes, cultural causes, circumstantial causes. But there's nothing deterministic about its consequences. That's the strange paradox A.A. understood, and it seems to be more and more difficult for people to accept."

Dr. Hyman added, "I have no problem with the A.A. method," and launched into an explanation of how a spiritual therapy could relieve a physiological affliction. Rummaging through the papers on his desk, he came up with an M.R.I. film of a rat's brain after the animal had been injected with cocaine. It showed a splatter of bright streaks on a dark background, like fireworks against the night sky. This picture, he said, revealed a neurological system that was more complexly developed in human beings but served basically the same function in people as rats. He described an experiment done in Canada in the nineteen-fifties, in which electrodes were affixed to a succession of sectors of a rat's brain. A lever was placed within reach of the animal so that it could send current into itself by depressing the switch. "In some places, the effect was highly aversive," Dr. Hyman said. "You can imagine the experience of feeling electrical sensations in your paws. But when the electrodes were attached to certain other locations, the rat would press the lever thousands of times to get more of it - until exhaustion supervened. "

Now, why do we have such a system - a brain that will light up when you charge it with electricity or drugs? Because such things are too important to leave to cognition. If you left them up to people to calculate, they'd get messed up. Nature's experience with sexual reproduction would have been a big failure unless sex were profoundly rewarding. So we have a neurological system that says, "That was good, let's do it again." A few natural substances, including alcohol, tap into this system in the brain that says, "That was good, let's do it again, and let's remember exactly how we did it." And, since you're bombarded every day by millions of sensations, the brain is organized in such

a way that certain indispensable experiences, like sex, have the greatest effective valence, and become objects of desire."

Dr. Hyman's name for the process by which this system is captured by drugs is "adaptation," which is "a way of making long term changes in the way the brain works, so that you can remember experience." This kind of "learning" uses many of the same biological processes in the brain as in other parts of the body.

"Let's say you want to look like Schwarzenegger, and you went to a gym and started pumping iron," he said. "Your arms would really hurt. But eventually you would have an adaptive response. The genes in the nuclei in your muscle cells would start making more messenger RNA and then more protein to build up those muscles, and pretty soon - especially if you also took anabolic steroids - you would look like Schwarzenegger. These adaptive responses are helpful like bulking up, which is essentially a response to injury. Others are a problem - as when people develop a tolerance for their asthma medicine. In fact, they not only need stronger doses but become dependent. If they don't get their asthma medicine, they have worse asthma attacks.

"Addiction, in other words, is a form of adaptation. Our best current understanding of alcoholic addiction is that, in response to bombardment by the chemical ethanol, chronic adaptations occur in the brain's reward circuitry. There are individual genetic and developmental and environmental factors that help determine who will get addicted to alcohol or how soon - matters we know very little about. But in the context of individual vulnerability, adaptations will occur in the circuitry in response to the drug. Once this happens, the user becomes dependent on it for his world to be O.K. The brain says, 'That was good, I feel O.K.' If you're an alcoholic, you simply can't imagine a day without drinking. You need that hit. Your brain demands it." With almost reverent intensity, Hyman said, "If you understand addiction, you understand something very profound about the human brain - how it hijacks the cortex in the service of the primordial lizard brain." Hyman went on, "now, to help people with these molecular changes in their brain, we have to come up with things that will deliver compensatory pleasure - a requirement that it's tough to get the medical and scientific professions to accept. A.A. understood this. In fact, they're ahead of us. Most pharmacological research is still focussed on the development of drugs that block pleasure. An example is Naltrexone, a long-acting blocker of opiate receptors. If you take it every morning, and shoot up heroin later in the day, you will not get high. It looked terrific in the lab. The trouble is that, once it was approved for heroin users, the compliance rates were about fifteen per cent, because the addicts said it made them feel lousy. Naltrexone has just been approved as a drug for decreasing craving in alcoholism. My prediction is that it won't work because it doesn't give something back."

Hyman's account of addiction is an impeccably accurate rendition of the doctrine of original sin as Jonathan Edwards expounded it. What Hyman called "the reward-circuitry of the brain" Edwards called the "faculty of the soul...is inclined to. or disinclined from...sensible objects." Both regard it

as inborn, and yet both insist that people are fully responsible for how they act on their inclinations. Edwards thought of this paradox as a war in the soul between the destructive desires that he called sin or self-love ("self-will run riot" is the Big Book's phrase) and the productive love that goes outward, asking no reward, to other people and, through them, to God. Hyman believes that you can actually see the war in a picture. "I suspect that if I could compare scans of the brain of an alcoholic person before and after treatment in a twelve step program, you would actually see changes. Of course, the altruistic activity affects the brain as much as a drug does," he said.

Edwards would have been delighted with this idea. It has been said, by the historian Perry Miller, that when Edwards preached he deployed words as an "engine against the brain" in order to stimulate in his hearers a "taste," or "relish," for what he called "divine excellency." The point was to use words to "let...light into the soul" by describing vividly the plenitude of nature or the charitable acts of saintly persons or the selfless love of Christ, and thereby to entice the imagination away from its usual focus on worldly glitter. And if Edwards would have linked Hyman's notion that one might actually see pictures of this battle within the soul, he would have loved the metaphoric picture of the lizard brain - of the reptile within getting hold of the leash.

"What A.A. understands is that the essence of dealing with alcoholism is not to blame people for having the disease, yet nevertheless to demand that they take responsibility for themselves," Dr. Hyman said, "That's a hard concept. It is hard to say to somebody, 'Yes, things are terrible, yes, getting to your present condition involved what was done to you, and it even has something to do with the body with which you were born, but from this day on we have identified the problem, and you have to be involved in the solution.'" Here is Edwards's formula of the same compatibility between helplessness and responsibility:

In order to form their notion of faultiness or blameworthiness, (people) don't wait till they have decided...what first determines the will...They don't take any part of their notion of fault or blame from the resolution of any such questions. If this were the case...nine hundred and ninety-nine out of a thousand would live and die without having any such notion as that of fault ever entering into their heads, or without so much as once having any conception that anybody was to be either blamed or commended for anything.

Edwards believed that this idea accorded perfectly with common sense. And Bill Wilson, through his experience in Towns Hospital, came to the same conclusion - that "what first determines the will to drink has nothing to do with who bears responsibility for the consequences of drinking."

For much of American history, there seems to have been a consensus that this stringent principle should be applied broadly to the moral life. Among modern Western societies, America has been the country where human beings were most

exposed to the possibility of advancement, and least protected from the prospect of decline. It was, in Emerson's phrase, the culture of "self-reliance," in which a man was supposed to take his chances and then collect the reward or pay the price for what he had done or had failed to do.

With the Great Depression, however, this kind of uncompromising individualism became insupportable. For millions of people whose best efforts had availed them nothing, the old doctrine of self-reliance was now experienced as a form of cruelty. At that moment - when the exigencies of the exposed life were judged to be intolerable, and the old stress on individual responsibility had come to seem out of balance with valid claims for individual rights - a profound change took place in America. It was a fusion of the old doctrine of the accountable self with a new kind of public responsibility for the fate of individuals. At the level of politics and public life, this new synthesis came to be known as the New Deal. Under that rubric, the government, mainly through programs that would today be called "workfare," undertook to provide work opportunities for those whom the private economy had abandoned. At the grassroots level, the most important and enduring expression of this self-help idea was the founding of A.A.

A.A. was a "church" in which the rights were kept in steady balance with responsibilities through the mechanisms of free expression and requisite community service. As such, it kept unflinchingly to the Edwardsian principle of what the theologian Reinhold Niebuhr called in 1939, "responsibility despite inevitability," and at the same time committed itself to providing the unconditional help that all suffering human beings have a right to expect from others. In this sense, A.A. was both a religious revival with roots in an earlier America and a spontaneous expression of the kind of balanced liberalism that emerged in the Roosevelt years.

But in the paradoxically symmetrical idea that lies at the heart of A.A. - that helplessness is a fact of human life, yet, at the same time, no one should be spared responsibility for his actions - has proved extremely difficult to sustain. The relation between rights and responsibilities within American liberalism seems to many people to have been thrown out of balance. In response to this apparent distortion, certain liberal institutions (welfare) and ideas (affirmative action) have been charged with misattributing suffering to circumstance rather than to responsible self. Such an approach to the alleviation of human suffering, its critics say, misleads people into thinking that the world owes them redress, and leaves them in a state of perpetual expectation for a reparation that will never come.

As part of the feeding frenzy on the corpse of Liberalism which now passes for political debate, this critique is often a pretext for mean-spirited attacks on "freeloaders" - people who are deemed unworthy beneficiaries of a misguided paternalism. Yet even some defenders of liberalism agree that, at least in such conspicuous areas as criminal law, regulated speech, and normative sexual behaviour, American society has moved too far towards rights and away from

responsibilities. Some of the more spectacular "don't blame me" defendants who have entertained and disgusted Americans in recent years - Lorena Bobbit, the Menendez brothers - seemed to represent a moral decadence in which a once dignified liberalism has been reduced to the claim that maimers and murderers are entitled to sympathy and exoneration if only they can show that they were victims, too. "The architecture of (their) self-defense plea," as Elizabeth Hardwick has put it, is most often organized around the claim of having suffered sexual abuse - "as pertinent to the therapist," she says, "as a kidney to the urologist." These are people who claim, in contrast to Edwards, that "what determines the will" not only means something but means everything.

It is not surprising that, as this exculpatory idea of the coerced will grows rampant in American life, the balance within A.A. between rights and responsibilities has also shifted. "It's getting harder all the time just to find a volunteer for setting up the coffeepot before the meeting, or scrubbing it out after," one member told us. "The idea of helping others in order to help yourself is in trouble." And some members, pointing to circumstantial factors, remark that the practice of Twelve Stepping is on the decline. "In the days of Bill and Bob, everyone knew a drunk whom you could seek out and Twelve Step in what used to be your favourite bar," one member said. "But today they're hidden away in rehab centers and dealt with in a medical setting. The expectation that every A.A. member will seek out someone to help seems to be fading."

There are members who believe that the fellowship actually has begun to break apart into schisms. On one side, there are the proliferating victims groups ("Shoplifters Anonymous, Tight-Shoes Anonymous, Edsel-Owners Anonymous" was the list offered by Marc Galanter), a sort of endless Oprah Winfrey show that claims the A.A. Twelve Step method as its inspiration, but in which the real meaning of the Twelfth Step is lost amid an incessant whine about the injured self. "There's been an influx of double talk from these groups," one veteran remarked. "I've heard about an A.A. meeting in New Jersey where the old-timers have taken to yelling out "Tough shit, don't drink!" when the whiners get started."

On the other side there is a rival group called Rational Recovery, which began in 1986 and publishes a guide entitled "The Small Book," in which the addict is promised "sobriety...without depending on other people or Higher Powers to help you out." This diluted version of the original seems of A.A. true believers, a vestigial church, where members make no real commitment to helping others, yet refuse to face the irremediable loneliness of helping only themselves.

How A.A. will respond to these challenges remains an open - and for many members an urgent - question. It is a fellowship based on the proposition that human beings can overcome their existential fear only by recognizing their responsibility for themselves and their obligations to others. To contemplate the history and the destiny of this idea in a culture that seems to be losing

responsible limit of tolerance?"

At A.A. meetings everywhere—in church basements, on campuses and in hospitals and prisons—certain basic principles hold. Under a cloak of strict anonymity the "Drunk," to use a popular A.A. word, often admits his alcoholism before the group, acknowledging that alcoholism is a disease for which abstinence is the only answer. Most adherents also believe they will never recover but instead will always be "in recovery." Though many who feel they have been saved by A.A. cannot explain exactly how or why A.A. works, they do believe they stay sober by helping others stay sober too.

For some A.A. veterans, this role becomes complicated when other kinds of highs are involved. Helen, a member for 21 years, recalls a young woman who told the group at a meeting a few years ago that her biggest thrill had been going to a "shooting gallery," buying drugs and injecting them. Hearing that, Helen told a friend that her biggest thrill had been going to the cocktail lounge at New York City's Sherry Netherland Hotel because they had great drinks and hot hors d'oeuvres. "The old-timers are being driven away by not being able to identify with the specifics of young people's drug stories," agrees Peter, a six-year veteran. "The issue isn't getting more people into A.A. but keeping the ones we have."

A number of younger members do not dispute that they are in A.A. for different reasons. "I definitely think there is a split," says Rusty, 27, who has been in the program eight years. "The difference is what it's like being sober between the ages of 19 and 27 instead of coming in at 50 with a marriage, a job and a mortgage. I don't know a lifetime of disappointment and pain. My friends who came in at 18 and 19 have had incredible success. They get better jobs, and they move on. [Older members make you] feel you're doing something wrong to go for it. But it's not their show anymore." And whether other members relate to her or not, Dezerie, a 19-year-old from Pasadena, California, cares only that A.A. works. "It's the people and the spirit at A.A.," she says. "This is a place where I come and I don't feel alone anymore the way I used to when I was drinking and doing drugs."

A.A.'s fundamental principles are also coming in for criticism. For some people, A.A.'s spiritual overtones present problems. (Step Two of the famous Twelve Steps requires recognizing "a Power greater than ourselves.") Rational Recovery, which began in 1986 as a secular alternative to A.A., claims groups in some 600 cities around the country, many of them filled with A.A. refugees. Other therapies, such as Moderation Management, hold that for some problem drinkers, abstinence from alcohol is not the answer.

A.A. has a longstanding policy of avoiding public debate. But the loosely structured organization, administered by a small staff in New York City and funded by donations and book sales, continues to expand, and now has about 700,000 members outside the U.S. In some places, its uniquely American flavor takes getting used to. "The first time I read the Twelve Steps, I thought,

"This is pure imperialism," says Slava, a Russian woman who has been sober for more than five years. A South African member who attended last weekend's San Diego convention said the only place there was no apartheid in South Africa during that brutal regime was at A.A. meetings. In Poland the first A.A. convention in 1984 attracted 27 groups from across the country; there are now 940 groups. Professor Wiktor Osiatynski, chairman of the Commission on Education on Alcoholism in Warsaw's Stefan Batory Foundation, says A.A.'s rapid rise in Poland can largely be attributed to the Solidarity trade-union movement. "Solidarity was the first event in Poland's history where people began to realize that they could tackle their problems by organizing themselves, instead of looking to their leaders, to someone else, to solve their problems," he says.

The ability of A.A. to thrive elsewhere in the world suggests that the organization is adaptive enough to absorb all these cultural shifts. For one thing, if a visitor does not like one meeting, there is often another somewhere else nearby. "People vote with their feet," says Peter. "At some point a lot of groups won't be A.A. groups anymore. I won't be in those meetings." Jim, a 30-year veteran who is a partner in a top-flight Boston law firm, remains sanguine. "Right from the beginning, A.A. was a cross section that reflected what was happening in society," he says. "A.A. is strong enough to survive."

-Reported by Sam Allis / Boston, Sylvester Monroe / San Diego, Tadeusz L. Kucharski / Warsaw, Jenifer Warner / Moscow.

Source: Time, July 10, 1995

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+++Message 1127. Tradition 11
From: Troy P. 7/1/2003 10:25:00 AM

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Good Morning,

I am looking for any information that shows when the General Population of AA decided to start identifying by First Name Only? What happened?

It is like that all over and is a direct violation of the 11 Tradition.

Do you Yahoo!?
SBC Yahoo! DSL - Now only \$29.95 per month!
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a year ago, after numerous attempts to quit, James turned to a small but growing self-help organization called The Muckers Anonymous Inc. "My cravings went away and never returned," he says. "It was like someone with terminal cancer waking up one day to discover the disease was gone. It was remarkable."

There is, however, nothing remarkable about the Muckers' technique. According to a 52 year old recovered alcoholic named Jim who helped start the Toronto-based group in early 1995, the Muckers rely on intense study of the 57-year-old book *Alcoholics Anonymous*, known to A.A. adherents as the Big Book, and the Twelve Step approach outlined in the first 103 pages. Nevertheless, the group has become embroiled in a dispute with A.A. and several other self-help groups that resembles a battle between fundamentalists and mainstream Christians. Among other things, those groups say that the Muckers, so named because they frequently muck up the Big Book by underlining key passages and phrases, have a zealous approach to recovery from addiction that excludes anything but the twelve step method. "There's a huge backlash from the established groups," says James.

Last fall, A.A. representatives in Toronto removed the Muckers from their list of approved groups after discovering that their meetings covered various kinds of addictions, rather than just alcoholism. In May, A.A. ousted two members from elected positions as co-ordinators of treatment center meetings because they had been espousing the Muckers' philosophy. Representatives of A.A. are reluctant to comment on the Muckers or to discuss the relative merits of their approaches. "The Big Book hasn't changed," said Ron, a high-ranking official for eastern and central Ontario. "Its worked for almost sixty years."

Some treatment centers have also rejected the Muckers. Alpha House Inc., a rehabilitation facility treating various addictions, has instructed staff and residents to avoid the Muckers. "The bottom line is that Muckers seem to be obsessed with their way being the only way," stated a memo to employees. On the other hand, the Donwood Institute, a well established, Toronto recovery facility, has allowed the Muckers to hold weekly meetings, which Donwood clients can attend. "Some of them found it quite helpful," says Dennis James, vice-president of the Donwood health recovery program.

The Muckers contend that they are maintaining the original traditions of A.A. They charge that A.A. has drifted away from the Big Book and the 12-step approach that its founders, Bill Wilson, a New York City stockbroker, and Bob Smith, a physician from Ohio, developed in the mid-1930s to cope with their own alcoholism. According to the Muckers, many A.A. groups pay lip service to the sanctity of the Big Book but no longer insist that a recovering alcoholic must use it. "A.A.'s message has become broader and diluted," says John, a 35-year-old alcoholic, drug addict and staunch Mucker. "We stick to the original text."

The cornerstone of the Mucker approach is called "booking," in which a member of the group works one-on-one with a recovering alcoholic or addict. They spend up to three hours a day, usually over a two-to-three-week period, studying the Big Book, line by line and phrase by phrase. Among other things, the recovering addict must admit personal failings and weaknesses and make amends to people he has harmed through his addiction. Some Muckers who belonged to A.A. say they became disenchanted by that organization's move away from its original policy of one-on-one therapy in favour of personal or group study. And some longtime A.A. members confirm the trend. "You just don't see a lot of people going through the book one-on-one anymore," said Gord, who has belonged to A.A. for 35 years.

The Muckers have been booking about 100 people a month, according to Jim, and the fellowship now has about 2,000 members, almost all in the Toronto area. Some recently recovered addicts say they have experienced moments of profound spiritual contentment while being booked. "I had this sense of absolute peace," recalls Tory, a film-maker in his mid-30s who was battling alcoholism and heroin addiction. "I couldn't see anything or hear anything. It was almost like the first few seconds of a drug overdose." Since then, Tory says, he has not been tormented by his old cravings. And for that, he is both relieved and grateful.

D'Arcy Jenish

Source: Maclean's, October 21, 1996.

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+++Message 1132. ICYPAA history
From: erstwhile_erratic_aa 7/7/2003 5:22:00 PM

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I wanted to see if I can get some help here about ICYPAA's early history. Now while I would love to take the word of the many knowledgeable people here I will need proof of it if you can help me. Or perhaps a way to verify the information myself. As in, intergroups, flyers, etc., anything with written proof.

It seems that there is some confusion about the first six or so ICYPAA's and where the first young people's meeting started.

Current history and word of mouth says, the first ICYPAA was held in Niagara Falls in 1958. I have been told it was actually held in 1957. And that seems to affect the order and even location of the next 6 ICYPAA's. This past weekend in Portland, OR I attended the 46th ICYPAA, but was it actually the 47th? You can quickly see the reason for this post.

"Nothing at the moment, thank you," DeCarlo says, reaching for a water glass and draining it. She drinks two more glasses of water and waits for the food to arrive before ordering a good French pinot blanc. By the end of the night, she's had three glasses of wine; more than her usual two, but still within the limits of Moderation Management, the controlled-drinking self-help program she has followed for the past 16 months. A self-described problem drinker who used to pound down so much booze after a show she felt lousy the next morning, she had checked out Alcoholics Anonymous but was put off by the group's famous first step: "We admitted we were powerless over alcohol—that our lives had become unmanageable."

"If you choose to overdrink, you choose to overdrink and you know it," DeCarlo says. She was happily married; she had published two novels; she toured nationally. She didn't feel that her life was unmanageable, just that alcohol was taking up too much of it. Following Moderation Management guidelines, she quit drinking for 30 days and now takes no more than nine drinks a week, no more than three a day, and never drinks and drives. (The guideline's limit for men is 14 drinks a week, four on any given day.) "It's really a nice feeling to know I can have a drink and stop and feel fine the next day," she says. "It's made a tremendous difference. My life is too interesting to mess it up with a drinking problem."

DeCarlo's strategy is, depending on how you look at it, either the best hope for problem drinking in America or the most threatening form of self-delusion. She and other imbibers experimenting with controlled-drinking programs around the country have innocently stumbled into the most hotly contested issue in alcohol treatment: whether cutting back, as opposed to total abstinence, is an option for some people who drink too much.

Narrow path. There are 40 million problem drinkers in the United States—people whose drinking causes economic, physical, or family harm but who are not technically alcoholic (defined as being physiologically dependent on alcohol). But for the past six decades, beginning shortly after Prohibition was repealed in 1933, treatment for drinking problems in this country has focused almost exclusively on alcoholics, has offered abstinence as the sole cure for their problems, and has laid just two paths to that cure: Alcoholics Anonymous, the spiritual self-help group founded in 1935; and a variety of related 12-step programs, originally developed at the Hazelden Foundation and other Minnesota clinics in the 1950s, which combine psychological and peer counseling and AA attendance. (AA is the granddaddy of 12-step programs, but the two approaches are not synonymous. AA is a self-help group aimed at sobriety and spiritual renewal; 12-step alcohol-treatment programs adopt some of AA's tenets but include a wide array of secular treatments, from psychotherapy to acupuncture.)

A U.S. News reporter, querying a dozen treatment centers about her options as someone concerned about her drinking, was offered only abstinence-based programs. The Mayo Clinic told her she was welcome to try cutting back on

her own and then to come back if she failed. At the Betty Ford center, a kindly woman answering the phone said, "For people like us, one drink always leads to another. You may be functional now, but it's progressive."

The problem with that advice is that for many people it's not true. For at least the past decade, researchers have known that the majority of people who drink heavily don't become alcoholics; some experts place that number as high as 75%. Other drinkers may meet the clinical criteria for alcohol dependence but can sustain controlled drinking for months, even years, before getting into trouble. And the majority of people who cut back or quit drinking do so on their own. Many of those people binge drank in their 20s at college parties, at after-work happy hours, or during Sunday afternoon football games, then got a good job, got married, got busy, and lost interest in getting smashed. In the researchers' lingo, they "matured out."

Moreover, alcoholism cannot be blamed for the majority of social ills linked to drinking in this country. Misuse of alcohol costs the nation dearly—\$100 billion a year in quantifiable costs, in addition to untold emotional pain. Yet the bulk of those costs are incurred not by alcoholics but by problem drinkers, who are four times more numerous than alcoholics, are more active in society, and usually reject abstinence as a solution. Alcohol figures in 41 percent of traffic crash fatalities and is a factor in 50 percent of homicides, 30 percent of suicides, and 30 percent of accidental deaths. (Last week, a 20-year-old Louisiana State University student drank himself to death during fraternity pledge week; three other students were hospitalized.) Heavy drinking also increases the risk of cancer, heart disease, and stroke, long before people have to worry about cirrhosis of the liver, brain damage, or other skid-row ailments. A 1990 report by the Institute of Medicine, an arm of the National Academy of Sciences, concluded that the harmful consequences of alcohol could not be reduced significantly unless more options were offered to people with only "mild to moderate" alcohol problems.

Threats and firings. Public health experts recognized the social costs of alcohol abuse long ago and have responded with programs such as free soft drinks for designated drivers and free taxi rides home on New Year's Eve. But because of deeply held beliefs in the American alcohol-treatment community, this kind of pragmatic, public-health-centered approach has rarely been applied to individuals with drinking problems. Europe, Great Britain, and Australia long ago defined problem drinking as a public health concern and have established controlled-drinking programs to reduce its physical harm and social costs. Forty-three percent of Canadian treatment programs deem moderate drinking acceptable for some clients.

But in the United States, researchers and counselors who have championed—or even tried to investigate—moderation as a treatment strategy have been threatened, sometimes fired. "We've been accused of murder. That we're all in denial. That we're enablers," says Alan Marlatt, a professor of

psychology and moderate-drinking proponent who is director of the University of Washington's Addictive Behaviors Research Center.

A big part of the problem is that it's hard to draw a clear line between alcohol dependency and problem drinking. According to a 1996 report by the University of Connecticut's Alcohol Research Center, 20 percent of American adults are problem drinkers, compared with 5 percent who are alcohol dependent. The National Institute on Alcohol Abuse and Alcoholism, using much stricter criteria, puts the numbers at 3 percent alcohol abusers, 1.7 percent alcohol dependents, and 2.7 percent drinkers who exhibit characteristics of both. (Discrepancies in alcohol statistics abound.)

Briefly put, problem drinkers are people who have had problems because of drinking (a DUI arrest, marital discord, showing up late to work). But they usually don't drink steadily and don't go through withdrawal when they stop. By contrast, someone who is alcohol dependent (the medically preferred term for alcoholic) exhibits at least three of the following symptoms: tolerance, withdrawal; an inability to cut down; sacrificing work, family or social events to drink; devoting a lot of time to finding and consuming alcohol; or persistence in drinking despite related health problems.

Even so, the distinctions leave plenty of diagnostic wiggle room. The medical-and alcohol-treatment communities in the United States have dealt with this ambiguity by applying to all drinkers the advice appropriate for the most severe afflicted: abstinence. Any other strategy, they feel, is too risky. "Every alcoholic would like to drink moderately," says Douglas Talbot, a physician and president of the American Society of Addiction Medicine. "Ninety percent have tried. This just feeds into the denial of the alcoholic."

Moderate-drinking proponents concede that some alcoholics will seize upon controlled drinking as an excuse to avoid abstinence. But they say that they explicitly warn that the strategy is not for alcoholics, only for people with less severe drinking problems; that tests can evaluate the intensity of difficulties; and that they regularly refer dependent drinkers to AA. Controlled drinking, says Marc Kern, a Los Angeles psychologist, can "reduce harm" by reducing alcohol consumption" and can propel people who fail at moderation into abstinence.

Medical or moral? America's ambivalence toward alcohol is long standing. In the early days of the republic, we were a nation of lushes. Per capita consumption of alcohol was three times today's. The first temperance effort, led by Philadelphia physician Benjamin Rush in the 1780s, prescribed moderation: Rush urges people to switch from rum and gin to the more salubrious beer and wine.

Temperance soon moved from the doctor's office to the church. In 1826, the Rev. Lyman Beecher galvanized the movement with his Six Sermons on

Intemperance, which hold that alcohol was a poison and that abstinence was the only answer. "This is the way to death!" Beecher said of the drinking life. Ever since, the nature of alcohol abuse has been debated, the arguments often mixing the medical and the moral. Is it a bad habit, a matter of will, or a disease?

The medical model that has dominated alcohol treatment for more than a half century holds that alcohol dependence is an ailment with biological and genetic roots. Recent research suggests there is a genetic predisposition toward alcoholism; identical twins, for instance, are more apt to share a drinking problem than fraternal twins, and adopted children whose birth parents were alcoholics are four times likelier than children adopted from nonalcoholic homes to become alcohol dependent. This disease approach is challenged by behaviorists, the primary advocates of controlled drinking, who say alcohol abuse is a behavior influenced by psychological, cultural, and environmental forces, not just physiology.

Science has yet to come up with enough information to resolve the disease vs. behavior argument. Odds are that alcohol abuse will prove to be a combination of both, the behavioral factors dominating in problem drinkers and biological factors weighing more heavily in people who are physically addicted. But in the meantime, the disease and behavior camps have been warring as if the evidence were absolute. A 1976 Rand report saying that a very small number of alcoholics successfully moderate their drinking was fiercely attacked. "It was like desecrating the alter," says Frederick Glasser, a psychiatrist at East Carolina University School of Medicine in Greenville, N.C., who was a researcher at the time. Mark and Linda Sobell, two psychologists who in the 1970s published similar findings, were accused of faking their results and were hauled up before a congressional committee. The Sobells were later vindicated.

Just say whoa! Though most people in the mainstream treatment community hold tightly to the disease concept of alcoholism, the treatment they offer is based on a combination of folklore and personal experience rather than on science. As Robin Room, a Canadian sociologist who is critical of American alcohol treatment, asks: "What kind of field is it that claims [alcoholism is] a disease, but the treatment is nonmedical?" Enoch Gordis, director of the NIAAA, wrote in 1987 of the nation's \$3.8 billion alcohol-treatment effort: "In the case of alcoholism, our whole treatment system is founded on hunch, not evidence, and not on science."

A decade later, quality still varies widely, and anyone seeking solid data on what treatments work best is justified in feeling confused. In a comprehensive 1995 review of the effectiveness of treatment programs, New Mexico psychologists Reid Hester and William Miller concluded that, even for people with severe drinking problems, behavioral treatments (such as brief interventions, contracts governing drinkers' conduct, and coping-skills training) worked significantly better than the fare routinely offered by

12-step programs: group psycho-therapy, educational lectures, confrontational counseling, and referral to AA. The gap between those treatments shown to be effective and those that are widely used, they found, "Could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy." But the researchers cautioned that their analysis was a "first approximation," because the quality of the studies surveyed was uneven.

Not for everyone. Analyzing the effectiveness of Alcoholics Anonymous is even more difficult because of the nature of the organization. The self-help group keeps no membership records and does not participate in research. "We're not treatment," says Valerie O., an AA member who answered the phone in the group's New York office. "We just sit there and tell our stories to anyone who asks." Only three trials of AA's effectiveness have been performed, and all three used drunk drivers and others forced to attend the program, which violates the group's creed of voluntary membership. None of these trials rated AA as more effective than alternatives. In a 1990 survey, 65 percent of AA members said they had been sober for a year or more; the survey also found that the majority of people who start AA drop out within a year. When AA works, it works extraordinarily well: The testimonies of lives saved by AA are legion. But it's not for everyone.

Because alcohol treatment is so unscientific, some of the most basic and effective standards of care are ignored. Instead of adhering to the stepped-care protocol employed in other areas of medicine—where the least invasive treatment is used first—alcohol treatment starts with its most drastic remedy: lifetime abstinence, meetings, and, until recently, a 28-day residential stay in a substance-abuse clinic. As a result, many people who need help don't seek it. Others try AA but feel it doesn't meet their needs.

That's what happened to Moderation Management founder Audry Kishline. In her 20s, she was drinking five or six glasses of wine a night, drinking alone, drinking and driving. Diagnosed as an alcoholic, she was sent to detoxification, to residential treatment, and to AA. But Kishline didn't feel she had been alcohol dependent: She had no withdrawal symptoms, and she found it easy to abstain for months. She started researching alcohol treatment, and was outraged to find that alternatives common in Europe were never even mentioned here. "the public's not getting the full story," Kishline says. Now 40, married and raising two children, she occasionally has a glass of wine with dinner. Had she initially been offered less drastic treatment, Kishline believes, she would have reached this point of temperance years sooner.

Other veterans of the treatment system object to AA's explicitly spiritual focus, a reliance on God or a "higher power" that permeates many 12-step programs as well. Last year, the New York State Court of Appeals ruled that prisoners are constitutionally protected from being forced to participate in AA because of its religious orientation. Similar rulings have been made in

California and other states. And several abstinence-based self-help groups, including Rational Recovery, Secular Organizations for Sobriety, and SMART Recovery Self-Help Network, have been founded by people critical either of AA's spiritual focus or the belief that they are powerless against alcohol.

Changing times. Gradually, however, the alcohol-treatment portfolio is diversifying. After expanding wildly in the 1970s and 1980s, residential 12-step programs are falling on hard times: Insurers and employers pressed by rising health care costs, find little benefit to justify the programs' considerable expense and are seeking cheaper, less intensive alternatives. Alcohol-treatment research is moving slowly toward a more scientific, empirically based approach. And a national trend away from heavy drinking-alcohol consumption has fallen by 15 percent since 1980, parallel declines in smoking and illegal drug use-makes it, oddly enough, more acceptable to treat those with only mild alcohol problems, not just Days of Wine and Roses - style luses.

Wisconsin offers a sense of what the future may hold. It is a big drinking state; 25 percent of its residents say they binge drink. "Every little town has a church and a bar," says Michael Fleming, a University of Wisconsin Medical School family physician. "Most of the patients in my practice drinking six drinks a day are not alcoholics. But if we can get them to cut down from six drinks to two, from a public-health perspective you've made a huge impact."

In April, Fleming published the first large U.S. study of brief interventions for problem drinkers in the *Journal of the American Medical Association*. The study, patterned on research over the past 20 years in Great Britain and Sweden, selected 774 problem drinkers from patients at 17 Wisconsin clinics. Half the patients met for 2 15-minute sessions, one month apart, with their physicians, discussed their current health behavior and the effects of alcohol, and signed a prescription-like drinking contract. A year later, the men had reduced their alcohol use by 14 percent; the women by 30 percent. (women are usually more successful than men at moderating.) The control group also reduced its drinking, but the brief intervention group was twice as likely to reduce it by 20 percent or more.

Other promising research is coming from Seattle, where University of Washington psychologist Marlatt is working with a notoriously immoderate population-college students. For the past seven years, he has followed 350 students who were identified while still in high school as high-risk drinkers. A year after half the students were given a one-hour, one-on-one educational session in their freshman year, 80 percent had reduced binge drinking substantially. Those who didn't were given more education and counseling with the intensity escalating each year. "It's a harm-reduction approach," Marlatt says, using a phrase more often applied to needle exchanges and other drug-abuse programs. "With young people, if you only offer abstinence, they're not going to sign up."

history.

ICYPAA archives

are just that...they are ICYPAA's. If

they give something to GSO Archives they become the property of GSO.

Thanks,

Tom H.

-----Original

Message-----

From: J. Lobdell

[mailto:jlobdell54@hotmail.com]

Sent: Tuesday, July 08, 2003 8:11

AM

To:

AAHistoryLovers@yahoogroups.com

Subject: Re: [AAHistoryLovers]

ICYPAA history

ICYPAA has an

Archivist and maintains full archives. I have been informed by ICYPAA that, for reasons presumably having to do with Bill W., the Archives at GSO has

some kind of cooperative arrangement with the ICYPAA Archives -- at the very least you ought to be able to get an address. You should note, however (again as I have been told by ICYPAA), that other "-CYPAA's" are not subsidiaries of ICYPAA, which means that Australian or Great Lakes or New England "CYPAA" records may exist only locally or may not exist formally at all. -- Jared

>From:

"John Reid"

>Reply-To:

AAHistoryLovers@yahoogroups.com

>To: ,

>CC:

"QYPAA Planning Committee" , "Len

Steele" , "Trevor

Duffy" , "Lewis Shoard" , "CSO

Brisbane" ,,

>Subject:

Re: [AAHistoryLovers] ICYPAA history

>Date:

Tue, 8 Jul 2003 12:00:28 +1000

>

>Dear Tom

H,

>First

Convention of Young People in AA, in Australia was held in Newcastle

>NSW,

1979/80, then the Fedreal Capital, Canberra ACT; then Sydney NSW in the

>following

years. Some of the above can provide more details on when the name

>(if not

the intent) was "changed" and the current history of young peoples

>involvement

in AA in Australia. Kind Regards, John R.

>-----

Original Message -----

>From:

"erstwhile_erratic_aa"

>To:

>Sent:

Tuesday, July 08, 2003 8:22 AM

>Subject:

[AAHistoryLovers] ICYPAA history

>

>

>> I

wanted to see if I can get some help here about ICYPAA's early

>>

history. Now while I would love to take the word of the many

>>

knowledgeable people here I will need proof of it if you can help

>> me.

Or perhaps a way to verify the information myself. As in,

>>

intergroups, flyers, etc., anything with written proof.

>>

>> It

seems that there is some confusion about the first six or so

>>

ICYPAA's and where the first young people's meeting started.

>>

>>

Current history and word of mouth says, the first ICYPAA was held in

>>

Niagara Falls in 1958. I have been told it was actually held in

>>

1957. And that seems to affect the order and even location of the

>> next

6 ICYPAA's. This past weekend in Portland, OR I attended the

>>

46th ICYPAA, but was it actually the 47th? You can quickly see the

>>

reason for this post.

>>

>>

Also, it seems the first young peoples groups started forming in 1945

>>

with Los Angeles, Cleveland and Philadelphia receiving credit. But I

>>

have also been told (and once had a link to verify, now lost) that

>> the

first young people's group appeared in Cleveland.

>>

>> It

would be wonderful to clarify and confirm the early history of

>>

ICYPAA. Thanks in advance for your help.

>>

>> Tom

H.

>>

>>

>>

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The birth date is 1881 on the gravestone, though the shot in Dr Bob and the Good Old Timers doesn't show it well. Dick B. has the full date as June 3, 1881. -- Jared

>From: "Arthur Sheehan"
>Reply-To: AAHistoryLovers@yahoogroups.com
>To: "AA History Lovers"
>Subject: [AAHistoryLovers] Fw: Anne Ripley Smith's Birth Year
>Date: Tue, 8 Jul 2003 14:41:25 -0500

>
>Hi Nancy - I tried posting this last week. Would like to try again - Cheers
>- Arthur

>----- Original Message -----

>From: Arthur Sheehan
>To: AA History Lovers
>Sent: Thursday, July 03, 2003 1:15 PM
>Subject: Anne Ripley Smith's Birth Year

>

>

>Hi All

>

>Anne Ripley Smith was born in the Chicago suburb of Oak Park, IL to Joseph & Joyce Pierce Ripley.

>

>Her birth month and day are reported as March 21.

>

>However, I cannot accurately pin down her birth year.

>

>Several books cite her birth year as 1891 but that appears erroneous and way off the mark.

>

>Several books also cite Dr. Bob and Anne as first meeting in 1898.

>

>Anne was a Wellesley student and Bob was getting ready to enter Dartmouth.

>

>Her cited birth year would put Anne as 8 years old when she and Bob first met.

>

>My guesstimate is that Anne's birth date is March 21, 1879 (the same year as Dr Bob or maybe 1878).

>

>Can anyone confirm or correct with a citation to a written reference source?

>

>Cheers

>

>Arthur

- 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 awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

THE HUMANIST ALTERNATIVE

- 1) We accept the fact that all our efforts to stop drinking have failed.
- 2) We believe that we must turn elsewhere for help.
- 3) We turn to our fellow men and women, particularly those who have struggled with the same problem.
- 4) We have made a list of the situations in which we are most likely to drink.
- 5) We ask our friends to help us avoid these situations.
- 6) We are ready to accept the help they give us.
- 7) We earnestly hope that they will help.
- 8) We have made a list of the persons we have harmed and to whom we hope to make amends.
- 9) We shall do all we can to make amends, in any way that will not cause further harm.
- 10) We will continue to make such lists and revise them as needed.
- 11) We appreciate what our friends have done and are doing to help us.

I received this message recently and thought it worth passing on to you. I have since learned that Traynor got sober in Harrisburg, PA, September 26, 1946, and died Absecon NJ, July 5, 2003. He was sober 56 years 9 months and 9 days.

Like Bill, I heard the Chief speak in Harrisburg in April, but did not have a chance to meet him.

Nancy Olson

Moderator

billyk4@comcast.net

To: NMOlson@aol.com

A beloved figure who inspired the admiration of multitudes of children, he was the host of the popular Philadelphia area children's show (The Chief Halftown Show). He was 86.

Airing on a mostly local station from 1951 to 1999, the Chief followed a variety format and featured him in full Native American dress along with stories, cartoons, lessons about Native American heritage, dancing and talent contests for the young. He entertained and educated millions of baby boomers and later endeared himself to subsequent generations with his regular appearances at schools and churches. He was also a weekend fixture at a local amusement park for more than 30 years. He would set himself up next to a teepee and kids of all ages would go over to meet him and get his

autograph. He was the Indian version of Mr. Rogers.

A member of the Seneca tribe in upstate NY, Halftown was born in Buffalo, NY, and grew up in Jamestown, NY.

Among his closest TV friends/personalities, were the likes of Sally Starr, Pete Boyle, Gene London, and Captain Noah, all, whom had their own shows. He and Sally Starr were to baby boomers as Sesame Street is to kids today.

Chief Halftown paved the way for modern children's programming that incorporates cultural awareness but preserves innocent teaching. ...

Excerpted from a local newspaper.

Personal Note:

In 1981, after telling my family doctor that I was very nervous all the time

Aren't the Twelve Steps just a substitute addiction? People seem to have to go to meetings all the time and use them like a drug.

Certainly people in early recovery go to a lot of meetings and they may even substitute the Twelve Steps addictively. That is not the program. That is the addict, the program works.

I have seen people go to Twelve-Step meetings and not get better. How do you explain that?

I have seen people go to therapy, hospitals, and to all kinds of places and not get better. "Getting better" is up to the person. The program is not magic. It is a way. We have to do it ourselves. We do not have to do it alone.

Also, while some people get somewhat better by attending meetings, there is a great deal of difference between attending meetings and working a program. I have never seen someone actually working a program who did not get more sober.

Recovery is hard and sobriety is fragile. Recovery does not happen all at once, nor is it linear. It is a process, not a happening. Addiction is more "normal" for our society. The disease is always there lurking to invite us back in. Fortunately our healthy being-our sober self, our spirituality-is always there too. We have but to do our footwork. It is only when we accept and work with the broader picture that we can effectively work with addictions.

The meetings do not seem very clear to me. How can I recover there?

Of course they seem unclear at times-they are meetings of addicts, for heaven's sake! The issue is to take from the meeting what there is for you and leave the rest. What one takes home is often more of an indication to one's willingness and openness rather than what is or is not happening at the meeting. Judgmentalism is a characteristic of the disease.

People who attend Twelve-Step meetings leave their families and their old friends and make the program and program people the center of their lives. There must be something wrong with that.

This is often true. Early in recovery, one needs the support of other recovering people and the wisdom and modeling of those who have a good sobriety and long years of recovery. After recovery is better established, recovering people are not willing to be around those who choose to stay with addiction, and would rather be around recovering people willing to do Twelve-Step work. This choice is not out of disease: It is made out of health and recovery.

meetings and belief in 12-Step programs have probably helped great numbers of people to overcome their harmful addictions to alcohol and other substances and to lead happier and emotionally healthier lives. But, alas, the same thing can be said when disturbed people devoutly follow various dubious groups and cults, such as those promoted by the Christian flagellants, the Moslem dervishes, the Hebrew cabalists, and the Catholic Inquisition. Literally millions of people have made themselves less anxious and depressed by swearing allegiance to extremist religious and political gurus-ranging from Rasputin and Adolf Hitler to Jim Jones and Tammy Baker-who dogmatically believed that they could save the world for their fervent followers.

The point is that none of these prophets had magical curative powers; nor did the sacred views that they passionately promulgated to hordes of gullible followers. But the faith of their adherents obviously helped these troubled people to change themselves and to give up all kinds of harmful addictions. Similarly, people's intense belief in a wide variety of implausible creeds and nostrums frequently help them change their dysfunctional thoughts, feelings, and actions. Witness, for example, the fervent testimonials that innumerable people keep giving for cults, superstitions, and hoaxes like astrology, shamanism, psychic surgery, fortune telling, channeling, witchcraft, communications from ghosts, satanism, and demonism.

We have considerable testimonial evidence, therefore, that AA and other 12-step programs help a good number of people. But we do not know whether the content of these programs leads to their presumed benefits or whether those benefits stem from a new belief system their adherents adopt. Furthermore, we do not know whether greater benefits would be derived from alternate self-help programs. Just as soon as we acknowledge the possible effectiveness of 12-step programs, we had better also recognize their serious failings and lapses.

First of all, AA is clearly a religious organization, in spite of its allegations that its group members need only pray and meditate "to improve our conscious contact with God as we understand Him." Steps 2,3,5,6,7,11, and 12 of its 12-step program explicitly endorse God with a capital G, advocate allegiance to a Higher Power (capitalized again!), or call for a "spiritual awakening." And the other five steps, though they include some sensible advice to help addicts, strongly hint that only dependency on some supernatural entities and on Christian-like salvation, atonement, and redemption will enable one to stop and continue to desist from drinking.

Clearly, then, AA groups are no haven for millions of secular humanists, agnostics, atheists, feminists, and other nonreligionists-nor for many religionists who see that humans can help themselves without relying on any higher powers. Because AA often zealously proselytizes for its endorsement of divine intervention, it turns off thousands-and quite possibly millions-

of potential adherents who might profitably join a self-help group to combat their harmful addictions. Almost every psychotherapist and physician encounters many alcoholics who attended AA groups for a few sessions, only to be turned off by their religious and spiritual approach, and who fought vigorously against attending more meetings even though some court or medical authority insists that they do so.

To make matters worse, AA subscribes to many rules and cannons about alcoholism that are controversial, questionable, and sometimes iatrogenic. The 12-step programs strongly state or imply these dubious points:

- Alcoholism is unquestionably a disease and takes a single, invariant course which ends in total abstinence or death.
- Addicts can never stop their addictions outside of 12-step programs.
- Once "alcoholics: stop drinking, a single drink will lead to total relapse and send them to skid row.
- Problem drinkers need a higher power to quit drinking; if they are not theists, they can use anything (beauty, justice, an ashtray, a tree, etc.) as the power to which to turn over their lives.
- Addicts can only properly be treated by other recovering addicts.
- Children of "alcoholics," even as adults, are invariably disturbed and have to go through 12-step programs themselves in order to lead sensible, happy lives.
- Spouses and close relatives of alcoholics are "codependents" who must be indoctrinated with 12-step programs and materials.
- AA members, to stay off booze, must attend regular AA meetings practically forever.
- All effective programs for addicts must have strong religious or spiritual elements. Faith-not reason-must prevail in these programs.
- "Alcoholics" who refuse to keep coming to AA meetings or who disagree with the 12-step program are seriously disturbed deniers.
- Addicts can overcome their emotional disturbances with AA meetings instead of with psychotherapy.
- "Alcoholics" never really recover from their addiction; they remain "recovering" addicts for the rest of their lives.
- "Alcoholics" who no longer drink but are still anxious, depressed, or

manic are "drydrunks" who need still more 12-step treatment rather than psychotherapy.

- The use of psychotropic medication by addicts is wrong and almost certainly leads to readdiction.
- Endless cathartic confession at AA meetings is the best form of treatment for alcoholism.

While AA subscribes to a number of questionable ideas, it has many good points and has served hundreds of thousands of problem drinkers very well since it was founded in 1935. Many of its tenets and practices are quite sensible and practical and overlap with the rational-emotive therapy concepts that are used by Rational Recovery. Thus, like RET, AA includes the following rational ideas:

- It sometimes looks for and tries to combat compulsive drinkers' dysfunctional beliefs.
- It uses many educational and bibliotherapy procedures.
- It advocates some nondisturbing beliefs, such as "Make plans but don't think that you have to plan the results and have to achieve them."
- It uses many coping statements, such as "Live and let live."
- It follows many self-help procedures and urges active homework.
- It emphasizes the serenity prayer of Reinhold Niebuhr: "Give me the courage what I can change, the serenity to accept what I cannot change, and the wisdom to know the difference." Whereas RET, however, uses this as a philosophy and not as a prayer, AA uses it as an appeal to God.
- It believes that most conventional "past-oriented" therapies do not help people to stop drinking and maintain abstinence and that new thinking and changed behavior can aid these goals.

As can be seen, AA has many good (we could even say rational) philosophies and procedures. It never meant to coerce members and participants. Many of its limitations follow what humans do when their ideology is founded on religious faith-not on reality and experimentation-and is taken to devout extremes.

On both religious and nonreligious grounds, AA and other 12-step programs have limited value and sometimes, because of their devout orientations, can be said to lead to addiction to the 12-step process itself. So, despite its distinct advantages (and despite the likelihood that some substance abusers would not have stopped their addictions without its help), AA has distinct

limitations. Consequently, several non-higher power groups have been established during the 1980s which serve as alternatives to AA. These include, in addition to Rational Recovery, the Secular Organizations for Sobriety, Methods of Moderation, and Men and Women for Sobriety.

As might be expected, I favor Rational Recovery because it is the only self-help group that not only has no religious or spiritual orientation but also solidly links its program to rational-emotive therapy and cognitive-behavior therapy. RR groups are educational rather than therapy groups and, although members pay no fees, each group tries to be closely connected with a professional consultant who is trained in RET. The consultant or advisor need not have a history of addiction or attend every single RR meeting. He or she tries to help the group members learn the basic principles and practices of RET and to apply them to disputing the irrational beliefs that were instrumental in driving them to drink and in blocking their achievement of sobriety.

RR holds that, although problem drinking and substance abuse have many biological and social origins, much of the thinking of "alcoholics" follows the famous ABCs of RET and CBT. According to RET theory, many (not all) problem drinkers first tend to bring about dysfunctional consequences (Cs), such as anxiety and depression, when unfortunate activating events or adversities (As) occur in their lives. They do this mainly by constructing irrational or self-defeating beliefs (Bs). Second, they then tend to construct additional irrational beliefs (iBs) about their feelings of depression and anxiety-especially "I must not be anxious! I can't stand this anxiety!"- and consequently take to drinking in order to allay their pain. Third, problem drinkers often take their secondary consequence-"alcoholism"- and create more irrational beliefs about that, such as "I must not be an alcoholic. What a worm I am for drinking too much!" This creates a tertiary consequence-self-damnation-that frequently drives them to drink even more. Also, because of their self-castigation for being addicted, problem drinkers frequently minimize their serious drinking problems and resort to many rationalizations and denials about their drinking.

In the course of RR meetings, the ABCs of alcoholism and its related emotional and behavioral disturbances are discussed and the RET techniques of actively, forcefully disputing (D) the members' dysfunctional beliefs are taught and practiced. Jack Trimpey's Rational Recovery from Alcoholism: The Small Book and other RET-oriented self-help books, pamphlets, cassettes, and materials are steadily used, examined, and applied to the members' addiction and to their other problems. A number of cognitive, emotive and behavioral techniques of RET are practiced, with the goal of showing the participants how to think, feel, and act more appropriately and to achieve their personal goals. Members are thereby helped preferably to make a profound philosophic change that will promote their continued sobriety and minimize their general disturbance. Ideally, they will become significantly less disturbable and, after being in RR for a while-though hardly forever!-will often prevent

themselves from emotionally upsetting themselves in the future.

Rational Recovery, as can be seen, is more of a self-help than a support group and in this respect is much closer to Recovery Inc., than it is to AA. It differs from AAA in several other important aspects:

- It doesn't endorse the disease concept of "alcoholism."
- It sees its members' participation in RR as time-limited and discourages their perpetual dependence on RR meetings.
- It recommends lifetime abstinence when there have been repeated failures to exercise moderation but recognizes that some problem drinkers can and do learn to drink moderately and responsibly.
- It accepts the treatment of addicts by counselors and therapists who have never themselves been addicted.
- It doesn't see all children of alcoholics as emotionally disturbed, nor all their close relatives as disturbed codependents. Instead of Codependents Anonymous groups, it soon will sponsor generic self-help groups where members learn how to stop being too dependent upon anyone or anything, including RR meetings.
- It has no objection to its members using a religious or spiritual orientation to help themselves with their addiction and other problems, but it takes a completely pro-choice attitude and holds that problem drinkers do not need any support from a higher power and that they clearly have the ability to change themselves without any spiritual support. It encourages them to rely on their own capacities to make meaningful, existential, and philosophic alterations in their lives-and if they want to invoke gods or spiritual forces in the process, that is their prerogative rather than their necessitude.
- It recommends some form of intensive individual or group psychotherapy-especially RET or some other mode of cognitive-behavior therapy-as a highly important part of the anti-addictive process and encourages its members to explore and change the feelings and behaviors that led to their addiction and that keep them at risk for relapses.
- It recognizes that problem drinking and the emotional disturbances that frequently accompany it often have biochemical and biological, as well as psychological and social, aspects, and it therefore often encourages the combined use of psychotherapy and medication to help addicted persons.

Rational recovery is opposed to the one-party system for helping problem drinkers-meaning AA and its higher power indoctrination-and strongly favors

a democratic multiparty system that may well include AA plus other anti-addiction groups which aim to provide a meeting ground for people who want nothing to do with any kind of higher power and who want to rely on themselves and other humans to achieve and maintain sobriety. RR particularly opposes the unconstitutional stand of many courts and public agencies that now force alcoholics to join religiously oriented 12-step programs and dictatorially give them no nonreligious choice.

RR, unlike AA, welcomes research on the effectiveness of self-help groups, including RR itself, in helping addicts stop their substance abuse and stay stopped and is therefore cooperating in studies to evaluate its therapeutic results-studies such as are now in progress at the Harvard University Medical School and the New York University Medical School.

Following the theory of RET, RR teaches its participants unconditional acceptance of themselves and others and shows them how to evaluate their thoughts, feelings, and actions, but not to measure or devalue their self or personhood.

Rational Recovery-and the other addiction recovery groups that are without any religious or spiritual tenets-are by no means the only answer to the problem of helping people to overcome their serious addictions. The 12-step programs obviously have some excellent results and are not likely, in the near future, to go out of business. But as RR continues to grow and to serve large numbers of participants, it will be valuable to discover just how effective an anti-addictional program is that places no emphasis on a higher power and that attempts to incorporate in its self-help procedures specific rational-emotive and cognitive-behavioral therapeutic methods.

Here's a selection of material that you might find helpful:

- The Essential Albert Ellis by Windy Dryden (New York: Springer Publishing Company, 1990).
- The Practice of Rational-Emotive Therapy by Albert Ellis and Windy Dryden (New York: Springer Publishing Company, 1987).
- Rational-Emotive Therapy with Alcoholics and Substance Abusers by Albert Ellis, John McInerney et al. (New York:Pergamon, 1988).
- "Divine Intervention and the Treatment of Chemical Dependency," by Albert Ellis and Eugene Schoenfeld, Journal of Substance Abuse (1990) 2:459-468.
- When AA Doesn't Work For You: A rational Guide for Quitting Alcohol by Albert Ellis and Emmett Velten (New York: Barricade Books).
- The Truth About Addiction and Recovery by Stanton Peele and Archie

been tried before, although with very little success. We are not seeking pioneer credit in writing this letter, but rather, constructive criticism. We hope to hear from other groups throughout the country, giving us the benefit of your experience with young people and with such organizations as ours if they have been attempted.

We were slow in getting started with our group and we are still proceeding with caution since it is apparent that our abilities lie more in the realm of prevention than in cure. Most young people have not been hurt badly enough or often enough, so they think, to feel that they are in any need of what we in A.A. have to offer.

It is feared that for this reason we will experience more than a normal number of relapses, and that our progress will of necessity be slow. However, many of our later members have admitted that had it not been for this young group they would not have stuck to A.A. So, we are doing some good.

Let's hear from other groups. We would like your suggestions, advice, criticism and opinions on what we are trying to do.--B.D.Mc.

also:
April 1948, Grapevine -- Pittsburgh Young People's Group listed in 'New Groups' Column

Apologies to Nancy about including links below
... just don't see a need to re post the following

Additional Info on Young People's Groups

Several good posts in archives of AAHistoryLovers
<http://groups.yahoo.com/group/AAHistoryLovers/messages>

begin some serious 12-stepping?

You'd think so. Twelve -step recovery programs have been sweeping the nation, and an estimated 15 million to 45 million of us now participate in them. Book on codependency top best-seller lists, and in April, a cable station all about recovery, the Recovery Network, began airing two hours a day and already reports to have 15 million viewers. Even President Clinton and Vice President Al Gore use recovery lingo in some of their speeches.

It all began in 1935, when stockbroker Bill Wilson, struggling to stay sober, sought help from a fellow drinker. Wilson found that the mutual support, mixed with spirituality, was effective in keeping him sober, and he went on to write Alcoholics Anonymous (aka "The Book") which spells out the 12-step program he created.

In many ways, The Book shaped our current views of addiction by pointing out that, whether physical or psychological, it is not a contemptible moral defect; it's the product of a tragic, incurable disease. The best alcoholics can hope for is remission, which only comes with abstinence, because even a sip can trigger craving and abuse.

According to 12-step philosophy, you must get support by attending meetings with other recovering addicts for the rest of your life. The meetings are free and enforce anonymity, in part to encourage honesty: Hence the famous introduction, "Hi, my name is (first names only) and I'm an alcoholic."

A.A. Meets the '90s

By the late 1950s, applications of the 12-step model had spread from chemical dependency to compulsive behaviors (Gamblers Anonymous in 1957 and Overeaters Anonymous in 1960, for example). But in the past decade, the term addiction has ballooned to mean any activity or emotion we feel powerless to control: work, sex, shopping, love, moods, you name it. At the same time, "codependent" has expanded from its original meaning - family members of alcoholics only - to include anyone involved in, or dependent on, any unhealthy relationship, regardless of whether alcohol is involved. By the new definitions, it seems that nearly everyone suffers from or is affected by, some sort of addiction.

Today, 12-step philosophy is pervasive. Many therapists refer patients to such programs, and courts often order convicted drunken drivers to attend A.A. Millions who struggle with destructive behavior have found healing in the 12 steps. "Try it," says Laura, a thirteen-year member of Emotions Anonymous. "If you don't like it, we'll refund your misery."

But There's a Plot Twist

New research is starting to cool the 12-step fervor. A recent study by the

National Institute on Alcohol Abuse and Alcoholism indicates that A.A. is no more successful in curbing alcoholism than behavioral or motivational psychotherapy treatments. Other studies suggest that A.A.'s strict insistence on abstinence sometimes backfires.

According to Reid Hester, Ph.D. director of division of the research Behavior Therapy Associates in Albuquerque, N.M., ex-drinkers who equate "one slip" with "relapse" end up bingeing more often than those who are more tolerant of their lapses. In fact, European alcoholic treatment programs generally encourage moderation rather than abstinence.

When it comes to drugs, studies have begun to challenge the assumption that one hit of an addictive substance begins a lifelong downhill spiral of dependency that only 12-step or professional intervention can control. Most of the soldiers addicted to heroin during the Vietnam War got over their addiction simply as a result of returning home. Of those who used heroin on their return, only 12 percent became addicted again. What's more, research suggests that by age 35, most substance abusers "mature out" of the abuse and become moderate users or abstainers, without intervention.

Critics also are concerned about the psychological impact of the 12-step philosophy. Addiction often is symptom of other problems, and fellow sufferers, while often offering precious support, don't have the training to treat such problems, says Stan J. Katz, M.D., and Aimee E. Liu in their book *The Codependency Conspiracy: How to Break the Recovery Habit and take Charge of Your Life* (Warner, 1991). In addition, the authors point out that we can become hooked on the recovery programs themselves, substituting one addiction for another.

The recent codependency craze also troubles some experts. Several codependency theorists contend that the modern family is dysfunctional, leaving more than 95 percent of us with a starved "inner child" and a personality primed for dependency. Many argue that the terms codependent and dysfunctional become meaningless when they include so many of us, and this viewpoint encourages us to perceive ourselves as victimized or diseased.

In fact, 12-step thinking may lead us to interpret potentially harmful behavior - like drinking a glass of wine every night - as an addiction. Some experts believe this label is counterproductive at best. Stanton Peele, Ph.D., author of *Diseasing of America: Addiction Treatment out of Control* (Lexington, Books, 1989), suggests that the A.A. message is dangerous because it implies that we don't have the willpower to change without help from others.

Happily Ever After

Culturally, 12-stepping may fill a deep need. "It's really a religious movement," says Harry Levine, Ph.D., professor of sociology at Queen's

beings. In religion, belief may be more highly valued than a direct experience of a Divine Presence. With spirituality it is just the opposite. The direct experience and relationship with a Higher Power are primary, and belief systems are secondary, or may even be considered an impediment, to developing the relationship. The Big Book, Alcoholics Anonymous, states that to make use of spiritual principles one need accept nothing on faith but only ask, "Do I now believe, or am I even willing to believe, that there is a power greater than myself?" Only this provisional belief is required to open the door to a radical shift in experience.

In addition to the confusion between spirituality and religion, there is another aspect to the resistance to the possibility of God. Western society is heir to the Freudian or naturalistic mind-set that maintains that if it can't be measured or analyzed it doesn't exist. Until 12 years ago, I was convinced that all spiritual experiences were illusions reflective of an underlying neurosis, and until five years ago, never having read Carl Jung, I was convinced that he was a woolly-headed mystic who was out of touch with reality. My experience since then has persuasively demonstrated to me a reality that I once thought was just wishful thinking, and my prior presuppositions have been called into question.

It's as if they divorced-Freud getting custody of the neuroses, Jung getting custody of spirituality and its application to the addictions-and there has been a family split ever since. Freud's heroic stoicism in the face of the suffering associated with his cancer, his attitude that "my head is bloody, but unbowed...I am the master of my soul," is simply inappropriate for the addicted person whose task is to stop attempting to control by exerting willpower and open up the discovery of a Higher Power. An alcoholic has to give up willfulness in favor of willingness.

Many alcoholics are sure that if they just change their thinking or act differently, they will be able to control their drinking. Initially they are often profoundly repelled by the "God stuff." Similarly, many therapists don't understand why conventional therapeutic techniques are not enough to resolve a serious drinking problem, and, after trying to apply such conventional approaches, will dismiss the alcoholic or family as "Unmotivated," not realizing that the task of recovery is to discover a new way of being that is not based upon conventional motivation or willpower.

Alcoholics Anonymous is ingeniously arranged to generate what might be called a planned spontaneous remission. One does not know when it will occur, but one knows that it will occur if the drinker participates in the AA program.

AA is designed so that a person can stop drinking by either education, therapeutic change, or transformation. A small percentage of people who attend AA may be able to stop just by hearing the information presented about alcoholism as a disease. The majority will go through a second-order

change similar to changes brought about in therapy. They bond to the group and use it as a social support and a refuge to explore and release their suppressed and repressed feelings. AA serves them as a "protective wall of human community." A distinct minority will have a full-fledged transformative shift or "real religious insight."

Our world had become polarized between a doubting, self-willed secular humanism and a dogmatic, repressive fundamentalism. This century has been marked by erratic oscillations between fragmented individualism and totalitarian collectivism. What Buber called the genuine third alternative, the context of I-Thou relationships, or the "between," has been almost totally occluded in our time. Recovery from life-threatening addiction may be necessary to see that there is a reality that cannot be reduced to individual fantasy or to collective dogma.

The AA book Twelve Steps and Twelve Traditions states: "Everywhere...people [are] filled with anger and fear, society breaking up into warring fragments. Each fragment says to the others, 'We are right and you are wrong.' Every such pressure group, if it is strong enough, self-righteously imposes its will upon the rest....Therefore, we who are alcoholics can consider ourselves fortunate indeed. Each of us has had his own near-fatal encounter with the juggernaut of self-will, and has suffered long enough under its weight to be willing to look for something better. So it is by circumstances rather than by any virtue that we have been driven to AA, have admitted defeat, have acquired the rudiments of faith, and now want to make a decision to turn our will and our lives over to a Higher Power."

"Turning our will and our lives over to a "Higher Power" needn't inspire visions of the abdication of responsibility, of religious cults, or Jonestown. If we look more deeply, we can see that Alcoholics Anonymous is perhaps unique among organizations in our culture in that it has been able to tap into the human thirst for oneness and belonging, while respecting individual dignity and avoiding coercive tactics, exploiting its members, or relying upon external support. Surrender by AA members to a Higher Power, in fact, consistently leads to expanded, not diminished, responsibility for self and others. AA serves as proof that it is possible to surrender to a Higher Power without giving one's individual power away.

-David Berenson

-Family Therapy Networker

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volunteered for the Army as an officer candidate. One night, Second Lieutenant Wilson attended a party in New Bedford, Massachusetts, and took what several biographers say was his first serious adult drink. Suddenly, magically, he felt release from the tensions that had plagued him for so long. Recalling the moment years later, he made it sound like a religious experience: "Lo, the miracle!..I belonged to the universe; I was a part of things at last."

Bill Wilson got plastered that night and soon began indulging in drinking bouts that ended with vomiting and passing out. However, Wilson's Army buddies didn't worry much about his boozefests. Nor did his fiancée Lois Burnham who felt confident that after their marriage she could transform him into a teetotaler once again. They wed in early 1918, but Bill kept drinking. In July, he sailed for Europe, where he performed well as an Army officer in World War I while discovering the joys of French wine. After the war, back in the States, he earned good money in several Wall Street investment jobs and, after work each day, made the rounds of speakeasies, searching for that elusive feeling of exhilaration.

He knew he had a drinking problem. He tried to quit many times. In those days, alcoholism was seen as a weakness and a disgrace rather than a disease, and the accepted wisdom was that the people could stop drinking if they summoned adequate willpower. ON Christmas Day in 1923, Bill promised Lois "no liquor will pass my lips for one year," but this pledge, like many others he made, was quickly broken.

Wilson's troubles deepened in autumn 1929 when the stock market crashed and the nation entered a depression. As his income shrank, his ego took a beating and his drinking increased. As a result, he lost his job, spent days in booze-induced blackouts, got into fights, and hid at home in frightened seclusion with a bottle of gin. By late 1934 he was scraping the bottom of the emotional barrel.

A complex series of events would follow-and gradually help him find a way out of his misery.

The first came in November 1934, when a man named Ebby Thatcher visited Bill at the Wilson residence in Brooklyn, New York. Ebby and Bill were old drinking buddies; Bill offered his visitor a snort, and was stunned at Ebby's reply: "No, thanks, I don't want any." Ebby, it turned out, had found religion, was sober, and was interested in helping Bill get sober too. Wilson was leery, but Ebby's visit showed him the value of one alcoholic talking to another about recovery and gave him a sliver of solace and hope.

In December, hospitalized after a bender, Wilson prayed. To his amazement, an intense spiritual experience followed: A "great white light" spread through his room and a feeling of peace came upon him. Some observers dismiss this as the result of toxic psychosis, but regardless of the medical

explanation, something important happened.

A short while later, still hospitalized, Wilson read *The Varieties of Religious Experience*, a 1902 book by philosopher and psychologist William James. Wilson concluded that a spiritual experience did not necessarily have to come from traditional religious channels; one could still embrace it and use it to generate robust change in one's life.

Another influence in the evolution of Wilson's thinking was the Oxford Group, a Christian evangelical body to which Ebby Thatcher belonged. The group practiced such ideas as surrender to a higher power, confession before fellow members, absolute honesty, and unselfish service to others.

Wilson was released from hospital on December 18, 1934. He was 39 years old. He never took another drink. He had found his life's purpose: helping people get and stay sober by using the tools he'd recently discovered. He went to work with the tremendous unlocked energy of a man who had set aside his ego and his dreams of personal glory.

One more step was key to the formation of Alcoholics Anonymous. In May of 1935, Wilson traveled to Akron, Ohio, to do some business with a machinery company, and there, through a chain of coincidences, he met an alcoholic physician named Bob Smith. Their six-hour meeting confirmed to Wilson the extraordinary value of one alcoholic telling his story to another honestly, without preachiness or condescension. Wilson not only helped Smith; Wilson helped Wilson. Smith stopped drinking and the two men became brothers in spirit. Working together, they pooled their knowledge about liquor and healing and formed what would become Alcoholics Anonymous.

At first, A.A. was a tiny fellowship of spiritual explorers "groping in the dark," as one member put it, for a simple, effective way to create a satisfying life without alcohol.

Slowly the organization caught on. Press coverage helped, as did Bill Wilson's 1939 book *Alcoholics Anonymous*, which presented the famous Twelve Steps - a cornerstone of A.A. and one of the most significant spiritual/therapeutic concepts ever created. Wilson wrote the first draft of the Twelve Steps one night in bed; A.A. members helped refine the approach. Among the steps: "We admitted that we were powerless over alcohol, that our lives had become unmanageable," and "We made a decision to turn our will and our lives over to the care and direction of God as we understood Him." (Today, the Twelve-Steps concept is used by a variety of recovery groups.)

The book became A.A.'s primary text, and eventually it gave Bill and Lois a comfortable income. They lived the rest of their lives in Bedford Hills, New York, just outside New York City, with Bill working full time as leader of A.A. and Lois helping to found Al-Anon, an organization for families of alcoholics. (Their home later became the Stepping Stones Foundation, which

holds Wilson's personal papers and archives). The Wilson marriage lasted 53 years (they had no children) until Bill's death. Lois was loyal to Bill through thick and thin. And the thin moments were legion - not only Wilson's drinking in the early days, but his probable womanizing in later years.

By the 1950s Wilson was "the messiah of sobriety," in the words of biographer Matthew J. Raphael, traveling widely for A.A., speaking to thousands, and writing hundreds of articles. He was famous yet unknown - many people knew him only as "Bill W.," in keeping with A.A.'s commitment to anonymity.

As A.A. grew, he continued to seek deeper truths about human existence. He read voraciously, saw a therapist, and studied Roman Catholicism (though he never joined any church). He shocked the A.A. board of trustees by experimenting with LSD and by conducting seances in his home. And he developed a strong interest in vitamin therapy for alcoholism and mental/emotional problems.

Bill Wilson survived tremendous hard-ship and emerged a better man. As is the case in many remarkable lives, his suffering put him on the path to greatness. He could reasonably have felt a sense of satisfaction with his accomplishments in his later years, although-restless soul that he was-he surely knew how much work still needed to be done, how many people still needed help through A.A.'s basic formula: "Don't drink, a day at a time. Go to meetings."

A long term smoker, Wilson developed emphysema, eventually complicated by pneumonia. He died in Miami on January 24, 1971, at age 75. Lois lived until 1988.

Membership in A.A. has grown and grown; today, it stands at 1.1 million people in the U.S. and 2.2 million in more than 150 countries around the world.

Sidebar: A Look Inside Alcoholics Anonymous

People who have not been personally touched by alcoholism (either their own or a loved one's) may have heard of the "12 Steps" approach devised by Bill Wilson, but know little else about the philosophy of the Alcoholics Anonymous "fellowship." Here are some facts from the official Web site, www.aa.org:

- A.A. does not recruit or solicit members-the only requirement to join is a desire to stop drinking. There is no application form, no age or education minimums, or any set dues or fees. A group might "ass the hat" at a meeting for members to contribute what they wish toward the cost of the rental space or food served, or for A.A.'s national services.

From the rubble of a wasted life, he overcame alcoholism and founded the 12-step program that has helped millions of others do the same

Second Lieut. Bill Wilson didn't think twice when the first butler he had ever seen offered him a drink. The 22-year-old soldier didn't think about how alcohol had destroyed his family. He didn't think about the Yankee temperance movement of his childhood or his loving fiancé Lois Burnham or his emerging talent for leadership. He didn't think about anything at all. "I had found the elixir of life," he wrote. Wilson's last drink, 17 years later, when alcohol had destroyed his health and his career, precipitated an epiphany that would change his life and the lives of millions of other alcoholics. Incarcerated for the fourth time at Manhattan's Towns Hospital in 1934, Wilson had a spiritual awakening—a flash of white light, a liberating awareness of God—that led to the founding of Alcoholics Anonymous and Wilson's revolutionary 12-step program, the successful remedy for alcoholism. The 12 steps have also generated successful programs for eating disorders, gambling, narcotics, debting, sex addiction and people affected by other's addictions. Aldous Huxley called him "the greatest social architect of our century."

"I had to be first in everything because in my perverse heart I felt myself the least of God's creatures.

Bill Wilson, describing his alcoholism

William Griffith Wilson grew up in a quarry town in Vermont. When he was 10, his hard-drinking father headed for Canada, and his mother moved to Boston, leaving the sickly child with her parents. As a soldier, and then as a businessman, Wilson drank to alleviate his depressions and to celebrate his Wall Street success. Married in 1918, he and Lois toured the country on a motorcycle and appeared to be a prosperous, promising young couple. By 1933, however, they were living on charity in her parent's house on Clinton Street in Brooklyn, N.Y. Wilson had become an unemployable drunk who disdained religion and even panhandled for cash.

Inspired by a friend who had stopped drinking, Wilson went to meetings of the Oxford Group, an evangelical society founded in Britain by Pennsylvania Frank Buchman. And as Wilson underwent a barbiturate-and-belladonna cure called "purge and puke," which was state-of-the-art alcoholism treatment at the time, his brain spun with phrases from Oxford Group meetings, Carl Jung and William James' Varieties of Religious Experience, which he read in the hospital. Five sober months later, Wilson went to Akron, Ohio, on business. The deal fell through, and he wanted a drink. He stood in the lobby of the Mayflower Hotel, entrance by the sounds of the bar across the hall. Suddenly he became convinced that by helping another alcoholic, he could change himself.

Through a series of desperate phone calls, he found Dr. Robert Smith, a skeptical drunk whose family persuaded him to give Wilson 15 minutes. Their meeting lasted for hours. A month later, Dr. Bob had his last drink, and that date, June 10, 1935, is the official date of A.A., which is based on the idea that only an alcoholic can help another alcoholic.

"Because of our kinship in suffering," Bill wrote, "our channels of contact have always been charged with the language of the heart."

The Burnham house on Clinton Street became a haven for drunks. "My name is Bill W., and I'm an alcoholic," he told assorted houseguests and visitors at meetings. To spread the word, he began writing down his principles for sobriety. Each chapter was read by the Clinton Street group and sent to Smith in Akron for more editing. The book had a dozen provisional titles, among them *The Way Out* and *The Empty Glass*. Edited to 400 pages, it was finally called *Alcoholics Anonymous*, and this became the group's name.

But the book, although well reviewed, wasn't selling.

Wilson tried unsuccessfully to make a living as a wire-rope salesman. A.A. had about a hundred members, but many were still drinking. Meanwhile, in 1939, the bank foreclosed on the Clinton Street house, and the couple began years of homelessness, living as guests in borrowed rooms and at one point staying in temporary quarters above the A.A. clubhouse on 24th Street in Manhattan. In 1940 John D. Rockefeller Jr. held an A.A. dinner and was impressed enough to create a trust to provide Wilson with \$30 a week-but no more. The tycoon felt that money would corrupt the group's spirit.

"In the wake of my spiritual experience there came a vision of a society of alcoholics."

Bill Wilson, writing to Carl Jung in 1961

Then, in March 1941, the *Saturday Evening Post* published an article on A.A., and suddenly thousands of letters and requests poured in. Attendance at meetings doubled and tripled. Wilson had reached his audience. In *Twelve Traditions*, Wilson set down the suggested bylaws of *Alcoholics Anonymous*. In them, he created an enduring blueprint for an organization with a maximum of individual freedom and no accumulation of power or money. Public anonymity ensured humility. No contributions were required; no member could contribute more than \$1,000.

Today more than 2 million A.A. members in 150 countries hold meetings in church basements, hospital conference rooms and school gyms, following Wilson's informal structure. Members identify themselves as alcoholics and share their stories; there are no rules or entry requirements, and many members use only first names.

you from making some of the mistakes I made.

Don't get me wrong. Just because I'm an alcoholic doesn't mean you're going to be one. A special sensitivity to alcohol isn't passed on from a parent to a child. No, I haven't any particular fears for you-only those that trouble any father whose son or daughter reaches the age when it is hard to stay out of the way of a potent chemical called alcohol.

Okay, you're probably thinking:"Here it comes-the old man's got religion, and now he's going to start preaching." I promise: no sermons. I had plenty of them before I found the answer to my problem in Alcoholics Anonymous.

Holidays-what a wreck I used to make of them! Remember Thanksgiving, 1959? I'm sure you do, even though your mother shooed you out of the house before the shouting started. Now I can finally let you know that "I got the message" when you slouched through the kitchen to the back door. You knew exactly what was going on , and you stopped for a second and turned toward me. I was standing by the refrigerator-or, more accurately, propping myself up with it. You didn't say anything. You didn't have to. Your disappointment, resentment, disgust, just plain hatred-it all burned in your eyes.

So what can I possibly tell you that you don't already know about what alcohol can do when it takes control of someone? You lived through too much of it-the nightmarish months before the divorce, then a household without a father, the times when you didn't hear from me and wondered why, the times when you did hear from me and wished you hadn't.

What I want to point out, what is so necessary for you to understand, is that what you saw happen in our home, and what happened to me after I left-the fleabag hotel rooms, the psycho wards-was only the last act of my love affair with the bottle. It all began before you were born; in fact, it began about the time I was your age, which is why you need to be thinking about alcohol and alcoholism right now.

We in Alcoholics Anonymous spend a lot of time sitting over coffee talking about our experiences, and one thing we've learned is that it isn't easy to predict what boy or girl is going to turn up with a drinking problem. As children, some of us went to bed every night in the security of well-knit families. Others were pulling the covers over their heads to shut out the hell of their homes. Some have Phi Beta Kappa keys; others didn't get past the ninth grade. None of us fit any alcoholic "type" as far as background is concerned.

Then how did we get to be drunks? Some people think we became alcoholics from drinking too much. I think we drank too much because we had something else wrong with us in the first place and used alcohol as a crutch. We had the equivalent of a broken leg in our inner selves- a weakness, a fear, a

sense of guilt or anxiety, a shadow of uncertain outline that dogged our steps. This is not unusual in itself, especially among young people as they are becoming adults. What was unusual for us was how we reacted when we discovered alcohol and the way it could help us. Its effect was sheer magic. It rid us of that shadow.

The trouble is, our crutch began to play tricks on us. At times it would slip and we'd fall down. By the time we decided that it was bringing us more trouble than help, we made a startling discovery: we couldn't let go of it.

Quite a few of us began drinking regularly because alcohol gave us a deceptive sort of courage to meet situations that scared us. The more we relied on this artificial courage, the less genuine courage we could muster. If we drank to feel more comfortable around people, for instance, the result was that we felt all the more awkward and self-conscious and tongue-tied when we weren't drinking. If we drank to fight off boredom or loneliness, the more bored and lonely we became when we had no glass at our side.

I picked up my crutch in the most innocent way, not really knowing that I was slipping it under my arm. There were half a dozen of us kids who knew the secret of acquiring a chilled keg of beer on a Saturday afternoon. There was a little glen on a farm about five miles out outside of town that was made to order for our midsummer nonsense. With the right amount of beer under our belts-and not necessarily a dangerous amount-we could laugh ourselves silly at jokes that weren't really funny, and there was a warmth and conviviality that certainly couldn't be condemned.

Human beings have been amusing themselves this way for thousands of years, and I suppose that they always will, whether they gather around a beer keg at a picnic or the cocktail bar in a hotel. This is what is called "social drinking" and it is hard to make a case against it. As far as I know, I am the only one of that group I used to drink beer with who went the route of an alcoholic. It was the only kind of drinking I did for a long time. I had no idea that my fondness for alcohol was out of the ordinary. But in the most subtle and gradual way the occasions which called for my drinking began to multiply.

In the office where I had my first job after getting out of school there was a girl named Judy. She was bright and she had a sense of humor and, as you would put it, she "turned me on." I asked her for a date, and took her to a place I couldn't afford for dinner and dancing. I wanted to impress her.

That evening I discovered that Judy didn't like to drink. She didn't disapprove of drinking-it just didn't appeal to her. But we enjoyed each other, and when I took her home she said good-night in a way that made me think she would like to go out with me again.

The significant thing is that I never asked Judy for that second date. I

dropped her flat, and scouted around for another girl. As much as I liked and admired Judy, as much as I wanted to get something going between us, I couldn't face the prospect of spending a lot of time with a girl who didn't like to drink. Some kind of subconscious "radar" told me that I could not have Judy and also drink as much as I wanted to. I made my choice.

I was to make the same kind of choice time and again. I picked companions who liked to spend their spare time-as I did-on a bar stool or nursing a fifth through an evening of cards. I doubt that I would have found their company very stimulating if it hadn't been for the liquid refreshment that was always in the picture. And all of this while I was developing two skills that you find in most alcoholics: the ability to conceal from others how much I was drinking, and the ability to conceal from myself how indispensable my alcoholic crutch was becoming.

Your mother didn't recognize this side of my character until after we were married. Our courtship was a whirl of bar-hopping and parties. Unlike Judy, she enjoyed drinking, or at least I always thought she did. She made a game attempt to keep up with me at first, and then she found herself on that bobsled ride so familiar to wives of alcoholics. From enjoying our life together she shifted to tolerating it and then to rebelling against it. She tried to understand me, to help me, and her only reward was a kick in the teeth. The divorce itself was an anti-climax. Our marriage had ended long before. I was just an overgrown adolescent.

As much as I recoiled at what I saw happening, I couldn't do anything about it. I made promises, sincere ones, time and again, and broke them. Once I left a hospital after a week of treatment for acute intoxication-intravenous feeding, sedatives, vitamins, a sweating-out and shaking-out that brought me back from the brink of delirium tremens-and within 48 hours I was drunk again. It was the same suicidal process, and it took me back to the same hospital in worse shape than before.

From what I've written, you might guess that I'm going to tell you to steer clear completely of demon rum. No, I'll be practical and assume that you have the same curiosity about alcohol that I did when I was your age, and that many occasions may arise when you'll either want to drink or be expected to.

First, test yourself with alcohol in a sensible way. There are wrong times and right times to fool around with beer or liquor. With a bunch of kids in a car is a wrong time; at a party where there are responsible adults is a right time. The best time is in your own home, if you can persuade your mother to cut you in on the action when she's having some friends in.

If you're like the majority of people, you'll find that first drink an interesting experience. You may dislike the taste, but like the effect, or vice versa. You may barely be able to "feel" one drink, or one drink may

knock you for a loop. Just remember that no matter how mature and responsible you may consider yourself to be when you lift that glass, you're dealing with what is, for all practical purposes, a drug.

Alcohol is a depressant, and the first thing it depresses or slows down is the higher center of your brain, your faculty of self-criticism, judgment and restraint. Remember, too, that in spite of what you see in the movies, in spite of the beer and whiskey ads, it is not necessary to drink to be sociable, to be a success in a business or profession, to sweep a girl off her feet.

Next, if the crowd you are running around with is drinking when you don't want to, or is drinking more than you care to, don't hesitate to say no when the next round is offered, to cut out, or to go home. It's stupid enough to get drunk; it's twice as silly to drink too much simply because that's what "everybody else" is doing.

Finally, and perhaps most important, there is always a chance that you have within you the characteristics of an alcoholic, a seed that is hidden but now waiting for circumstances that will let it grow and flower. If you should come to recognize in yourself a fondness for alcohol that seems to be greater than you observe in others—especially in people who impress you as competent, well-adjusted human beings—then the red flag of danger is up.

If you do any amount of drinking in the next few years, there is a simple test I wish you would take from time to time: Try doing without alcohol for a while and see what happens. This way you can get an idea of how much alcohol means to you, and how much you value what it does for you. You'll probably find that being "on the wagon" means no more than a moment of awkwardness when one of your buddies suggests having a drink. But if you find that removing alcohol from the picture makes a serious difference in the way you feel, if you are drawn back to it against your own resolve not to drink, this may tell you that alcohol does, indeed, hold a special danger for you, as it did for me. Then there is only one safe course: avoid the use of alcohol altogether.

You will have problems in life. You will have disappointments, doubts, fears. Never try to make the mistake of seeking an artificial, temporary solution to these problems through alcohol, pills or narcotics. A way of life cannot be built on such flights from reality. My prayer for you is not so much that you will find every happiness you seek, but that you will accept with clear-headed fortitude the times of trial that are sure to come your way, and receive with gratitude the love and good fortune that are always close behind.

Source: Reader's Digest, November 1966



thinking about such mundane subjects as how to pay the rent or what to feed the children, thinking about - would you believe it? - of what the neighbors are saying when the dear alcoholic staggers up the front steps in broad daylight.

One alcoholic writes a whole book on the subject, blaming the ordinary natural family affection, the indulgence and praise of his mother, as the cause. Don't praise your children too much, he solemnly warns, well, that sounds logical. Most drinkers seem inordinately fond of praise; but the next authority says profoundly, "People drink because of an inferiority complex. Parents should praise their children for every effort."

Yet all around, you see people with inferiority complexes of the most painful natures who never take to drink, who either endure or overcome their feelings of inferiority, and in many cases lug an alcoholic along with their complexes. When will the learned people start looking for the cause at its source - alcohol?

But you mustn't be bitter. These people are trying to help you. All you have to do now is tell Johnny and Suzie that papa is sick. "Why doesn't papa have treatment?", little simple Suzie asks. Papa doesn't want treatment. I mean, what fun would paps have when Joe Doakes drops in, if he had treatment - what fun would papa have on his business trips, at his class reunion, at the bar?

No, on second thought, better not tell Suzie he is sick. Better not say anything to Suzie, To Johnny, maybe, Johnny has been acting morose lately, embarrassed when the gang sees papa not quite himself.

Tell Johnny, "Papa is sick. He is an alcoholic. You mustn't be ashamed of him any more than Jim is ashamed of his father's heart trouble." If Johnny cries out, "But Jim's father stays in bed with his heart trouble. He doesn't say and do foolish and bad things because of his heart trouble. He is not allowed to drive and knock down fence posts because of his heart trouble!" - but he won't, being Johnny, and 14.

THAT SYMPATHY LOOK

He will squirm uncomfortably and change the subject. He'll become quieter and meet the gang down the street a way, and sometimes you will catch him, with sympathy in his eyes, looking at you.

Thank goodness Suzie is different! She is gay and is never bothered by papa's actions. But the little demon, memory, whispers, "Johnny was like that a few years ago too." Suzie will get quiet and ashamed, and will look at you with pity, and do little kindness' far beyond her years - which will hurt you more than any childish thoughtlessness ever hurt. But you smile until your face aches, and you swear that no one will ever see you looking

like a drunkard's wife.

You dress becomingly, and keep the children looking nice and the home homelike. By rigid economy you manage fine - that is, on a good week you can save just about as much by all your economies and mendings as papa spends in a day. BUT KEEP THAT SMILE ON! Drunkards wives are apt to let their faces sag to scowl, to let their hair hang down their necks. You will never come to that!.

So you extol papa's virtues to the children and to outsiders. You are old-fashioned. You still can't talk about papa being a drunkard - excuse it, an alcoholic. You know that everyone knows, and that they know you know it, but it saves your face a little to pretend you don't. This wins you some admiration but not much. Mostly it brings you scorn. "Why doesn't she admit he drinks too much? Wouldn't it be better?" Better by far, a hundred times better, but you can't. It hangs over you every waking minute, eating into your vitals, coloring, or discoloring your life; but you can no more talk about it than you can undress on Main Street.

As the years go by it gets harder to keep your resolution not to look like a drunkard's wife, not to let the children know, not to invite sympathy. You don't give a damn how you look some days, but habit is strong (even a good habit) and you keep up appearances. You don't care what the children think of papa, but secretly you hope they think the worst. You long to win sympathy on the street car and in the stores by your look of patient long-suffering - to let your hair down and tell all to the "girls" - to hear their cluck-cluck of sympathy, their words of praise - or just to get it out of your system.

YOU DON'T CARE

Above all, some days you don't care what becomes of papa. Better have him come to some harm than to harm someone else, you say grimly or philosophically, according to your mood. The quick sympathy, the feeling of tenderness, when he becomes sober and penitent, is gone. It seems kind of good. Enough to feel sorry for yourself and the children without feeling sorry for papa. You tear out of your heart the image of the man he might have been - the man he was. Like having a tooth pulled, it's hard, but a relief.

You read some more. "Only an alcoholic can help another alcoholic. He alone understands his problem." Only an alcoholic's wife can understand another alcoholic's wife, you paraphrase. And they are not always sympathetic, you think sourly, they can always see how the other wife is to blame, but not themselves. You wouldn't confide in them anyway. Instead you hold aloof and don't associate with them. What snobs we drunkard's wives are!

You lose control more easily. You sob and cry and pound the table, and heap

curses on the heads of the liquor interests, and maledictions on anyone who hands out a drink of liquor; but the next time papa gets out the drinks for the guests, you adjust your wooden smile and help. Never must the alcoholic's wife openly disapprove of liquor. That will always be seized upon as a reason for his drinking, by relatives, by friends, by papa!

In fact, you learn early that alcohol is a Sacred Cow. To help food saving you eat up all the crusts so obediently that there is nothing left with which to stuff the Sunday chicken. You feel guilty to have the chicken, even, and well you might, the papers tell you; but only the most courageous - or foolhardy - editor will suggest, once in a while, that perhaps some of the grain that goes into alcohol might better go to feed a starving world. Leave that Sacred Cow alone!

You hear that there is a comedy at a downtown theatre, and you all go, including your husbands' maiden aunt. Monty Woolley portrays, in equally divided parts, a mixture of Monty Woolley, Alexander Woollcott, George Bernard Shaw, and the village bum - with an endearing character! He plays a gifted actor who never holds a job, an alcoholic, well pleased with his status. His daughter is a cripple because he drunkenly dropped her when she was a baby. You can see what a riot it is! She waits on him and worries over him and has no social or romantic life. Devastatingly funny, of course! Monty is selfish, rude, lazy - and full of charm. Hired to be a store Santa Claus, he becomes inebriated, insults the customers, and burps. The children force a laugh, but presently you all leave, voting it the worst picture of the year.

What is your amazement to find, in a respected magazine, a review of this picture, citing its humor, and adding, gratuitously, that everyone will delight in it but bluenosed prohibitionists. You boil. You contemplate writing a scathing letter to the editor and pointing out to her that the one who disliked it the most was not the maiden aunt, not the children, not the wife, but the alcoholic himself. But you don't - you don't. No Carrie Nation you, to lift up the tongue against the Sacred Cow.

Many a night you go to bed sobbing hysterically, to be brought up short by the thought of the children. What will become of them if you break down? You have been a father and mother to them for years. You settle down to sleep. Surprisingly enough, you sleep long and soundly, and awake amazed at your own resiliency. This is another day. Be thankful you can take care of the children.

Occasionally the day ends with you feeling encouraged and hopeful, but perversely, the next morning the pall is thick around you, and it seems almost impossible to go on. It's a relief to get the children off to school, and no longer have to pretend before their searching, sympathetic eyes; and on this day life stretches before you without a ray of hope, with no release this side of the grave. The one thing you are thankful for on one of these

days is that there is no gas stove in the kitchen, no gas jets on the walls.

And the week ends, the horror of the week ends! No school to send them off to, Suzy's friends in and out, Johnny spending more time than is good for him at the movies and bowling alleys to avoid seeing his father celebrate. The "new leisure," the long weekend, beginning Friday afternoon and lasting until Monday morning.

Oh, for the good old days when drunkards had to wait until Saturday night to start the week- end celebration! But Sunday you get up and start the dinner. You rouse the children in time for Sunday School. You dress carefully, and put on your new hat for church. How flattering the color is with your silver hair. You can wear a lot of colors now you never wore before. You must remember that when you shop for clothes. All these things help in keeping up appearances.

And once again, you vow eternally that you will never look like a drunkard's wife - no, not even like an alcoholic's wife.

Source: Maclean's Magazine, December 15, 1946

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+++Message 1153. Rule 62

From: ny-aa@att.net 7/18/2003 8:59:00 AM

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Hi, History Lovers:

Page 149 of the Twelve and Twelve talks about all of the rules that differrent central offices had in the early days. There were requirements for being an A.A. member. There were requirements on what constituted an A.A. group. In some cities there were rival central offices with different sets of rules.

I have found little or no documentation on the web of what was on these lists. Without getting into discussion or opinions, does anyone have actual qualification rules lists from early A.A. let's say pre-1955 or so? There seems to be a gap in this part of our history.

En2joy! Tom En2ger

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+++Message 1154. Re: Rule 62

From: Arthur Sheehan 7/18/2003 5:17:00 PM

myself-and so damn mad at her.

Six weeks later, following the operation, the doctor told me that her knee was all right. "But the malnutrition is so bad that her skin kept tearing when I sutured. The blood tests show that her liver is shot. She's going to be dead in six months at this rate."

Walking to the elevator, I was totally depressed. I knew that, as soon as she got home, we would be right back on the same old merry-go-round. It all seemed so futile! And then I bumped into a former business associate, a recovered alcoholic, who for years had been helping people who had alcohol problems.

"What are you doing here?" he asked. "Nothing serious, I hope."

Right there in the hospital hall, I told him the whole bloody mess.

"You know," he said, after I'd finished, "if it's as serious as you say, you need help, too. Living with an alcoholic can be an impossible load."

I know. I know.

And then he told me about Al-Anon-an organization for people whose lives are affected by someone else's drinking problem. He went on to say that Al-Anon provides information and help for these people whether or not the alcoholic seeks help, and he suggested that I go to a local meeting. I was too filled with resentment, though, to really listen. I tried to be courteous but, even as he talked, I was wondering why I should go to meetings. She has the problem-not I.

But the idea wouldn't go away. "An impossible load," he had said. As time passed, I began to realize how warped my life was becoming. I became aware of a whole litany of destructive emotions-anger, anxiety, disgust, embarrassment-that were beginning to overwhelm me. I should try Al-Anon.

One January evening, I got up nerve and went. In the meeting room were 15 or 20 adults of both sexes and miscellaneous ages. I sat down next to a woman in her 60s who introduced herself as Beatrice. "May I give you this?" she asked, handing me a folded card. "It's the whole thing on the head of a pin."

On one side was the famous prayer: "God grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference." On the other side were the 12 Steps of Alcoholics Anonymous. The first step: "We admitted that we were powerless over alcohol-that our lives had become unmanageable."

Now the meeting was starting. George, the moderator, asked us to observe

confidentiality, to use first names only; and he explained the purpose of Al-Anon, as a separate fellowship from AA, designed to meet the needs of families and friends of alcoholics. He pointed out that the Al-Anon program is based on AA's 12 Steps and is designed to guide its members into personal awareness of their role in relation to the alcoholic. Then he suggested that we take turns trying to figure out, aloud, how far each of us had gotten with Step 1.

I felt confused. "We admitted that we were powerless over alcohol." I thought, That's my wife's decision, not mine. But then, as I listened, I understood. The question for us was: "How well have we learned that we cannot control our spouse's alcoholism? What progress have we made in learning to control our own anxieties and anger in the face of the problem we live with?"

A pretty young woman with heavy circles under her eyes said, "I've learned not to cover up for him anymore. If he's too drunk to go to work, I don't call up and say he's sick. He may get canned, I know, but that's his problem to deal with."

Others spoke up: "As long as he can count on you to protect him, he won't change. Don't forget, you're powerless over his drinking. Don't let him make you anxious"...."I used to look for the bottles and pour them out, until I realized he'd just buy more and hide them better"...

"When she's too drunk to cook dinner, I take the kids out. We try to make it fun."

And then it was my turn. Was I in any position to say anything? My palms were wringing wet, and I didn't know how to start. Then the words really came: torrents of bitter words, words of resentment, confusion and anger. It must have sounded like a verbal boil being lanced, but the moderator was matter-of-fact when I finally shut up. "Thank you," he said. "I guess we've all felt that way at one point or another. That's why we're here. Keep coming. If you don't hear something tonight that will be helpful, you will next time."

During the next several days, I read everything the moderator had given me about Al-Anon. I learned that a spouse, having accepted intellectually that he or she cannot solve the alcoholic partner's problem, must take the big step of accepting it emotionally as well. For his own preservation, dignity and peace of mind, he must "let go"-detach from the drinking problem. He must refuse to worry; he must accept what he cannot change; he must seek serenity by avoiding the arguments and anxieties created by alcoholics. It seems so selfish to ignore someone, but as one woman in our program explained, "That's not what Al-Anon means by detachment. It's really `tough love' we're talking about; to protect our own sanity, we turn away from the drinking problem and the crazy behavior it causes."

The second meeting I attended brought new dimensions. I felt the beginning of fellowship with the group and a clearer understanding of what we were trying to do. I learned that in "working the program," as Al-Anoners call it, one is required to examine one's own motivations carefully-to make an honest self-appraisal of virtues and weaknesses. Contempt, scorn and sarcasm are common personality defects of the alcoholic spouse. And a determination to run things-to control the alcoholic, to hide the bottles, to keep a stubborn grip on everything "because the alcoholic can't do anything"-is often the most serious personality defect of all.

"Swell," I said. "But what do I do when I come home and find the sink full of dishes, the hamper full of dirty diapers, and the kids not fed?"

"First, you try not to get angry-but to remember that you are dealing with the symptoms of an illness. Then you do the minimum necessary for cleanliness and health."

And what about the children who have to live with an alcoholic parent? You level with them, even if it makes you feel guilty at first. You explain that their mother or father is as truly sick as a diabetic, and you get them to Alateen-the offshoot of Al-Anon for teen-agers-where they can rap with their peers about their problems.

My 13-year-old daughter was becoming increasingly tense about the problem at home. One day, she broke down at school. Her teacher called me at the office. I had toyed with the idea of Alateen for Beth, and had even talked with her about it. Up to that point, she had not wanted to try it.

But there was an Alateen meeting scheduled for that night, and Beth agreed to go. I sat across the hall at the Al-Anon meeting with a lump the size of a watermelon in my stomach. Would it help my daughter? Scare her? What were those ten kids talking about? I couldn't concentrate on a thing in our meeting.

When I asked her later how it had gone, she broke into a smile. "Great, Dad! Can I come back next week?"

As I write this, it has been 19 months since that first January night. Taking it a step at a time, I'm still with Al-Anon. It offers no magic solutions, but rather a whole new philosophy of living, to be learned slowly and patiently. There is a spiritual aspect to the program that can be a stumbling block for some people. It requires that one submit his personal will to that of a higher power and stop trying to play God in his own house.

In my case, I am learning to put things in perspective. I have two wonderful children, a good job and the ability again to enjoy a sunset, a good laugh, a pleasant meal. I am no longer consumed by that part of my life that I

cannot do anything about.

My wife is wrestling privately with her alcoholism. She may yet reach out for help. I do not know. But I do know that I no longer blame myself or her. Our home is a happier place now that my children and I have learned about the disease of alcoholism. The problem is in its place, not pervading everything as it did before-because I, like many thousands before, have found an oasis called Al-Anon.

For further information about Al-Anon and Alateen, consult your local telephone directory or write to: Al-Anon Family Group Headquarters, Inc. (or Alateen), P.O. Box 182, Madison Square Station, Dept. D, New York, N.Y. 10010.

Source: Reader's Digest, September 1976

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++++Message 1156. Special Interpretations
From: bbfreeaa 7/19/2003 9:40:00 AM

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Does anyone have a historical perspective of Dr. Bob's comment on page 227 of of Dr Bob and the Good Oldtimers where he states while talking about our 12 Steps "Their simplicity and workablilty are such that no special interpretations and certainly no reservations, have ever been necessary."

I wonder if they were already being hit with what we have today -- special workbooks, books, tapes, etc purporting to be AA that are nothing more than shameless attempts to profit from AA or someone's messiah complex that they know even more than the Big Book wrote and without their "special interpretations", one cannot maximize their Spiiritual Awakening (e.g. "Back to Basics", "Big Book Awakening", and many others) I read this line from his book anytime I am speaking on the Steps. I think it says it all.

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++++Message 1157. Re: Special Interpretations
From: Jim Blair 7/19/2003 12:40:00 PM

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bbfreeaa wrote

> Does anyone have a historical perspective of Dr. Bob's comment on page 227 of of Dr Bob and the Good Oldtimers where he states while talking about our

instruction classes conducted by veteran members of AA.

The Twelve Steps are the logical process by which an alcoholic finds and maintains sobriety and becomes rehabilitated. It has been the history of AA that any alcoholic who has followed this program without deviation has remained sober. Those who have tried to cut corners, skip over steps, have eventually found themselves in trouble.

This has been the rule rather than the exception.

Upon being asked which is the most important of the Twelve Steps, one of the early members once replied with another question: "Which is the most important spoke of a wheel?" If a wheel has twelve spokes and one is removed, the wheel will probably continue to support the vehicle, but it will have lost strength. Removal of another spoke weakens it even more, and eventually the wheel will collapse. So it is with AA.

Removal of any of the Steps will eventually result in a collapse.

It is important that the newcomer be introduced to the Twelve Steps at as early a date as possible. On these rules depend his full recovery. If you feel that the Steps are a bit too complicated at first, you can introduce them to your "baby" in a simplified form, going into the complete program later. The condensed form:

1. We honestly admitted we were powerless over alcohol and sincerely wanted to do something about it. In other word we admitted we were whipped and had a genuine desire to QUIT FOR GOOD.

2. We asked and received help from a power greater than ourselves and another human (NOTE: In almost all cases that power is called God. It is, however, God as WE

UNDERSTAND HIM. For purposes of simplification, the word God is used in this pamphlet, meaning whatever higher power you choose to accept. In the case of

the
agnostic, the atheist or any unbeliever it is only necessary that he
recognize
some
power in the universe greater than he is. He can call it God, Allah,
Jehovah,
the
Sun, a Cosmic Force, or whatever he chooses. He is almost certain to admit
that
we
live in an orderly world, a world where night invariably follows day, where
spring
follows winter, where corn ripens at a certain season, where the young are
born
on an
invariable schedule, where the planets and other heavenly bodies maintain an
orderly
course. So it is only logical that there is some greater power behind this
orderliness. Such an admission is all that is necessary.)

3. We cleaned up our lives, paid our debts, righted wrongs.

4. We carried our new way of life to others desperately in need of it.

The Twelve Steps follow a logical sequence, one that has been used almost
universally by successful members of AA. They were carefully thought out by
the
founders of the organization and are as true and as necessary to successful
recovery
from alcoholism today as they were when they were written.

. . . .

FIRST STEP

We admitted we were powerless
over alcohol -- that our lives had
become unmanageable.

WITHOUT the first step there is no chance of recovery., It has been
demonstrated
over
and over again that a person becomes sober and stays sober only when he is
doing
so
for himself and himself alone. He may become sober temporarily for the sake
of
some
person, fear of some sort, because of his job, but unless he is sincerely,
genuinely

determined to sober up for himself, his days of sobriety are numbered.

It is a difficult step to take. It is a step in which no assistance from an outside source is possible. the prospect must make it alone. It is not easy

to
admit

defeat. For years we have said, "I can stop drinking any time I want to."

For
years

we have believed that sobriety was "just around the corner." tragically enough,

we

never rounded that corner; and we suddenly discovered, much to our dismay,

that
we

could not quit. We were like rabid baseball fans who still hope for a

miracle
when

the home team goes into the final inning trailing by half a dozen runs.

So we finally came to the fork in the road. We either honestly admitted that

we

had a problem or we continued sinking deeper and deeper into the bog of alcoholism,

resulting in loss of mind or death. Until the admission is made, to ourselves,

that

our alcoholic problem has gone our to control we have on inspiration to stop drinking. But once that admission has been made the was is cleared.

It is at this point that Alcoholics anonymous can step in and lend a helping

hand

in the remainder of the program. The remaining steps are automatically made easier.

The symptoms of alcoholism are clearly defined. There are scores of them,

but

among the major ones are:

The inability to stop drinking after taking one drink.

The necessity for a drink in the morning to "straighten up," that morning

drink

developing into another drunk.

Getting drunk at the wrong time. That is, getting drunk when every instinct

tells

us that the occasion is one calling for sobriety.

Inability to sleep without the use of alcohol.

Loss of memory during a drunk and the deadening of memory even when sober.

The prospect will doubtless recognize many symptoms as his own when he
listens to
the stories of members of the group. When he recognizes them, it is
imperative
to
impress on him that even if he isn't an out and out alcoholic he is studying
hard to
be one, and the time when he will be in serious trouble is not too far away.

There is no known cure for alcoholism. Once a person becomes an alcoholic
(he
won't recognize it when he crosses the border line) he is an alcoholic for
life.
He
may go years and years without touching intoxicants, yet when he does, he
will
be
back in the same old squirrel cage again. Strangely enough, case histories
prove
that
he will be worse than he was before.

So it is not only important that we admit that we are powerless over
alcohol,
but
that we CONTINUE to bear in mind at all times that we are alcoholics. Only
complete
sobriety can make us and keep us normal.

If, as a newcomer, you can honestly say to your AA friend, "I have an
alcoholic
problem; I am certain that I am an alcoholic; I want to do something about
it,"
half
of the battle is won. You are then open to teaching. Your mind is prepared
to
receive
instructions in the AA way of life.

...

SECOND STEP

Came to believe that a power
greater than ourselves could restore

us to sanity.

HAVING taken the first step we naturally ponder what we can do to receive assistance.

Looking into the past we discover that our attempts to give up alcohol through our own will power have always failed. It is comforting to know, however, that many great minds are agreed that trying to use will power is like trying to lift yourself by your bootstraps. The sincere efforts of our families and friends to help us have been unsuccessful. We have fancied ourselves as rugged individualists. We have liked to think "I am master of my fate, I am captain of my soul." A little honest thinking convinces us that we have been miserable failures as captains and masters.

Many of us tried doctors and hospitals. Some of us tried religion. We found deep sympathy, but we did not find sobriety. The results were always the same -- we got drunk again.

Will power, help from families and friends, medicine, and formal religion having failed, there is but one place to turn. That is to God as we understand Him. This is not as difficult as it might seem. You are not asked to go to church. You are not asked to seek the advice of a clergyman. You are only asked to quit trying to run your own life, and to keep an open mind. You are asked to accept teaching from a group of men who have ironed out the same problem that is bringing you deep trouble.

Perhaps the easiest approach to the Second Step is to think back to our childhood. When we got into trouble we ran to our mother or father, knowing there was

complete
safety in their arms. We told them our troubles and our minds were relieved.
Picture,
then, God as a universal Father, ready to listen to your troubles, ready to
give
you
the same understanding and protection you received from your parents in
childhood.

If your faith is not too strong at first try solving it this way: Look
around
at
your new friends in AA. The program has worked for them. Their troubles were
as
great
as yours. They were down and-outers morally and in many cases physically.
Yet
they
have followed the rules and have managed to keep sober. It is just a matter
of
following the advice of your new friends. Follow the program they lay out
for
you.
Have faith in that program. It has worked for them. It can work for you.

...

THIRD STEP

Made a decision to turn our will
and our lives over to the care of God
as we understand Him.

ONCE having come to believe there is a Power greater than ourselves, it is
not
too
difficult to turn our lives over to that Power.

It was explained in the Second Step that as rugged individualists we were
rank
failures. Forever looking into the future, we were forever disappointed when
our
plans failed. It is at this point that the Day by Day, or the Twenty-Four
Hour
plan
comes to our assistance.

We have found that by giving up planning, by letting each day take care of
itself
-- and it always will -- we have been able to keep sober. We can't control

the
future. The past is done and can't be returned. And so if we can do a good
job
this
day we are doing the best we possibly can. We start the day by deciding to
stay
sober
for just twenty-four hours. We ask assistance from God to stay sober for
that
brief
period. And when the day ends we thank God for the help He has given us. And
on
the
next day and the next we follow the same program.

This is the first step in turning our will and our lives over to God as we
understand Him. From this small beginning we develop until we find we are no
longer
headstrong, we are no longer trying to run our own lives and making a sorry
job
of it.

. . .

FOURTH STEP

Made a searching and fearless
moral inventory of ourselves.

AGAIN we come to a step that requires courage. One of our chief reasons for
drinking
was to escape from ourselves. We were afraid of our own thoughts and knew we
could
escape from them through alcohol. We were afraid to face facts. We were
afraid
of our
jobs, afraid of our families, afraid of responsibility. And we were afraid
of
thinking about them.

So having fortified ourselves by taking the major hurdles embodied in the
first
three steps,, we find the time has come to actually do something definite
about
our
problem. So very much like a bather diving into an icy lake we plunge into
an
inventory of ourselves.

And what do we find? We have been dishonest. We have lied. We have cheated.

We
have broken hearts. We have stolen. We have slandered others. We have
indulged
in
extra-martial activities. We have cursed God and man. We have broken faith.
We
have
smashed most of the laws of God and man. In all, we find that we are pretty
sorry,
miserable individuals. and every one of these facts can be traced back to
alcohol.

To continue the inventory, we consider our physical selves, finding that
health is
impaired, memory is faulty, appearance is becoming more careless and
slovenly,
finances are at a low ebb. And having honestly taken ourselves apart we
wonder
how on
earth people have put up with us all this time.

It is a brave act to dissect ourselves thus. But we are fully compensated in
the
great feeling of satisfaction we experience in having at last squarely faced
an
issue. No man in his right senses wants to continue in this manner when he
finds
out
what is wrong with him, so we logically come to the Fifth Step.

...

FIFTH STEP

Admitted to God, to ourselves and
to another human being the exact
nature of our wrongs.

HERE again we find a very logical sequence. Having analyzed ourselves we
find it
makes sense to do something toward righting what we have found wrong. If we
have
taken the Fourth Step we have already fulfilled the first and second parts
of
the
Fifth Step requirements. For a calm diagnosis of ourselves brings our
defects.
So we
come to one of the oldest truths in the world -- a trouble shared is a
trouble

cut in
half.

To admit our wrongs to another person may sound like an insurmountable
obstacle,
but actually it is very easy if we go about it in the right way. And any
good AA
can
show the path. It does not mean that we formally sit down with someone and
say:
"I
have done wrong in the following manner: First, I have been, etc. etc." If
that
were
the method used, AA would not be the great organization it is today.

The AA member will pave the way by first telling his story. The newcomer
will
be
amazed at his frankness, at the ease with which he tells of usually
unmentioned
escapades. He will tell how rotten he has acted toward his family, or how he
spent
weeks of his life in jail or institutions; of dishonesties; of lies and
subterfuges;
the whole sorry picture.

One or two conversations like this and the newcomer will begin to unburden
himself. Things that he thought he would never tell a living soul start to
come
out.

And as he shares his secrets his mind becomes unburdened of the terrific
weight
he
has been carrying.

He literally gets his troubles off his chest, and one reason for drinking --
drinking to forget -- immediately disappears. It is at this point that real
sobriety
begins. Nor can an alcoholic be safe until he has unburdened himself. He
begins
to
feel that he "belongs." And after he has stood up in public, leading his
first
meeting, he then feels that he is a full-fledged member.

The newcomer is definitely progressing, and is ready for the next two steps,
which

are grouped together for explanation and interpretation.

...

SIXTH STEP

We're entirely ready to have God
remove all these defects of character

SEVENTH STEP

Humbly asked Him to remove our
shortcomings.

IT IS VERY likely that we will willingly take the Sixth Step. As we scan the
faces of
our new friends in AA we see something we want. We see contentedness,
freedom
from
fear, happiness, serenity and peace. We have been harassed by fear of losing
our
jobs, fear of divorce, fear of creditors, in fact, fears without end. We
want to
be
like our new friends. And so, remembering back that no human agency has
helped
us
before, we are willing to have God remove all defects of our characters.

But how do we ask Him to do it?

In the first place, we must remember at all times that we cannot bargain
with
God.
In our drinking days we would get into trouble and pray something like this:
"Oh
God,
if you will get me out of this jam I'll never get in trouble again."

But whether or not we got out of that particular jam, you were right back
into
another one.

Instead of asking for outright help, ask for guidance. Ask merely to be
shown
the
way, so that you can do your own part. As we said earlier in this booklet,
ask
for
guidance for one day at a time. The days will grow into weeks, into months
and

into
years. Yet it has been but one day at a time.

Do this humbly. Humility is sometimes difficult to attain. In our cups we
were big
shots. They were all out of step but Jim. Try to remember that regardless of
who
you
are, you are but a tiny cog in the great universe. Look at a distant star at
night.

Remember that it took the light from that star a century or more to reach
the
earth.

Remember the star on which you gaze could probably swallow the sun without
noticing
it. Consider that the earth is one of the lesser planets. And then consider
your
own
physical insignificance. It will make you feel small and humble. And it is
with
that
attitude that you should ask God to remove your shortcomings.

To be humble is not to grovel before men. It is not to become a doormat for
society.

Yet while in the flesh we are but infinitesimal specks, always remember that
the
very essence of the Christian religion is that the soul of man is eternal.
It is
the
most precious thing in the world. ?In the very least of us is a little spark
of
the
divine. It is that divinity that makes us rise above the lower animals.

Humility is based on the recognition that we are the children of God. It is
the
consciousness of the need of a power greater than our own and a willingness
to
let
that power control our lives.

Very simply put, humility is teachability, an open mind to the truth.

And when we can bring ourselves to this state, our recovery is well under
way.

. . .

EIGHTH STEP

Made a list of all persons we had
harmed, and became willing to make
amends to them all.

NINTH STEP

Made direct amends to such people
wherever possible, except when to do
so would injure them or others.

THESE TWO steps are in such direct relation to each other it is simpler to
discuss
them as one.

It is at this point that we begin the physical act of rehabilitation. Here
is
something physical that we can do. It is where we clean up the book of our
lives
and
start a brand new ledger.

Our debts are of two kinds, the physical and the moral. A very satisfactory
way to
square accounts is to take a piece of paper and list your debts.

As you square accounts check off each one. It is comforting process to watch
the
list grow smaller and smaller until it disappears. This is not an easy step.
We
would
prefer to forget the past and its debts. But as long as we owe them, they
are
impossible to forget. They come back to haunt us. And an alcoholic can't
afford
to be
haunted by the past.

So we set about paying back our physical debts. There are those
long-neglected bar
bills what have driven us from some of our favorite haunts. There is the
doctor,
and
the butcher, and the baker, and the friend who loaned us money. There is the
vase we
broke on a drunken party at a friend's home. perhaps our financial condition
does not
permit us to clean up our debts all at once. Do not hesitate to pay a dollar

here and
a dollar there. It is remarkable how soon they are cleared up, and we will
find
we
have gained new friends. Or perhaps a bank or other financial institution
will
lump
all your debts together and pay them off, taking your note. By all means pay
off
this
note as rapidly as possible.

It is not so easy with the moral debts. Some of these we can never repay.

There is
your employer who has given you chance after chance -- many more than you
actually
deserved. It would be well to let him know, not only by word but by deed
that
you are
doing something to solve your drinking problem. He will be skeptical at
first,
perhaps, but he is going to admire you more and more as time passes.

There are your friends whom you have let down. A few apologies are in order
here.

There are those you have maligned, ridiculed, or slandered. As you make
amends
you
will find yourself increasing in strength and stature.

Finally there are your dear ones who tried so hard to love you, to help you.

How
many times have you broken their hearts? How many times have you
disappointed
them?
How many times have you promised to quit drinking, only to break the promise
within a
few hours or a few days? How many times have you let them down in a crisis?
And
yet
they have stood by you. They have nursed you back to health when the worst
thing
wrong with you was a bad hangover. They have paid your debts. They have
protected
your names and reputation. They have fought for you when you could not fight
for
yourself. They have put up with your lies, your subterfuges, your wanderings
into

extra-martial excursions, your dishonesties, your vile morning-after
disposition. And
they still love you.

Here is a debt that cannot be repaid by words -- even though you apologize
until
the very moment of death. This moral debt can never even fully be repaid by
deeds.

But it can be reduced to a minimum. The history of AA sparkles with families
reunited
and happily living together. But don't expect this miracle to happen
overnight.

Always remember, it took you years to become an alcoholic. Full
rehabilitation
cannot
be expected in a day or a week or a month. The road to rehabilitation is not
as
long

as the road to alcoholism, but neither is it as tough. If you have
successfully
made
the Sixth and Seventh Steps you will fully understand this. Always remember,
easy
does it. We must take life and its problems a single thing at a time. The
longest
journey starts with but a single step.

Do not minimize the importance of the Eighth and Ninth Steps. Without having
taken
them you will never be on firm ground. Having conscientiously taken the,
your
future
is more assured.

TENTH STEP

Continued to take personal inven-
tory and when we were wrong
promptly admitted it.

WE FIND in AA that after a few months of sobriety, after the alcohol is
completely
out of our systems, our problems are more mental than physical. It is very
likely
that a psychic quirk scarred us on our drinking careers in the first place.

It
has
been the rule rather than the exception in AA that as long as a person
thinks

straight he remains sober. When he goes back to the old alcoholic way of
thinking, he
gets drunk.

There are certain luxuries common to the average person that an alcoholic
cannot
afford. He cannot afford resentment, nor self pity. He cannot afford envy
nor
greed.
He cannot afford dishonesty of any kind. He cannot afford procrastination,
putting
off till tomorrow what should be done today. He cannot afford to do anything
that
will cause him regret or disturb his peace of mind later. And so we must
keep
our
thinking straight and clear. We must recognize that our enemy is alcohol,
and
that
enemy is lurking to slay us on the slightest excuse, at the slightest
opening.

And so it is important that we continue to take personal inventory. Perhaps
we
find ourselves criticizing some other member's method of staying sober.
Instead,
admire him for doing a fine job, whatever his method. Perhaps you resent
something a
leader has said. Forget it, it will be your turn to lead before long, and
you
will
probably offend someone yourself. Perhaps you don't think your boss is
advancing
you
fast enough. Just how long have you deserved to be advanced?

This list could be prolonged by thousands of words. But by this time you
have
advanced far enough in this new way of living to recognize what is good and
what
is
harmful to you.

So, take time off occasionally to check up. Are you doing your best? If you
are,
don't worry. You are making progress.

ELEVENTH STEP

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 it out.

WHAT HAVE I to meditate about? This will be answered within a very few days after you have become associated with AA. For the first time in your life you are giving of yourself, and for the first time in your life you will find that good is repaid with good. You will waken in the morning with clear head and eye. You will not be tortured with fears of what you did the night before. People will go out of their way to be cordial, kind and helpful. Happiness will shine in the faces of your loved ones. You will be free from fear, each day will add to your contentedness, you will not be dodging into alleys and crossing streets to avoid moral and physical creditors, you are beginning to have the power to help others. Surely, you have much for meditation.

When you meditate on this new way of living you cannot but realize that there is a God above, guiding you through each successive day and night. As you become more conscious of this you will seem to better understand this Guiding Power. Before long you will find it is easy to pray. But if it doesn't come easily, don't let it worry you.

Even churchmen will admit that prayer as we commonly hear it is phrased in language stilted and archaic. The Thee and Thou form has been used since the days of King James when the present version of the Bible was written. If you don't like

it
don't use it. It is not hard to say before retiring, "Thank you, God, for
keeping me
sober today." Nor is it hard to say in the morning, "Please, God, guide me
in
the
path of sobriety and decent and useful living this coming day." Make your
talks
with
your Guiding Power a personal thing. Give thanks for help and ask for
assistance
as
though you were addressing your earthly father. Your sincerity is what
counts,
not
the form of language you use. And be certain that the God to whom you pray
will
make
it easier for you to work out your own salvation.

...
TWELFTH STEP

Having had a spiritual experience
as the result of these steps, we tried
to carry this message to other
alcoholics, and to practice these
principles in all our affairs.

NOW YOU ARE on your own. Your AA friends have given you your tools and
showed
you how
to use them. From now on it is YOUR job to fashion YOUR life.

In the first place, don't be thrown by the phrase "Spiritual experience." It
may
bring to mind something supernatural -- perhaps the lightning flashing, the
thunder
resounding. Or as in the case of Saul of Tarsus, a blinding flash of light.

A
sudden
spiritual experience or awakening is extremely uncommon. Perhaps a score out
of
the
thousands in AA have experienced it. But it is a slow process for the
average
person.

We are inclined to confuse spirituality with theology, dogma, creed and

ritual.

Just

remember that most of us are pretty new to this useful, decent way of

living, so

we

must learn the spiritual side of the picture slowly and simply.

Remember this simple thing: The entire structure of the Christian religion

is

built on Love. The word has many synonyms, such as Charity, Grace,

Good-will,

Tenderness, Generosity, Kindness, Tolerance, Sympathy, Mercy, and others.

When

we

help a fellow being, when we are kind to one another we are performing a

completely

spiritual act. Spirituality is simply the act of being selflessly helpful.

If

you

will start with this simple explanation you will find that the green light

has

been

flashed on. Christ taught that there are two great commandments: to love

God;

and to

love your neighbor as yourself. If you can follow these you will have no

trouble.

What you don't understand don't worry about. It will all become clear in a

short

while. If anything puzzles you, consult an older member of the group. He

most

likely

will straighten out your thinking in a few words.

If you have gone through the first Eleven Steps you have come far. It is now

time

that you are carrying on the work. You owe your sponsor and your group one

thing

--

to carry the blessings of AA to some other alcoholic in need. You will be

asked

to

call on a prospective member. Don't lose any time in doing so. Tell him your

story.

Tell him what you are trying to do. Tell him what AA has done for others. If

you

think you are too new, just remember that he is even newer, and if you have

been
sober only one day, he will look on you as a veteran.

Before long you will have a "baby" of your own. Then you will really have something to live for. You will worry about him, you will try to keep sober for him, you will guide him to the best of your ability, you will almost suffer with him as he comes out of his alcoholic fog. In doing this you will be giving of yourself, and you will find new joy in living.

Always keep it before you that the more you put into this work the more you will take out of it. The harder you work, the more activities you get into, the easier will be your road to sober living. There is no excuse for missing a meeting. There is no excuse for not helping someone when asked to. Always bear in mind that your alcoholic problem is the FIRST THING in your life. It comes before everything else.

For without sobriety you will have nothing -- no family, no job, no friends. And before too long you will have no sanity -- and will lose life itself. Share this new life with others. It will repay you then thousand-fold.

In conclusion, practice these steps in all your affairs. The Twelve Steps are not something to be gone through once and then forgotten. They are a set of rules for living that must be practiced at all times, never forgotten.

Remember that you are an alcoholic, and but one drink away from drunkenness again.

Remember that you are completely dependent on God as you understand Him.

Remember to keep your thinking straight.

years, has brought recovery to around 2,000 men and women, a large percentage of whom had been considered medically hopeless. Doctors and clergymen, working separately or together, have always managed to salvage a few cases. In isolated instances, drinkers have found their own methods of quitting. But the inroads into alcoholism have been negligible, and it remains one of the great unsolved public-health enigmas.

By nature touchy and suspicious, the alcoholic likes to be left alone to work out his puzzle, and he has a convenient way of ignoring the tragedy which he inflicts meanwhile upon those who are close to him. He holds desperately to a conviction that, although he has not been able to handle alcohol in the past, he will ultimately succeed in becoming a controlled drinker. One of medicine's queerest animals, he is, as often as not, an acutely intelligent person. He fences with professional men and relatives who attempt to aid him and he gets a perverse satisfaction out of tripping them up in argument.

There is no specious excuse for drinking which the troubleshooters of Alcoholics Anonymous have not heard or used themselves. When one of their prospects hands them a rationalization for getting soused, -they match it with half a dozen out of their own experiences. This upsets him a little, and he gets defensive. He looks at their neat clothing and smoothly shaved faces and charges them with being goody-goodies who don't know what it is to struggle with drink. They reply by relating their own stories: the double Scotches and brandies before breakfast; the vague feeling of discomfort which precedes a drinking bout; the awakening from a spree without being able to account for the actions of several days and the haunting fear that possibly they had run down someone with their automobiles.

They tell of the eight-ounce bottles of gin hidden behind pictures and in caches from cellar to attic; of spending whole days in motion-picture houses to stave off the temptation to drink; of sneaking out of the office for quickies during the day. They talk of losing jobs and stealing money from their wives' purses; of putting pepper into whiskey to give it a tang; of tipping on bitters and sedative tablets, or on mouthwash or hair tonic; of getting into the habit of camping outside the neighborhood tavern ten minutes before opening time. They describe a hand so jittery that it could not lift a pony to the lips without spilling the contents; drinking liquor from a beer stein because it can be steadied with two hands, although at the risk of chipping a front tooth; tying an end of a towel about a glass, looping the towel around the back of the neck, and drawing the free end with the other hand, pulley fashion, to advance the glass to the mouth; hands so shaky they feel as if they were about to snap off and fly into space; sitting on hands for hours to keep them from doing this.

These and other bits of drinking lore usually manage to convince the alcoholic that he is talking to blood brothers. A bridge of confidence is thereby erected, spanning a gap which has baffled the physician, the minister, the priest, or the hapless relatives. Over this connection, the troubleshooters

convey, bit by bit, the details of a program for living which has worked for them and which, they feel, can work for any other alcoholic. They concede as out of their orbit only those who are psychotic or who are already suffering from the physical impairment known as wet brain. At the same time, they see to it that the prospect gets whatever medical attention is needed.

Many -doctors and staffs of institutions throughout the country now suggest Alcoholics Anonymous to their drinking patients. In some towns, the courts and probation officers cooperate with the local group. In a few city psychopathic divisions, the workers of Alcoholics Anonymous are accorded the same visiting privileges as staff members. Philadelphia General is one of these. Dr. John F. Stouffer, the chief psychiatrist, says: "The alcoholics we get here are mostly those who cannot afford private treatment, and this is by far the greatest thing we have ever been able to offer them. Even among those who occasionally land back in here again, we observe a profound change in personality. You would hardly recognize them."

The Illinois Medical Journal, in an editorial last December, went further than Dr. Stouffer, in stating: "It is indeed a miracle when a person who for years has been more or less constantly under the influence of alcohol and in whom his friends have lost all confidence, will sit up all night with a drunk and at stated intervals administer a small amount of liquor in accordance with a doctor's orders without taking a drop himself."

This is a reference to a common aspect of the Arabian Nights adventures to which Alcoholics Anonymous workers dedicate themselves. Often it involves sitting upon, as well as up with, the intoxicated person, as the impulse to jump out a window seems to be an attractive one to many alcoholics when in their cups. Only an alcoholic can squat on another alcoholic's chest for hours with the proper combination of discipline and sympathy.

During a recent trip around the East and Middle West, I met and talked with scores of A.A.'s as they call themselves, and found them to be unusually calm, tolerant people. Somehow, they seemed better integrated than the average group of nonalcoholic individuals. Their transformation from cop fighters, canned-heat drinkers, and, in some instances, wife beaters, was startling. On one of the most influential newspapers in the country, I found that the city editor, the assistant city editor, and a nationally known reporter were A.A.'s, and strong in the confidence of their publisher.

In another city, I heard a judge parole a drunken driver to an A.A. member. The latter, during his drinking days, had smashed several cars and had had his own operator's license suspended. The judge knew him and was glad to trust him. A brilliant executive of an advertising firm disclosed that two years ago he had been panhandling and sleeping in a doorway under an elevated structure. He had a favorite doorway, which he shared with other vagrants, and every few weeks he goes back and pays them a visit just to assure himself he isn't dreaming.

In Akron, as in other manufacturing centers, the groups include a heavy element of manual workers. In the Cleveland Athletic Club, I had luncheon with five lawyers, an accountant, an engineer, three salesmen, an insurance man, a buyer, a bartender, a chain-store manager, a manager of an independent store, and a manufacturer's representative. They were members of a central committee which coordinates the work of nine neighborhood groups. Cleveland, with more than 450 members, is the biggest of the A.A. centers. The next largest are located in Chicago, Akron, Philadelphia, Los Angeles, Washington, and New York. All told, there are groups in about fifty cities and towns.

In discussing their work, the A.A.'s spoke of their drunk-rescuing as "insurance" for themselves. Experience within the group has shown, they said, that once a recovered drinker slows up in this work he is likely to go back to drinking himself. There is, they agreed, no such thing as an ex-alcoholic. If one is an alcoholic--that is, a person who is unable to drink normally--one remains an alcoholic until he dies, just as a diabetic remains a diabetic. The best he can hope for is to become an arrested case, with drunk-saving as his insulin. At least, the A.A.'s say so, and medical opinion tends to support them. All but a few said that they had lost all desire for alcohol. Most serve liquor in their homes and when friends drop in, and they still go to bars with companions who drink; The A.A.'s tipple on soft drinks and coffee.

One, a sales manager, acts as bartender at his company's annual jamboree in Atlantic City and spends his nights tucking the celebrators into their beds. Only a few of those who recover fail to lose the feeling that at any minute they may thoughtlessly take one drink and skyrocket off on a disastrous binge. An AA. who is a clerk in an Eastern city hasn't had a snifter in three and a half years, but says that he still has to walk fast past saloons to -circumvent the old impulse; but he is an exception. The only hangover from the wild days that plagues the A.A. is a recurrent nightmare. In the dream, he finds himself off on a rousing whooper-doooper, frantically trying to conceal his condition from the community. Even this symptom disappears shortly, in most cases. Surprisingly, the rate of employment among these people, who formerly drank themselves out of job after job, is said to be around ninety percent.

One-hundred percent effectiveness with non-psychotic drinkers who sincerely want to quit is claimed by the workers of Alcoholics Anonymous. The program will not work, they add, with those who only "want to want to quit," or who want to quit because they are afraid of losing their families or their jobs. The effective desire, they state, must be based upon -enlightened self-interest; the applicant must want to get away from liquor to head off incarceration or premature death. He must be fed up with the stark social loneliness which engulfs the uncontrolled drinker, and he must want to put some order into his bungled life.

As it is impossible to disqualify all borderline applicants, the working

percentage of recovery falls below the 100-percent mark. According to A.A. estimation, fifty percent of the alcoholics taken in hand recover almost immediately; twenty-five percent get well after suffering a relapse or two; and the rest remain doubtful. This rate of success is exceptionally high. Statistics on traditional medical and religious cures are lacking, but it has been informally estimated that they are no more than two or three percent effective on run-of-the-mine cases.

Although it is too early to state that Alcoholics Anonymous is the definitive answer to alcoholism, its brief record is impressive, and it is receiving hopeful support. John D. Rockefeller, Jr., helped defray the expense of getting it started and has gone out of his way to get other prominent men interested.

Rockefeller's gift was a small one, in deference to the insistence of the originators that the movement be kept on a voluntary, nonpaid basis. There are no salaried organizers, no dues, no officers, and no central control. Locally, the rents of assembly halls are met by passing the hat at meetings. In small communities, no collections are taken, as the gatherings are held in private homes. A small office in downtown New York acts merely as a clearinghouse for information. There is no name on the door, and mail is received anonymously through a post-office box. The only income, which is money received from the sale of a book describing the work, is handled by the Alcoholic Foundation, a board composed of three alcoholics and four nonalcoholics.

In Chicago, twenty-five doctors work hand in hand with Alcoholics Anonymous, contributing their services and referring their own alcoholic patients to the group, which now numbers around 200. The same cooperation exists in Cleveland and to a lesser degree in other centers. A physician, Dr. W. D. Silkworth, of New York City, gave the movement its first encouragement. However, many doctors remain skeptical. Dr. Foster Kennedy, an eminent New York neurologist, probably had these in mind when he stated at a meeting a year ago: "The aim of those concerned in this effort against alcoholism is high; their success has been considerable; and I believe medical men of goodwill should aid."

The active help of two medical men of goodwill, Drs. A. Wiese Hammer and C. Dudley Saul, has assisted greatly in making the Philadelphia unit one of the more effective of the younger groups. The movement there had its beginning in an offhand way in February, 1940, when a businessman who was an A.A. convert was transferred to Philadelphia from New York. Fearful of backsliding for lack of rescue work, the newcomer rounded up three local barflies and started to work on them. He got them dry, and the quartet began ferreting out other cases. By last December fifteenth, ninety-nine alcoholics had joined up. Of these, eighty-six were now total abstainers--thirty-nine from one to three months, seventeen from three to six months, and twenty-five from six to ten months. Five who had joined the unit after having belonged in other cities had been nondrinkers from one to three years.

At the other end of the time scale, Akron, which cradled the movement, holds the intramural record for sustained abstinence. According to a recent checkup, two members have been riding the A.A. wagon for five and a half years, one for five years, three for four and a half years, one for the same period with one skid, three for three and a half years, seven for three years, three for three years with one skid each, one for two and a half years, and thirteen for two years. Previously, most of the Akronites and Philadelphians had been unable to stay away from liquor for longer than a few weeks.

In the Middle West, the work has been almost exclusively among persons who have not arrived at the institutional stage. The New York group, which has a similar nucleus, makes a sideline specialty of committed cases and has achieved striking results. In the summer of 1939, the group began working on the alcoholics confined in Rockland State Hospital, at Orangeburg, a vast mental sanitarium which gets the hopeless alcoholic backwash of the big population centers. With the encouragement of Dr. R. E. Blaisdell, the medical superintendent, a unit was formed with the walls, and meetings were held in the recreation hall. New York A.A.'s went to Orangeburg to give talks, and on Sunday evenings, the patients were brought in state-owned buses to a clubhouse which the Manhattan group rents on the West Side.

Last July first, eleven months later, records kept at the hospital showed that of fifty-four patients released to Alcoholics Anonymous, seventeen had had no relapse and fourteen others had had only one. Of the rest, nine had gone back to drinking in their home communities, twelve had returned to the hospital, and two had not been traced. Dr. Blaisdell has written favorably about the work to the State Department of Mental Hygiene, and he praised it officially in his last annual report.

Even better results were obtained in two public institutions in New Jersey, Greystone Park and Overbrook, which attract patients of better economic and social background than Rockland, because of their nearness to prosperous suburban villages. Of seven patients released from the Greystone Park institution in two years, five have abstained for periods of one to two years, according to A.A. records. Eight of ten released from Overbrook have abstained for about the same length of time. The others have had from one to several relapses.

Why some people become alcoholics is a question on which authorities disagree. Few think that anyone is "born an alcoholic." One may be born, they say, with a hereditary predisposition to alcoholism, just as one may be born with a vulnerability to tuberculosis. The rest seems to depend upon environment and experience, although one theory has it that some people are allergic to alcohol, as hayfever sufferers are to pollens. Only one note is found to be common to all alcoholics--emotional immaturity. Closely related to this is an observation that an unusually large number of alcoholics start out in life as an only child, as a younger child, as the only boy in a family of girls or the only girl in a family of boys. Many have records of childhood precocity and

were what are known as spoiled children.

Frequently, the situation is complicated by an off-center home atmosphere in which one parent is unduly cruel, the other overindulgent. Any combination of these factors, plus a divorce- or two, tends to produce neurotic children who are poorly equipped emotionally to face the ordinary realities of adult life. In seeking escapes, one may immerse himself in his business, working twelve to fifteen hours a -day, or in sports or in some artistic sideline. Another finds what he thinks is a pleasant escape in drink. It bolsters his opinion of himself and temporarily wipes away any feeling of social inferiority which he may have. Light drinking leads to heavy drinking. Friends and family are alienated and employers become disgusted. The drinker smolders with resentment and wallows in self-pity. He indulges in childish rationalizations to justify his drinking: He has been working hard and he deserves to relax; his wife does not understand him; his nerves are jumpy; everybody is against him; and so on and on. He unconsciously becomes a chronic excuse-maker for himself.

All the time he is drinking, he tells himself and those who butt into his affairs that he can really become a controlled drinker if he wants to. To demonstrate his strength of will, he goes -for weeks without taking a drop. He makes a point of calling at his favorite bar at a certain time each day and ostentatiously sipping milk or a carbonated beverage, not realizing that he is indulging in juvenile exhibitionism. Falsely encouraged, he shifts to a routine of one beer a day, and that is the beginning of the end once more. Beer leads inevitably to more beer and then to hard liquor. Hard liquor leads to another first-rate bender. Oddly, the trigger which sets off the explosion is as apt to be a stroke of business success as it is to be a run of bad luck. An alcoholic can stand neither prosperity nor adversity.

The victim is puzzled on coming out of the alcoholic fog. Without his being aware of any change, a habit has gradually become an obsession. After a while, he no longer needs his rationalizations to justify the fatal first drink. All he knows is that he feels swamped by uneasiness or elation, and before he realizes what is happening, he is standing at a bar with an empty whiskey pony in front of him and a stimulating sensation in his throat. By some peculiar quirk of his mind, he has been able to draw a curtain over the memory of the intense pain and remorse caused by preceding stemwinders. After many experiences of this kind, the alcoholic begins to realize that he does not understand himself; he wonders whether his power of will, though strong in other fields, isn't defenseless against alcohol. He may go on trying to defeat his obsession and wind up in a sanitarium. He may give up the fight as hopeless and try to kill himself. Or he may seek outside help.

If he applies to Alcoholics Anonymous, he is first brought around to admit that alcohol has him whipped and that his life has become unmanageable. Having achieved this stated of intellectual humility, he is given a dose of religion in its broadest sense. He is asked to believe in a Power that is greater than himself, or at least to keep an open mind on that subject while he goes on

with the rest of the program. Any concept of the Higher Power is acceptable. A skeptic or agnostic may choose to think of his Inner Self, the miracle of growth, a tree, man's wonderment at the physical universe, the structure of the atom, or mere mathematical infinity. Whatever form is visualized, the neophyte is taught that he must rely upon it and, in his own way, to pray to the Power for strength.

He next makes a sort of moral inventory of himself with the private aid of another person--one of his A.A. sponsors, a priest, a minister, a psychiatrist, or anyone else he fancies. If it gives him any relief, he may get up at a meeting and recite his misdeeds, but he is not required to do so. He restores what he may have stolen while intoxicated and arranges to pay off old debts and to make good on rubber checks; he makes amends to persons he has abused and, in general, cleans up his past as well as he is able to. It is not uncommon for his sponsors to lend him money to help out in the early stages.

This catharsis is regarded as important because of the compulsion which a feeling of guilt exerts in the alcoholic obsession. As nothing tends to push an alcoholic toward the bottle more than personal resentments, the pupil also makes out a list of his grudges and resolves not to be stirred by them. At this point, he is ready to start working on other, active alcoholics. By the process of extroversion, which the work entails, he is able to think less of his own troubles.

The more drinkers he succeeds in swinging into Alcoholics Anonymous, the greater his responsibility to the group becomes. He can't get drunk now without injuring the people who have proved themselves his best friends. He is beginning to grow up emotionally and to quit being a leaner. If raised in an orthodox church, he usually, but not always, becomes a regular communicant again.

Simultaneously with the making over of the alcoholic goes the process of adjusting his family to his new way of living. The wife or husband of an alcoholic, and the children, too, frequently become neurotics from being exposed to drinking excesses over a period of years. Reeducation of the family is an essential part of a followup program which has been devised.

Alcoholics Anonymous, which is a synthesis of old ideas rather than a new discovery, owes its existence to the collaboration of a New York stockbroker and an Akron physician. Both alcoholics, they met for the first time a little less than six years ago. In thirty-five years of periodic drinking, Dr. Armstrong, to give the physician a fictitious name, had drunk himself out of most of his practice. Armstrong had tried everything, including the Oxford Group, and had shown no improvement. On Mother's Day, 1935, he staggered home, in typical drunk fashion, lugging an expensive potted plant, which he placed in his wife's lap. The he went upstairs and passed out.

At that moment, nervously pacing the lobby of an Akron hotel, was the broker

from New York, whom we shall arbitrarily call Griffith. Griffith was in a jam. In an attempt to obtain control of a company and rebuild his financial fences, he had come out to Akron and engaged in a fight for proxies. He had lost the fight. His hotel bill was unpaid. He was almost flat broke Griffith wanted a drink.

During his career on Wall Street, Griffith had turned down some sizable deals and had prospered, but, through ill-timed drinking bouts, had lost out on his main chances. Five months before coming to Akron, he had gone on the water wagon through the ministrations of the Oxford Group in New York. Fascinated by the problem of alcoholism, he had many times gone back as a visitor to a Central Park West detoxicating hospital, where he had been a patient, and talked to the inmates. He effected no recoveries, but found that by working on other alcoholics he could stave off his own craving.

A stranger in Akron, Griffith knew no alcoholics with whom he could wrestle. A church directory, which hung in the lobby opposite the bar, gave him an idea. He telephoned one of the clergymen listed and through him got in touch with a member of the local Oxford Group. This person was a friend of Dr. Armstrong's and was able to introduce the physician and the broker at dinner. In this manner, Dr. Armstrong became Griffith's first real disciple. He was a shaky one at first. After a few weeks of abstinence, he west East to a medical convention and came home in a liquid state. Griffith, who had stayed in Akron to iron out some legal tangles arising from the proxy battle, talked him back to sobriety. That was on June 10, 1935. The nips the physician took from a bottle proffered by Griffith on that day were the last drinks he ever took.

Griffith's lawsuits dragged on, holding him over in Akron for six months. He moved his baggage to the Armstrong home, and together the pair struggled with other alcoholics. Before Griffith went back to New York, two more Akron converts had been obtained. Meanwhile, both Griffith and Dr. Armstrong had withdrawn from the Oxford Group, because they felt that its aggressive evangelism and some of its other methods were hindrances in working with alcoholics. They put their own technique on a strict take-it-or-leave-it basis and kept it there.

Progress was slow. After Griffith had returned East, Dr. Armstrong and his wife, a Wellesley graduate, converted their home into a free refuge for alcoholics and an experimental laboratory for the study of the guests' behavior. One of the guests, who, unknown to his hosts, was a manic depressive as well as an alcoholic, ran wild one night with a kitchen knife. He was overcome before he had stabbed anyone. After a year and a half, a total of ten persons had responded to the program and were abstaining. What was left of the family savings had gone into the work. The physician's new sobriety had caused a revival in his practice, but not enough of one to carry the extra expense. The Armstrongs, nevertheless, carried on, on borrowed money. Griffith, who had a Spartan wife, too, turned his Brooklyn home into a duplicate of the Akron menage. Mrs. Griffith, a member of an old Brooklyn family, took a job in a

department store and in her spare time played nurse to inebriates. The Griffiths also borrowed, and Griffith managed to make odd bits of money around the brokerage houses. By the spring of 1939, the Armstrongs and the Griffiths had between them cozened about one hundred alcoholics into sobriety.

In a book which they published at that time, the recovered drinkers described the cure program and related their personal stories. The title was "Alcoholics Anonymous." It was adopted as a name for the movement itself, which up to then had none. As the book got into circulation, the movement spread rapidly.

Today, Dr. Armstrong is still struggling to patch up his practice. The going is hard. He is in debt because of his contributions to the movement and the time he devotes gratis to alcoholics. Being a pivotal man in the group, he is unable to turn down the requests for help which flood his office.

Griffith is even deeper in the hole. For the past two years, he and his wife have had no home in the ordinary sense of the word. In a manner reminiscent of the primitive Christians, they have moved about, finding shelter in the homes of A.A. colleagues and sometimes wearing borrowed clothing.

Having got something started, both the prime movers want to retire to the fringe of their movement and spend more time getting back on their feet financially. They feel that the way the thing is set up, it is virtually self-operating and self-multiplying. Because of the absence of figureheads and the fact that there is no formal body of belief to promote, they have no fears that Alcoholics Anonymous will degenerate into a cult.

The self-starting nature of the movement is apparent from letters in the files of the New York office. Many persons have written in saying that they stopped drinking as soon as they read the book, and made their homes meeting places for small local chapters. Even a fairly large unit, in Little Rock, got started in this way. An Akron civil engineer and his wife, in gratitude for his cure four years ago, have been steadily taking alcoholics into their home. Out of thirty-five such wards, thirty-one have recovered.

Twenty pilgrims from Cleveland caught the idea in Akron and returned home to start a group of their own. From Cleveland, by various means, the movement has spread to Chicago, Detroit, St. Louis, Los Angeles, Indianapolis, Atlanta, San Francisco, Evansville, and other cities. An alcoholic Cleveland newspaperman with a surgically collapsed lung moved to Houston for his health. He got a job on a Houston paper and, through a series of articles which he wrote for it, started an A.A. unit which now has thirty-five members. One Houston member has moved to Miami and is now laboring to snare some of the more eminent winter-colony luses. A Cleveland traveling salesman is responsible for starting small units in many different parts of the country. Fewer than half of the AA. members have ever seen Griffith or Dr. Armstrong.

To an outsider who is mystified, as most of us are, by the antics of

problem-drinking friends, the results which have been achieved are amazing. This is especially true of the more virulent cases, a few of which are herewith sketched under names that are not their own.

Sarah Martin was a product of the F. Scott Fitzgerald era. Born of wealthy parents in a Western city, she went to Eastern boarding schools and "finished" in France. After making her debut, she married. Sarah spent her nights drinking and dancing until daylight. Her husband had a weak stomach, and she became disgusted with him. They were quickly divorced. After her father's fortune had been erased in 1929, Sarah got a job in New York and supported herself. In 1932, she was informed that she had tried to throw herself out a window. During another bout, she did jump or fall--she doesn't remember which--out of a first-floor window. She landed face first on the sidewalk and was laid up for six months for bonesetting, dental work, and plastic surgery.

In 1936, Sarah Martin decided that if she changed her environment by returning to the United States, she would be able to drink normally. This childish faith in geographical change is a classic delusion which all alcoholics get at one time or another. She was drunk all the way home on the boat. New York frightened her and she drank to escape it. Her money ran out and she borrowed from friends. When the friends cut her, she hung around Third Avenue bars, cadging drinks from strangers. Up to this point, she had diagnosed her trouble as a nervous breakdown. Not until she had committed herself to several sanitariums did she realize, through reading, that she was an alcoholic. On advice of a staff doctor, she got in touch with an Alcoholics Anonymous group. Today, she has another good job and spends many of her nights sitting on hysterical women drinkers to prevent them from diving out of windows. In her late thirties, Sarah Martin is an attractively serene woman. The Paris surgeons did handsomely by her.

Watkins is a shipping clerk in a factory. Injured in an elevator mishap in 1927, he was furloughed with pay by a company which was thankful that he did not sue for damages. Having nothing to do during a long convalescence, Watkins loafed in speakeasies. Formerly a moderate drinker, he started to go on drunks lasting several months. His furniture went for debt, and his wife fled, taking their three children. In eleven years, Watkins was arrested twelve times and served eight workhouse sentences. Once, in an attack of delirium tremens, he circulated the rumor among the prisoners that the county was poisoning the food in order to reduce the workhouse populations and save expenses. A mess-hall riot resulted. In another fit of D.T.'s, during which he thought the man in the cell above was trying to pour hot lead on him, Watkins slashed his own wrists and throat with a razor blade. While recuperating in an outside hospital, he swore never to drink again. He was drunk before the final bandages were removed. Two years ago, a former drinking companion got him into Alcoholics Anonymous, and he hasn't touched liquor since. His wife and children have returned, and the home has new furniture. Back at work, Watkins has paid off the major part of \$2,000 in debts and petty alcoholic thefts and has his eye on a new automobile.

At twenty-two, Tracy, a precocious son of well-to-do parents, was credit manager for an investment-banking firm whose name has become a symbol of the money-mad twenties. After the firm's collapse during the stock-market crash, he went into advertising and worked up to a post which paid him \$23,000 a year. On the day his son was born, Tracy was fired. Instead of appearing in Boston to close a big advertising contract, he had gone on a spree and had wound up in Chicago, losing out on the contract. Always a heavy drinker, Tracy became a bum. He tumbled on canned heat and hair tonic and begged from cops, who are always easy touches for amounts up to a dime. On one sleety night, Tracy sold his shoes to buy a drink, putting on a pair of rubbers he had found in a doorway and stuffing them with paper to keep his feet warm.

He started committing himself to sanitariums, more to get in out of the cold than anything else. In one institution, a physician got him interested in the A.A. program. As part of it, Tracy, a Catholic, made a general confession and returned to the church, which he had long since abandoned. He skidded back to alcohol a few times, but after a relapse in February, 1939, Tracy took no more drinks. He has since then beat his way up again to \$18,000 a year in advertising.

Victor Hugo would have delighted in Brewster, a heavy-thewed adventurer who took life the hard way. Brewster was a lumberjack, cowhand, and wartime aviator. During the postwar era, he took up flask-toting and was soon doing a Cook's tour of the sanitariums. In one of them, after hearing about shock cures, he bribed the Negro attendant in the morgue, with gifts of cigarettes, to permit him to drop in -each afternoon and meditate over a cadaver. The plan worked well until one day he came upon a dead man who, by a freak of facial contortion, wore what looked like a grin. Brewster met up with the A.A.'s in December, 1938, and after achieving abstinence, got a sales job which involved much walking. Meanwhile, he had got cataracts on both eyes. One was removed, giving him distance sight with the aid of thick-lens spectacles. He used the other eye for close-up vision, keeping it dilated with an eye-drop solution in order to avoid being run down in traffic. Then he developed a swollen, or milk, leg. With these disabilities, Brewster tramped the streets for six months before he caught up with his drawing account. Today, at fifty, still hampered by his physical handicaps, he is making his calls and is earning around \$400 a month.

For the Brewsters, the Martins, the Watkinses, the Tracys, and the other reformed alcoholics, congenial company is now available wherever they happen to be. In the larger cities, A.A.'s meet one another daily at lunch in favored restaurants. The Cleveland groups give big parties on New Year's and other holidays, at which gallons of coffee and soft drinks are consumed. Chicago holds open house on Friday, Saturday and Sunday--alternately, on the North, West, and South Sides--so that no lonesome A.A. need revert to liquor over the weekend for lack of companionship. Some play cribbage or bridge, the winner of each hand contributing to a kitty for paying entertainment expenses. The

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Hope this is helpful. Take it easy & God bless!

Just Love,

Barefoot Bill

-----Original Message-----

From: Travis, Trysh [mailto:ttravis@mail.smu.edu]

Sent: Sunday, July 20, 2003 2:47 PM

To: AAHistoryLovers@yahoogroups.com

Subject: Special Interpretations and Guides

For a book I am writing that talks about the role of books and reading within 12 Step fellowships, I am interested in the history of these "interpretations" and "guides"-- both those published by AA individuals and groups (like the Akron "Guide to the 12 Steps"), and those published by

That was as far as their courtship went. With the exception of two hard working years as an intern, he was seldom sober. Still, Anne, waiting for a miracle, married no one else.

The miracle happened, apparently, after a year-long period of heavy drinking left him terrified and on the wagon. In 1915 when he was 35 years old and some 17 years after he had first met her, he married Anne and brought her to Akron with him as his bride. They were happy for several years - until the Eighteenth Amendment was passed.

The Grapevine, the official magazine of Alcoholics Anonymous, explains in the weird logic of the alcoholic what happened then. Dr. Bob figured that since he'd soon be unable to get any more alcohol, he might as well drink up what there was. Despite prohibition, he never found it difficult to get more. From then on, he had a regular pattern. He began drinking every afternoon at four. Every morning he'd quiet his tortured nerves with sedatives and, trembling, go to work to make enough money to buy alcohol for four o'clock.

That went on for 15 years.

In the meantime, a New York broker who had drunk himself out of prominence discovered that when he was trying to talk drunks into going on the wagon, he had less craving for liquor. This broker, known to A.A.'s as Bill W., went to Akron on a business deal in 1935. The deal fell through and Bill found himself once more a failure, with only 2\$ in his pocket. He knew right away that he had his choice: find a drunk to talk to, or get drunk himself.

Fortunately, he found a drunk, Dr. Bob.

Bill moved in with Dr. Bob and straightened him out. When he and Dr. Bob wanted a drink, they'd go out and find a drunk to talk to. They sobered up a number of habitual drinkers in Akron that way and then their fame began reaching out to other cities. Slowly, gradually, the idea spread.

Almost before Dr. Bob and Bill, the co-founders, were aware of it, Alcoholics Anonymous was a going concern.

The book, Alcoholics Anonymous, was written. It is now in its 13th printing. People began to write in from all over the world. Some were alcoholics themselves, some were mothers, fathers, sisters, brothers, husbands, wives or friends of alcoholics. They all got an answer.

Dr. Bob, who had devoted half his life to drinking, still found himself a slave to alcohol - only now it was on the other fellow's breath. He personally visited some 5,000 alcoholics in Akron hospitals, encouraging them. As his period of sobriety increased, more and more patients came to him, and it looked as though one part of his ambition, to own a convertible, might not be impossible after all.

As far back as 1930, interest in the study of alcohol began at Yale in the Laboratory of Applied Physiology with the issuance of scientific papers and the collection of information amassed in previous years. Biochemists, researchers in sociology, economists and psychologists began to make surveys and to seek scientific answers to the many questions people were asking about the use and effects of alcohol.

In 1943 the pressure of public interest led to the establishment of a summer school of studies at Yale which has been operating ever since. It is usually attended by representatives of the distilling and brewing industries, five or six professional temperance people, a dozen physicians, and about the same number of nurses, 25 to 30 ministers, 30 to 40 social workers and probation officers, 30 to 40 who are engaged in education, a few judges, and a few members of "Alcoholics Anonymous" who are engaged in teaching or in industrial personnel work.

More than 1,600 have graduated from the school and a large proportion is making use of this training in State and local, voluntary and governmental agencies dealing with problems of alcohol and alcoholism. At least 75 have become executive directors of such groups.

With the co-operation of the Connecticut Prison Association, an outpatient clinic just for alcoholics was begun in 1944, and a year later the first State Commission on Alcoholism was established by Connecticut and Dr. Bacon has been its chairman ever since. In 1940 the Quarterly Journal of Studies on Alcohol was started. The Center also published a series of 15-page pamphlets that have been in unusual demand for such technical material.

The Yale Center now has six major divisions and is primarily interested in popular education on the subject of alcohol and research in certain areas of social and health problems, such as drunken driving, the problem drinker in industry and related subjects.

The interview with Dr. Bacon follows:

Q: Is yours the only center of scientific studies on alcohol in this country, Dr. Bacon?

A: It is the only one. We think it would be a healthier thing if there were two in the country. We had hoped that one would start down in Texas. Dr. Jellineck left us to go there and start such a center, but it finally broke up. He has since become the head of the World Health Organization Committee on Alcoholism.

Q: What is the alcohol problem?

A: There are several types of problems. There are scientific problems, there

are group problems, and there are individual problems. But it is pretty impossible to separate them. Take, for example, the particular problem of alcoholism: If anybody wants to say it is a mental problem, I'd say they are absolutely correct; if anybody wants to say it's a legal problem, they are absolutely correct--or an economic problem or a medical problem or a social problem.

Q: Most people are not alcoholic, are they?

A: We would say that there are approximately 60 to 70 million drinkers out of a population of 110 million people of 15 years of age and over. We would suggest that there are just short of 4 million out of that 60 to 70 million who are patently losing, or have lost, their control, and their lives are beginning to show, or have already shown, damage in one or more aspects.

Q: Then the difference between the heavy drinker and the alcoholic is that the alcoholic has lost control?

A: Yes, but there is no real line between them, no clear-cut example.

Q: But only 1 person out of 16 who drinks is an alcoholic, is that right?

A: Yes.

Q: Is that proportion rising?

A: The best-known estimate is that developed by Dr. Jellinek which shows that between 1940 and 1948 there seemed to be a rather regular increase, and that in '49 and '50 it reached, so to speak, a plateau, and may show some indication of going down. However, remember this, that it takes from 6 or 7 to 20 years for alcoholism to develop, so if you are trying to think of a rise between 1940 and 1947 don't think of what happened between 1940 and 1947 alone, although what happened then might have speeded it up.

Q: It could go back to the depression years?

A: Yes.

Q: Does your research show that alcohol is injurious to the human body?

A: Alcohol oxidizes when it gets into the human system. It oxidizes at the rate of an ounce in two or three hours. For 100-proof whisky, which is 50 per cent alcohol, that means that 8 ounces of whisky would be all gone from the system in less than 12 hours, most of it breathed away, some lost through sweat or urine. This proportion would vary with an individual's weight and also with the amount of food he had in his stomach. Then the alcohol is gone. Even in the most pronounced binges, you lose it all in 48 hours. Chemical tests show that.

Q: What does it do to the body? Why cirrhosis of the liver and so on?

A: The actual answer to cirrhosis is not known, but I think the most prevalent theory is this: The liver under certain circumstances will tend to develop what is called "fatty tissue." In other words, you get fat mounting up there, which cuts down the function of the liver. Now there is an agent--probably this is over simplified--that counteracts this tendency, so that the fatty tissue doesn't last and finally take over the whole organ.

Some of us have stronger counteragents and some of us have weaker counteragents. Those who have weaker counteragents are very likely to develop cirrhosis of the liver--and they may never have had a drop of alcohol in their lives! Or they could be persons who take a drink once or twice a year, at wedding ceremonies or something, and they get cirrhosis.

Some have very strong counteragents and they can drink the alleged fantastic amounts that they say they do--a quart and a half every day of their lives, and so on.

Anyway, when you take a person who may be just below average in his counteragent effect, alcohol does--this is one theory--so reduce the effect of this weaker counterpart that this fatty tissue begins to form a little more and a little more, especially in the case of people who drink a great deal and continuously.

It may take 10 years before it begins to show up. Then you begin to get hobnail liver and the like so that just by palpation (touching the body from the outside) you can feel these hard spots where this fatty tissue has developed.

Q: What do you mean by "a great deal"?

A: You have to consider the person's weight and so on, but let's say he is drinking pretty regularly a pint of whisky every day. It will vary with the liver, of course. Even with the weakest liver in the world, you are not going to get cirrhosis automatically.

Q: What about the heart?

A: I am no expert on that, but I will leave some suggestions on it. Your question is out of my field and this answer certainly should not be regarded as authoritative from a medical viewpoint. But there is an action on the arteries from alcohol which will make it easier for blood to flow. So that if you begin to get a condition similar to, let's say, arteriosclerosis a certain amount of alcohol--and I don't recommend alcohol as the best way of doing this--may grant one a certain amount of relief from the hardening-artery situation, and there will be a little less effort on the part of the heart to

pump and keep the blood going.

Diseases of Alcoholism

Q: Is that why patients with a heart condition are given alcohol?

A: I don't think so. I don't think many physicians know much about alcohol as such, anyway. Why should they? They don't get any training on it. It isn't mentioned in medical schools, except for the alcoholic diseases which are found in probably less than 25 per cent of the alcoholics in some countries and I think a smaller proportion in this country.

Delirium tremens, alcoholic hallucinosis,

chronic avitaminosis, chronic gastritis, other things--and these are recognizable conditions, illnesses that would be discovered and labeled by any competent physician--which follow upon years of excessive drinking--are called the diseases of alcoholism. If you find delirium tremens in 18, 19 or 20-year-olds, I think you have good grounds for suspecting a psychotic condition set off or merely aggravated by alcohol.

Q: From the ordinary use of alcohol, what would you say is the effect on the heart? Is it helpful or harmful?

A: I wouldn't say that it was particularly one or the other until you get into conditions relating to certain ages, as, say, 50 beyond, in which it may serve a useful function.

Q: Doesn't it cause an immediate palpitation of the heart? Doesn't a drink cause the heart to beat faster?

A: I can't answer that question. By the way, you can see almost any bad reaction you want to see after the injection of alcohol following certain situations, but whether that is caused by alcohol or not--

Where Textbooks Mislead

Q: Physiology books in school used to warn against the use of alcohol, and one of the ways they did it was to tell you that it caused immediate stimulus and as soon as the stimulus had worn off you would have a certain fatigue and a certain reaction. Therefore, alcohol, in stimulating the heart, was harmful. That was in the textbooks in the old days. Is the modern theory any different?

A: We made a survey in 1940 of all the textbooks being used. I think what was done was to pick out 10 common fallacies--such as alcohol is a stimulant, alcohol causes certain diseases, alcohol does something to the brain tissue, drinking causes shortening of life, and so forth--all beliefs that have been disproved by objective and empiric evidence that could be repeated in any

laboratory--and checked the tests against these fallacies.

Q: This was a survey you conducted on those fallacies?

A: Well, first, we know the fallacies. We had worked on them in our own laboratory. Then we went out and, as far as we could, -studied every text that was used in a school system, whether parochial or State, all the manuals put out by the State bureaus on alcoholic education, all the temperance stuff and checked to see how widespread these fallacies were. And about 98 per cent of the books had these fallacies.

Q: What does alcohol supply? What is it that people seek?

A: There is one very good answer: Alcohol--and I don't care in what form you get it as long as it's ethyl alcohol--is what is called a "sedative." I am merely repeating their statements of the pharmacologists, the physiologists and the biochemists. Under the sedatives they would subclassify it as a "depressant." This means that it tends to produce sleep finally. But it does so in a very special way--namely, that you can take just a little bit and it will have a slight depressant action. No matter how little you take, it will hit certain central nervous functions.

Incidentally, the outward behavior of the person may seem just the opposite of being "depressed"; what happens is that certain controls are reduced; it is more like releasing a brake; it is not a stimulant, not stepping on an accelerator.

Then you drink a little more and it hits the central nervous structure more; a little more, it hits still more; and finally you will go to sleep. If somebody should then inject more while your are asleep finally the heart would "forget," if you like, and you would drop dead. You already will have been dropped, however, before that takes place.

It's lucky, shall we say, that it is very difficult to drink yourself to death. You could do it, but it takes quite a few minutes for the alcohol to get into operation. Drinking at any ordinary speed would result in one's passing out before a fatal amount was consumed. But if you drank a quart or a quart and a half just as fast as you could, possibly injecting it into your system, you might kill yourself.

Q: Alcohol is a poison?

A: On the basis that any substance you take can kill you, yes. But this is also true of mashed potatoes.

Why People Drink

Q: Well, why do people drink? If it is a sedative, why would people go through

all this just to go to sleep?

A: In the early stages, alcohol has this reaction: You relax, you operate more slowly, or you operate with less efficiency and exactitude and discrimination. This takes place first in those areas in which "learning" is recent or difficult or painful. Now as to this learning, if we had an experiment here and sat here and went around learning the names of the States or 15 varieties of flowers, that might be interesting and prove the point. If you were tested on this learning you might get a score of 95. After one or two small drinks, however, you would only score perhaps 85. If geography or the study of flowers had always been painful or difficult for you, your sober score might be 88, but after one or two small drinks it might drop to 65.

But for human beings, this sort of learning is not too important.

Learning that is important for us in the sense that it affects our daily lives and carries heavy emotional impact would concern such things as, perhaps, one's perception of one's self. "Am I a pretty reasonable sort of guy? Do most people think I'm a stinker? Am I weak? Am I stupid? Am I sexually rather impotent, so that no woman would ever be interested in me?" --or, if a woman--"Would any man ever look at me," and "I can never be a mother." This sort of learning is very painful. It may take over 15 to 20 years to learn, and it is horrible to live with. Or there is the matter of not being able to assert one's self, to stand up in competition with others.

We know of people who are frightened in these ways. They may have the capacity, the ability, and so forth, to live adequately and happily--but they can't exercise it.

Q: So they take to alcohol to forget all this?

A: Well, this is what happens--this is the sort of learning that is first realized: Here's a fellow who is very shy in a group. He has a couple of drinks and loses some of that very painful learning (shyness or exhibitionism are learned modes of behavior) temporarily, so that now he can talk a little more freely. He suddenly forgets that he is incompetent or frightened.

Q: His inhibitions are gone?

A: They are not gone--they are temporarily reduced.

Q: Would you consider, then, to that extent that alcohol can serve a useful purpose?

A: Well, you selected the word "useful." I didn't. Let's take an example: This man on my left may be my boss. I think he is an awful stuffed shirt and I want to punch his face in and tell him he's an old jackass. However, I have learned to control such impulses. But now I have a few drinks and say, "You're an old

jackass." Well, that probably didn't turn out very useful.

Q: But couldn't it be the opposite? Couldn't it relax the fellow who is too shy to stand up and address a group and help him to forget about his shyness?

A: Well, here is a classic example: There was the man in Germany in 1888 or so who moved to a new town. He was quite a shot, and they have a rifle club there and they go out to see Herr von What's-his-name and ask him if he can shoot. He says, "Sure," and goes boom, boom, boom, and gets 20 bull's eyes out of 20 shots. So they ask him if he would like to join the team when they go over and play Von Sedlitzville. All right. So they make him anchor man down there, but old Boom-boom-boom gets 12 on the bull's eye, 6 on the outside, and so forth. "Oh, well. He was upset, he was new." So they try him again, and again he's a failure. But in the interim he is out on the range practicing and hitting 20 out of 20. One day somebody by mistake or something happened upon this: "Just before the meet we will give him a couple of drinks." He goes up and, instead of hitting only 12 out of 20, he gets 17.

How Score Can Rise, But Ability Fall

Now what has happened is this: The alcohol has reduced his acuity, his reaction time, his discrimination, so that he could not get 20 out of 20, but it has also reduced his inhibition, his fear, or whatever it was that was bothering him in competitive situations, so that he doesn't drop way down to 12. Alcohol actually seems to improve his ability, but it has also actually brought his abilities down. Is it useful?

The problem here is not the answer. It is the question. Americans always want black-and-white, or yes-and-no, answers to questions concerning good and bad, or true and false. Most questions, unfortunately, cannot realistically be answered in such simplicity. Alcohol is not either useful or nonuseful. It is clearly both, depending on the person, situation, amount and many other variables.

What Makes An Alcoholic

Q: What is your answer to the question as to what makes an alcoholic? Most people don't know what the word means. Most people don't understand why, since they can take a drink every day in their homes and never get drunk, all of a sudden somebody comes along and takes one drink and he's under the table. Why is that?

A: I can't accept the example of one drink and under the table. An alcoholic might pass out after taking one drink while you watched him. He would have had 20 drinks previously without your knowledge. Sometimes people who are utterly inexperienced will act, following a drink, in ways they think to be "tight" or "high." Adolescents experimenting with alcohol may show behavioral responses utterly inexplicable from the action of the small amounts they have consumed.

However, it's hard to believe that even they would fall under a table with one drink.

Q: What about the difference between the person who takes a drink every day and is not an alcoholic and the person who drinks a little now and then and is an alcoholic?

A: We would say that there are probably two important criteria to distinguish the alcoholic from what might be termed the "heavy drinker." One of them is this: the lack of control exhibited by the individual over, first, when or if he will drink. That is, "Will I drink this afternoon, or not?" Of course, he is going to drink sometime. Second is the loss of control over the extent to which he will drink. That is, sometimes he has decided he will sit down for two and suddenly finds he is having his sixth drink. And when I say, "decided," I mean that this can even be announced. It is not only internal, which can be discovered by an objectively trained observer, but he may even say, "I've got this meeting coming up," or "My kid's having a birthday party and I'm not going to take a drink." Then to his own amazement, shock and horror, he finds himself having drinks.

The other is that he plans to have three drinks but--not every time, but with increasing frequency--he takes 30 or 40 and is drinking to oblivion. He's out of control. That is one aspect.

The other we would say--and this must happen eventually--is that this excessive drinking, through drunken behavior, begins to create problems of itself--remorse, anger toward others, guilt, feelings of inferiority, helplessness, and so forth, within the individual, and manifest signs appear of trouble in his relations with his social environment, that is with friends, family, on the job and the like.

This man is having his "status quo" as an individual regularly damaged because of this drinking. Now, it is those two things--chronic and increasing damage directly related to drinking, and the lack of control over drinking--which mark the alcoholic from the "heavy drinker."

Q: Do you think that a person who is a chronic drinker inevitably becomes an alcoholic?

A: No, that isn't so. There are millions of regular drinkers who aren't and won't become alcoholics.

Q: Well, then, what is it that encourages the chronic drinker into the alcoholic stage?

A: But the alcoholic doesn't have to be a chronic drinker. Of course, if I could give you the answer just like ABC, we wouldn't have to be here, because it would be something we would know how to fix. We have some ideas about it,

however.

Let's say that we have a number of people who meet these two criteria--they are out of control, which has gone on over some period of time, and some socially or emotionally significant aspect of their lives has been damaged thereby. I think we will find that there are quite a few different types.

Major Problem for Some is Psychotic

One type I would call "adjunctive" alcoholism. That is not a technical term; I just use it. Here is a man who from the point of view of the depth of his condition, the difficulty of treating it, and its impact on his whole life is more importantly affected by something other than his drinking problem. He is what the psychiatrists call psychotic or protopsychotic, if there is such a term. And he has found, or thinks he has found, that getting drunk relieves the horrible feelings of psychosis. His psychotic symptoms are not extreme, so the manifestations don't strike you or the man on the street or the cop on the corner, except in rare instances.

But he gets drunk 30, 40, 50 times a year, and the "drunkenness" behavior is noticeable. This, if you like, is a facade, the appearance of the condition. He may well be called a "damned drunk" or "inebriate," or whatever the term happens to be. He is haled into court, the social worker will see him, the minister will see him, his wife will scream, his boss will fire him, and so forth, and he will be called an alcoholic. And maybe he is developing alcoholism, but his major problem is something else. We find this with certain types of psychotics.

Q: Are there quite a few of that type?

A: I would say that, although our figures are not too good, there are quite a few. I would say that a number of epileptics can be found here, because alcohol apparently reduces the strength of the trigger mechanism that sets off the epileptic seizure.

People who have brief epileptic seizures like that--3-second attacks, so that all you notice is that sometimes the person doesn't seem to be paying attention to you--may gain some relief from using alcohol. The man may not understand it, but he drinks and he feels better. And he had better look out. Because the day one starts using alcohol as a medicine for a chronic condition, he is using a sedative for privately defined purposes.

Q: Then aren't you finding that mental-hygiene problems are closely related to alcoholism?

A: Very.

Q: So that some people who have mental or emotional aberrations of one kind or

another become alcoholics?

A: Yes, they might try to find relief in this way. However, I would say that the larger number of people who are neurotic--and I mean here psychiatrically determined neurosis--although they have the opportunity to drink, do not become alcoholic. While excessive drinking may have relieved some emotional pain, it was not acceptable to them for a variety of reasons. Maybe their own neurotic pattern was functional enough for them to meet their troubles. Maybe they were brought up to believe that getting drunk is a horrible evil, far worse than their neurotic pain.

Let me say that the likelihood of a woman who is neurotic becoming regularly and often rather drunk, perhaps even developing into an alcoholic, is much less likely than in the case of a man, because the social pressures on drunkenness are much heavier against a woman than a man in our society. As a result, it is a less likely sort of adjustment to problems for women in our society.

Mental Problems

Q: Let's take it in reverse. Aren't the people who are trying to cure alcoholism aware

today of the fact that they have to cure the mental problems as well?

A: This calls for a lot of comment. First, Let me say none of us accepts the word "cure."

That is one of these words I would like to eliminate because we say that no alcoholic is ever cured--it is merely an arrested condition.

Q: Does that mean that alcoholism is a disease?

A: Only to this point--that to our knowledge it cannot be helped to the extent that the person can relearn how to become a social, temperate, moderate drinker.

Q: He must give it up completely?

A: Absolutely, forever, in any form, in any amount. We have cases of people who had stopped for 15 years and who thought it was safe, or some naive doctor told them a beer isn't really drinking, and so they go on again--

Q: And it takes very little quantity--

A: It's the alcohol. The quantity doesn't matter, no. If they are unaware that they are taking alcohol, if they don't even know about it, or in some circumstances if the ingestion is interpreted in so ritualized a fashion that

it has nothing whatsoever to do with "drinking" as that is interpreted by the individual, then there might--and I emphasize the "might"--be no effect. I still wouldn't be surprised if it did start him off again.

Take the Catholic priest who is a recovered alcoholic. At Mass, as I understand it, nobody gets any wine at all except the priest; sometimes he may have to take quite a little because it all has to be used. I have heard, and I would believe that in the case of certain priests who were recovered alcoholics, that this ingestion of alcohol--because chemically that is what it is--did not cause the man to revert to alcoholism. Certainly a sincere priest would not interpret this act as "drinking." However, it would seem a great risk to run.

Alcoholism in Feeble-Minded

Q: Well, do you think that if we make progress with mental hygiene in America we will tend to reduce alcoholism?

A: We will reduce that proportion that I was speaking of. I started off with the worst, the psychotics and pronounced neurotics.

Q: What are some of the others?

A: There is a certain proportion that are feeble-minded. We would say that the proportion of alcoholism in the feeble-minded is much higher than it is in the general population. But, altogether, it's a small number. The feeble-minded, the psychotic and the epileptic are three categories in what I termed adjunctive alcoholics. The person who begins to act like an alcoholic at 17, 18 or 19 presents at least a strong suspicion of a major neurotic or approaching psychotic situation, perhaps schizophrenia.

Ordinarily alcoholism will take anywhere from 7 to 15 years to develop from the early -symptoms to the final full-blown appearance. But with major neurotic conditions the development may take less than a year.

Q: Are these the only groups who are likely to turn from social drinking to excessive drinking?

A: On, no. This is just one small segment. I would say that we have some people that are called "neurotic." Now, what I mean by "neurotic" is approximately this: His peer group--we will say "his" and not "her" because we run 5 1/2 males to one female--thought at the time, say during the teens, that the individual was clearly peculiar.

They are "screwballs," or whatever the popular word is among their group, and they are known as that by the others. They're frightened, they're shy, they don't get along well in interpersonal relationships, they don't know how to fight, they don't know how to date, they don't know how to dance, they don't

know how to dress, and so forth. They may study excessively, they may be highly overcompensating athletes who are terrified of other people, they may be "mother's boys." And the others recognize it, and it is noticeably interfering with their day-to-day life. This person at 16, 17 or 18 may discover alcohol. He may not even know that he has discovered it. He may go to his first party and have some drinks and simply know that, "Gee, when I go to the Joneses on Saturdays I have a wonderful time!"

But after several experiences he can't help making the correct discrimination because he went to Green's house and it was Thursday and there were drinks and he had a wonderful time, and the next Saturday he went to the Joneses, had no drinks and he felt awful. This person, then, begins to find that with drinks he can act more like a human being, that he is accepted by others, and there is this tremendous relief--"My God, I can be a human being after all!"

The group of alcoholics with this background, I would say, is more sizable than the psychotics. But I would not say that they are all the alcoholics by any means. Anybody who tries to explain alcoholism entirely in terms of basic or character neurosis faces an impasse.

Preventing Neurosis

Q: If we should make more progress in mental hygiene will we make more progress in the field of alcoholism?

A: As mental hygiene is able to do something about the prevention of psychosis, for this percentage, yes. As it is able to do something for the prevention of neurosis, or social or emotional deviation, obviously for a bigger percentage, yes.

But, then, take this even large group of alcoholics who don't give evidence of early neurosis. You only discover them when they are 40. You go back through their life histories and you can't find in the school record any evidence that they were peculiar--they were just like everybody else.

Now everybody--and this is pertinent to the mental-hygiene question--everybody has personality difficulties. We all of us have stronger and weaker spots in emotional and social adjustment by definition. Some of us are quite well adjusted in relationships with the opposite sex on a series of levels, whether it refers to actual sexual intercourse or whether it refers merely to talking to secretaries. Some of us are average and some of us are a little more or a little less well adjusted. Some of us in the matter of competition and assertion and dominance are stronger or weaker. All of us have certain weak spots. We are not robots.

Let's say that I am weak when it comes to asserting myself with people in a higher status or with older men. Maybe it has something to do with early experiences with my father or my older brother. Anyway, it is a common thing.

It is found in personnel problems all the time. You promote a good man and he collapses. Why? He cannot give orders on a higher level.

A boy is, let us say, now 23, 24, 25, and he has all the ambitions that most young American men have, and he feels a little more at ease, a little more relaxed, and loses a little of this restraint after a few drinks. Well, he says to himself, so do a lot of other people. So what!

Along about age 25, 26, 27, this particular problem becomes even more significant to him. The boy is no longer in the school or college situation and can't fall into one of those nicely defined categories where this is the faculty, these are my elders, these only lower classmen, and begins to realize that he is a competitive person, too.

He, too, can get up there and can even disagree with those people. In fact, the situation demands that he compete. This makes him somewhat ill at ease, but over the week end when he has a cocktail, some highballs, or whatever it may be, he loses some of his fears and anxieties on this score, and this loss becomes highly important.

There would seem to be a point, as we recapture the life experience of the alcoholic, where there suddenly is an increase in the intake. Let's say that in his group they usually have, say, three cocktails two nights a week and on Saturday nights. This man's intake jumps up

50 percent--

When Drinking Gets Serious

Q: Is this suddenly?

A: It would seem so. At least the man remembers it, and so do some of his friends. Then he begins to show all sorts of symptoms, but I will skip all of them and go right into the possible mental-hygiene aspect of it. He begins to increase the time of drinking and may have a couple in the afternoon. He may even shift jobs so that he may get into a position where this sort of thing is more possible. He may shift friends so that he associates frequently with those among whom heavier drinking is socially acceptable.

And we will find that he is making certain decisions and is meeting certain people particularly at the times when he can have a few drinks--not that he is going out and hanging on to lampposts. He may tie one on now and then if the people in his group tie one on. But he is regularly drinking more. Perhaps he is meeting problems with his wife or his kids that have made him very uneasy. He can't stand the kids at supper time, and he is afraid his wife expects him to do things he can't do, but if he has two cocktails every night he no longer notices their criticisms, their requests for his attention. He may be abrupt and even a little sarcastic with them, and doesn't know that he is doing it.

This is a very slow, gradual process. We call it the "pampering effect" of alcohol. There was a weak spot in his personality armament and, instead of trying something new and learning through variation, no, he protects himself more and more by alcohol. The needs for the personality go on and new needs come up, especially in the weakest areas, and this fellow is not learning, he is not growing, he is not changing, but more and more is covering it up.

Then, if the situation develops whereby he is put under some special pressure, he may--and it is three o'clock in the afternoon--say, "If only I had a couple of drinks!" And he's right--because he has those couple of drinks and it doesn't bother him so much. Then occasionally begins to get drunk. Now, when he gets drunk, he has not only the remorse that any might have who experience a -hang-over, but also has this awful remorse about the situation which he didn't resolve and about what he did while drunk, plus the fact, "I've done it before and before and before, and I can't stop it!" He experiences a monumental psychological effect from the hang-over.

A vicious-circle process can now be seen. As the individual more and more depends on alcohol to meet certain situations--and for a while he is successful, for it does work--he is, through lack of exercise, so to speak, reducing his basic equipment to meet other people and particular types of situations effectively. As this happens, he needs a little more. As he begins to take a little more, he begins to make "drunkenness" mistakes. In other words, he could be overly aggressive and doesn't even know it; you can be critical of him, and he doesn't even notice.

Pretty soon the liabilities of drinking -overtake the assets. Furthermore, occasionally he oversteps and really gets drunk and does things that create new, major difficulties, so he has to get over this additional problem. To cover up this new problem created by the excessive use of alcohol, he uses more alcohol, and so the nice little vicious circle becomes a bigger vicious circle.

It may be that a definition of psychological addiction" would be the use of alcohol to overcome the effects of alcohol, whereas when you are merely using alcohol to overcome situational problems or neurotic problems, this is not the case. Then you are drinking to overcome shyness or inferiority feelings, which are not created by alcohol.

Q: Now, where does mental hygiene fit in?

A: We would say two things. First, let's note this fact. Over the past 50 years, which is at longest the reign of modern psychiatry--and perhaps you would prefer 25 years--psychiatrists have been peculiarly unsuccessful with alcoholics. The psychiatrists know this and dislike the alcoholics; the alcoholics know this and dislike the psychiatrists. And so the hope of doing anything, one with the other is, of course, very low. Psychiatrists are not

alone in that, however--it covers everybody else, too.

Slips In Psychiatry

Q: But why have the psychiatrists, if this is a mental-hygiene problem, not done better?

A: One answer to that would be that the psychiatrist, quite correctly, sees that this person has personality difficulties and in some instances they see a long-lasting character neurosis, one that's been in the developmental stages for years, perhaps since the age of 4 or 5. So the psychiatrist says that, unless we get rid of this thing at the bottom, we are just playing games with the thing at the top.

So the alcoholic comes into the office and the psychiatrist starts needling back into this, perhaps, adolescent problem, and then back to the 7 or 3-year-old period. The alcoholic looks at the psychiatrist and wonders, "Which one of us is screwy?" Here he is; his wife is going to toss him out on his ear, he can't hold food on his stomach, his glasses are smashed, he has lost his papers, he is going to lose his job. He has this horrible feeling of fear, of additional worry about this alcohol business, and here this weird character is asking him what dreams he had about his great-grandmother when he was 4 years old.

Q: That's an exaggeration, of course--

A: Yes it is, but it is significant of a very important thing: The psychiatrist, very correctly, proceeds on the premise that there were underlying difficulties much more significant than the actual effect of the alcohol. And so they begin to talk about alcohol as a symptom, but I would suggest to you that, as the alcoholic has gone through alcoholic experiences for many years, he is no longer merely a neurotic type B or a neurotic type C. He may once have fitted such a label, but now he has added alcohol-dependency and has fused the two into something new. He has problems, demanding problems, problems that have gone so deeply into his insides that this alcohol will trigger him off even 15 to 20 years later, even if he never takes a drink in the interim. The alcohol dependence is terribly important in itself. It is a new thing. It is what we call "alcoholism."

Q: So you do have your original problem in personality and mental hygiene?

A: Yes--and perhaps you can tie this original to poor neighborhoods, unresolved Oedipus complexes, lack of affection, and so forth, yes. But, unless there is also understanding of the impact of excessive and chronic alcohol ingestion and what it can do to an emerging, growing personality, therapy won't get very far.

In the first place, you will have a lot of alcoholics who won't have what you

would call a neurosis, and yet they are just as bad as the other fellows in the end. When you get the one who has this real neurotic problem you probably can't reach him by the usual psychiatric technique because, as the psychiatrist would put it, he is an objectionable, un-co-operative person--and that is right.

Heredity

Q: Is there any inherent tendency to become an alcoholic? You hear of people referred to as a natural for alcoholism--

A: Let's put it this way: Acquired characteristics are not inherited--that is, you cannot inherit a taste for alcohol. You do not inherit drinking. Alcoholism? There is an inherited structure which is closely related to one's potentiality to develop an effective personality. So, since weaker personalities are prone to maladjustments of all sorts, including alcoholism, yes.

We say that alcoholism is found to a higher degree among the feeble-minded than the rest of the population. Certain of the feeble-minded probably have a structured, organic deficiency which can be inherited. However, they inherit feeble-mindedness, not alcoholism.

Q: I want to clear up this heredity question a little bit. Do I understand you to say that, while there is no acquired taste, if a parent has a personality defect, and that defect is reproduced in the child--

A: It couldn't be personality--it would have to be an organic defect.

Q: Well, does that cause the child to take to drink?

A: The organic defect does not cause the individual to drink. The organic defect has an effect on their ability to intellectually or in reaction time or in emotional spasms or in certain diseases, say, tuberculosis.

Q: If that is reproduced in the child, then the child will be susceptible to the same thing?

A: It will be susceptible to personality disorders, sometimes alcoholism, sometimes delinquency or neuroses. Now, I should add one more thing--that alcoholism runs in families.

Q: What is the reason that it runs in families?

A: Because the father or the mother who is an alcoholic finds it almost impossible to give love and affection and attention and responsibility to anybody, especially to a child, who may well make him feel guilty and the like. This is, of course, particularly true of the mother. The situation in

which the alcoholic's children live, the way they are brought up, just everything, tends to make them upset people. Sometimes they will become extreme, wild "drys," ascetics; sometimes they will become extreme drunks. Sometimes they may be moderate drinkers. But they experience hardships of an emotional nature during infancy, childhood and adolescence if the parent is an alcoholic.

I might add something else here. Alcoholism cuts across all social groups, all educational groups, all occupational groups. It is limited to certain age groups, yes, largely because it is a slowly (10-15 years) developing condition; it is most common between 35 and 55. It differs by sex, yes--5 or 6 men to 1 woman.

And in ethnic, cultural background--we find that the Mediterranean people--the Italians and the Greeks, for example--will tend to have low rates. The Jews, almost all of whom use alcoholic beverages, have an extraordinarily low rate, a fact which has been recognized for over three centuries.

The so-called native white American group will have quite a high rate, as will the Irish, Scandinavian, English, and Polish people.

One noticeable thing is the difference between the sexes. In this country the ratio is about 5 1/2 or 6 to 1; in England for many years, 1890 to 1940, it was running about 2 men to 1 woman; in Scandinavia at the same time it was about 27 men to 1 woman. But it is interesting to note that, after three generations in this country, the Scandinavian rate began to descend to about 11 or 12 to 1, the English to come up to about 4 to 1. Those Jews who have more and more become secularized, gotten away not only from the Orthodox but also from the Conservative or the Reformed--especially if their parents have also--their rate has begun to go up.

In other words, the Americanization process is gradually working in this sphere as well as others.

Symptoms

Q: What are the prealcoholic symptoms?

A: Well, there's an increase in intake--we have the man who is drinking just like the other people in his group. The quantity doesn't matter--it may be six sherries a week, or two highballs a night. This man starts increasing his intake, and he begins to show some of these behaviors--and remember it is the repetition of these behaviors and their patterning with the others, not just their occasional appearance.

The first thing it suggests is an increase in gross, drunken behavior--that is, when he has a little too much, instead of acting the way he used to act when he had a little too much, he begins to be more out of control in his

immediate behavior.

You all know that inhibitions go down with drinks--one forgets the immediate worries, the immediate fears. For instance, you're all being very polite here, but if we were at a cocktail party, I couldn't get all this attention. I'd have to talk a little louder; my jokes aren't really very funny, but after two or three drinks they really begin to seem to me to have that particular flavor that would make Noel Coward jealous, and even you may forget a bit and laugh at some of my jokes.

But this is still within the range of social acceptance of that group. This man, however, begins to go beyond that. He starts to be a big shot--spends a lot of money, sets them up for the boys in the back room; he get noisy; certain words which are limited perhaps to times when I hit myself with a hammer begin to come out more and more in general conversation. In a variety of ways this man's behavior more and more often becomes obvious, irritatingly obvious, to the other members of the group when he is drinking.

Dangers in a Blackout

Another thing of considerable significance is the appearance, often very early in the game, of what is called "the blackout" or "pulling a blank"--this is sort of temporary amnesia. The man is drinking along about 7, 7:30 or 8. Now the blackout begins, but, if you're the man you don't know it--You're still around, you're having drinks, you're talking--you may get in a car, and drive 50 miles, you may take a room at a hotel, but memory has stopped completely and one cannot recall anything that has taken place since 8:30.

You can imagine the terrific impact this will have on women in our society, because there is immediately the thought: "I may have had a sexual experience--or other people will think I have, which is just as bad." It is terrifying--less terrifying for a man.

You get situations where a man has a blackout which lasts 36 to 48 hours--he ends up in another city, he doesn't know where he is. He learns to have a newspaper sent up to his room to discover the date and what town he's in. I now of one man who when he came out of the blackout remembered that he was to have signed a \$400,000 contract the previous day at 10 a.m. Quickly making himself presentable, he rushed in to the corporation president with whom he was to have closed the deal, made some lame apologies, and hoped the whole thing wasn't off. The corporation president looked at him rather strangely and then stated: "Mr. C., you were here yesterday at 10 a.m. and we signed the agreement." Not all blackouts have this type of surprise for the end of the story.

Then there is the gulping and sneaking--this is an indication that it is not social drinking any more--the fellow has to do more than the social pattern will allow. He needs to get this personality jolt or lift through acquiring a

significant and rapid concentration of alcohol in his system--just a little bit doesn't get him started. He begins to know that at the Jones house he will only get a couple of martinis, so before he goes to the Joneses' he usually has a couple of quick ones--he's the fellow who has to help the hostess, and incidentally get a few slugs on the side. He is learning that he must have more.

Now, these are early symptoms.

Q: Can they be corrected? Can he stop?

A: Yes.

Q: Could you give him some rules, Dr Bacon?

A: To know that next he goes into alcoholism--that that is the next step--the first great crucial point, the loss of control. He meant to have two drinks, he winds up drunk. We find that he begins to need special rationalizations to explain his drinking, because people begin to notice he is drinking more. And these rationalizations cover the waterfront--everything you have ever heard of.

At this time he may show a few instances of drinking alone. Drinking alone can be all right under a doctor's prescription, or some people use it to go to sleep, or there may be a religious ritual. But I'm not talking about any of those. He begins to drink alone and likes it. He doesn't need all these other people pressing in on him, he may become a "loner." This is quite usual with women alcoholics for whom social conventions don't allow as many socially acceptable opportunities for drinking. Not all alcoholics are "loners."

Somewhere along in here--it may wait until the later stages--some dear, dear friend or even a physician may advise him during a hang-over--and he gets more hang-overs than others and they hurt him far more than they do other people--that a "quick one" at the beginning of the day will help. Many, many times it becomes humanly impossible for him to think of getting up and going to work and so on without this fortification.

We begin to find some asocial behavior. I am not talking about anything marked. But we do find a little trouble on the job, a little trouble at home, a little trouble here and there, automobile trouble, or what not. It's more than he had been having in the past. It is reported on--quietly. But most of his friends tend to hush up comments about it. Trying to be helpful perhaps, many people try to cover up for him. Of course, he tries to do so also. Naturally, the day of reckoning gets worse as it is postponed. And about this time he may say, "I've got to do something about this." So he tries to change the pattern--a little shift from rye to gin, or he will stop drinking before 5 in the afternoon, or he will only drink at home, never in a commercial place.

Q: Does that help?

A: No. It isn't drinking patterns that are his trouble; it is the excessive ingestion of alcohol. And he can fit that into any pattern of drinking. Being an alcoholic, he will. Pretty soon--and it will be the end of what we call "the early stages"--he may go to get help from a minister, friend or someone outside the family, or he may even go to a sanitarium or a doctor or a hospital. He tries them all out.

The Binge

Now we come to the beginning of the last stage, which is the "binge." We have our own way of talking about a "binge." A person can be completely "blotto" for 48 hours or for a week and we might not call it a binge if this fellow, let's say, is drunk over the week end, but on Monday morning he gets to the job. He may be on a two-week vacation and he is "blotto" for three or four days, but perhaps he has not completely disrupted social expectancy and social habit of his group. But this bird, who has started his week-end drinking about Friday at 2 p.m. and slowly slides off only about Monday noon and doesn't get around to the office till Tuesday--this four days is much more significant than six days on a vacation. The man begins to go on binges which clearly disrupt and insult the society.

At this point, the alcoholic may start getting secretive about his drinking. By now he will have surely learned the morning drink business, and he learns to keep a supply for the morning. He starts hiding his supply and he may develop all the tricky, tricky habits of the confirmed alcoholic and waste extraordinary ingenuity on protecting his secret supply. I call it wasted--sometimes the mental exercise equals Thomas Alva Edison at his best.

I might say that one of the most tragic things in the world is to see an alcoholic who has a half bottle left for the morning which he puts away where the little woman isn't going to find it--only to discover in the morning that he had been in a blackout when he did the hiding.

What a frantic, maddening search will follow!

Finally, a Breakdown

We finally begin to see a social breakdown which is really manifest. His friends, if they are still in that category, find it harder and harder to cover up. Now he loses the second or third job, and even though he got in to the office first and resigned, too many people know he was fired. Trouble with the wife and kids begins to come out in the open, and so on. Social difficulties mount rapidly. He begins perhaps to show some physical symptoms, tremors; more and more often he's in a physically run-down condition, which was perhaps present earlier in an acute fashion but over in two days--now it becomes chronic. And his rationalizations to himself--no longer can he find

explanations in the culture that will satisfy even him, to say nothing of others. He is beginning to give up. His fears and his guilt and his remorse, instead of being pinpointed to what he did last night, or to his attitude toward his wife over 6 years, or 16 years, now become generalized without definition.

There is undefined fear, undefined remorse that he can't even explain--he has this black depression. It is called the blues sometimes--the real blues because you can't identify it. That's the difference between the real blues and a sentimental blues--you can always say it's because Mama went away--but with the real blues you can't identify what it is that is so painful, so threatening. That's what's so horrifying. And at this point the fellow may give up socially on the grand scale, may slip down into Skid Row. Now the "DT's" may appear, and so on.

Q: What can you do to help--in the early stages particularly?

A: I would like to answer that in the first instance by pointing out that the behaviors called "early symptoms" are not by themselves symptoms. They have been ridiculed by some newspaper commentators, and if they are considered as separate instances, such ridicule may be O.K. It is when they are patterned and repetitive and increasing that they are early symptoms. For instance, among your friends may be some who have had a blackout. Does that mean they're alcoholics? No. It may have to do with the improper utilization of alcohol by the body. Your friend may have gotten drunk several times, he may have sneaked drinks once in a while, he may have said at parties a couple of times, "Let's have one for the road," or he may stop at your house to have a nightcap, or he may stop at a tavern on the way to a party.

Taken by themselves, these need not be symptoms. It is only when these things get into a pattern and become repetitive, that they make sense as early symptoms of alcoholism. Naturally, drunkenness may occur many times without any of these things being present at all.

Giving Up Drink

Q: What can be done about it?

A: For the people in the later stages you need almost a re-forming of life--particularly in social adjustments--and, for some people, also in the emotional sphere. Drinking will have to be given up permanently. Some may need physiological care beyond remedies for temporary acute ills. Originally, some 10 years and more back, it was the late-stage alcoholics who came looking for help, and so rather drastic steps were needed.

Now, as "Alcoholics Anonymous" and our clinics began to be more widely known, some of the frightened people in the middle and earlier stages came in. In fact, today they are the largest groups we see.

Q: What are you going to do for them?

A: First, we began to find they are different types. Some of them were way back in the first stages, some of them needed a little knowledge and a little guidance from a neutral and a respectable source; when they could see where they were and could be given a little support. If they could have some of the situational factors--such as the wife, who has been doing the wrong thing even with the best motives, triggering the guy into his alcoholism--when they could receive just a little help, they could help themselves quite effectively.

If you could relieve those pressures and give this man just a little support, a little hope, a little help, then he didn't have such a hard time.

Q: Could the people in the middle stages, who had lost control, stop drinking?

A: So far as we know, they can't stop permanently without help. Now, there is going to be a case here and a case there where they can. Ordinarily we don't know in such cases whether they really were alcoholics before they stopped--just that they said so or their doctor, or Aunt Mathilda or the judge said that they were alcoholics. Then you may find out that this judge or mother-in-law thinks anybody who has two beers a week is an alcoholic.

Q: In that group he isn't out of control, then?

A: That very control is the crucial point in getting into alcoholism.

Q: Can he stop at that point' and later on be a moderate drinker?

A: So far as we know he cannot become a controlled drinker. There may be some people who manifest some of these behaviors for a variety of reasons and later on drop the variant behavior without dropping the drinking. However, to date there is no well-recorded case that has been followed over as little as seven months, of a person who had--by consent of two or three outside observers going over the record--been an alcoholic, no matter what the stage, who was later on, say for a period of roughly a year, found to have been a controlled drinker.

Q: What about before he loses control and sees some symptoms, what does he do in that period?

A: He can keep control.

Q: How does he do it?

A: As a matter of advice, I would say to him: "Buster, you'd be awfully smart to play it safe. The safe way is for you to have a look around at your life, find out what you're getting amusement from, where your job is, where your

and again. What's the professional explanation? "He's a psychopath."

These are both ways of saying, "I don't know," and "I'm not to be blamed." The answer that he isn't ready yet isn't an answer--it's merely a restatement of a problem.

At certain times, at certain places, with certain people, under certain situations, this man is more ready or less ready--and the need of the therapist, "AA" psychiatrist, or other, is to be able to recognize and manipulate these more favorable situations. There are certain ways of dealing with certain alcoholics so that the readiness can be brought further forward. And this is what I was coming to when you asked me about stopping the condition.

Originally the Yale Clinic and the "AA's" were getting the real McCoy. In the late '30s and early '40s you hit the "AA's" with a wham. The candidate did not have shoes that matched, had been in 12 jails, 6 workhouses, reform schools, State hospitals, sanitariums, had lost his wife, etc.--the works. "Alcoholics Anonymous" started about 1934. About 1938 or 1939 two things happened--they got some people who hadn't gotten that far--they still had a necktie, a job, a wife. And the answer was: "Go on, go back out, you're not an alcoholic--you don't know what drinking is--scram."

But some of the others said: "No, that attitude is bad as far as "AA" is concerned. Maybe you're right--maybe this guy isn't a real alcoholic, but he should have a chance. We cannot determine who is and ain't. We have got to help." So they tried it.

Exactly the same thing happened when a woman showed up. This was a man's organization and the idea of women brought in the idea of pink ladies, that sort of drinking, and brought in fears that, having women around, even if they had been real luses, would ruin the whole fellowship. But they said, "We've got to try it." And just as in the case of the men who hadn't hit real rock bottom as drunks, it worked in an amazing proportion of the cases.

It was noticed that these people with a milder, shorter history (a) probably had just had a binge, and (b) that they probably had just had a nasty shock--mother died, for which they blamed themselves indirectly, or they had been kicked off their job, or they had been divorced, or they had had their first jail experience. It was a shock to them. And so, they talked about that shock as a bottom, and called it a "high bottom."

And, lo and behold, by 1950 the high bottoms in "AA" almost certainly outnumbered the low bottoms.

In the clinics we've had the same thing. In the early days we got the real ones, the men who had touched low, low bottom. Then we got more and more who were in the middle stages and then some in the earlier stages.

Here's something else. When people began to come to "AA" who were 25, 26, 29 years of age, they came in all right, but some couldn't stand it--they liked the "AAs," they liked the philosophy, they liked the program, they know they had been helped, but they couldn't stand going in two nights a week to listen to these old timers yack-yack-yack about "what I did at Armentiers" or about their 25 years of wild drinking, or something of the sort.

Development of `Junior AA's'

This was far from their own experience. So you begin to have a development in the larger cities of so-called "Junior AA's." A different sort of re-socialization or modified socialization was needed. The "AA" are very flexible and very empiric, and they found that for many of the youngsters this worked. They picked up a lot more screwballs in this group--that is, youngsters who were deeply neurotic, perhaps psychopathic, who were also drinking excessively, and who got a terrific bang out of "AA" and went along beautifully for six weeks.

group over, and going wild.

So they have had some difficulty with such groups, but there is no question that they have helped a great many of them. The significant thing is the change from late-stage alcoholics to middle and early-stage alcoholics, from helping alcoholics averaging 45 years of age to those averaging 36 or 38 years of age.

Q: What have you found in the clinics?

A: We have found the same thing in the clinics. Because of the availability of help, because of the anonymity, because of the lowering of the stigma around alcoholism people are willing to come in and ask for help. This is a hard thing for the alcoholic to do, partly because in the back of his mind is just what was in your psychology textbook--the horrible implications of this disease and the moralizing that accompanied it. But now there are places where they don't believe in these horrors and don't preach at you. In fact, in "AA" there may be many who think drinking is just dandy, but that they're sick and they can't take it--it's like diabetes, "I can't take sugar," or "I've got an allergy to sweets so I can't take them." This is making the condition respectable and the possibility of seeking help less painful. So they come in.

Student Interest

Q: Do you find that young people are interested in the work of the "AA" and the clinics?

A: Yes. The high-school and young college people who had suddenly gotten very interested in "AA" speakers or those from clinical centers. We note at the

Yale Center that our people get an almost fascinated response from these youngsters. The students even ask to have them come, and no one has to take attendance. Their reaction would appear strikingly different from that shown to classical temperance lectures.

Now, some of these students need what I would call intellectual knowledge and guidance. They're not personality-problem kids, they're not alcoholics, but they've been receiving this nonsense--that is the way they look at it--about alcohol. For instance, they've been told: "The first drink--it's the first drink that's the dangerous one--you're one drink away from a drunk. A little beer here and there, and this horrible social drinking will lead to death, disgrace, disease. The liver will turn purple, the brain shrink, and so on."

The students, to be sure, know this is not true. I say that they know this for the following reason--some 60-odd million people, most of them parents, use alcoholic beverages. These beverages are in the icebox or they're in the cupboard or they're at the party, and the youngsters know that their dad drinks, and so on. They also know that he isn't drunk and he isn't crazy and he isn't going to be. Furthermore, I don't think kids care much about warnings which refer to the senile part of the population--those who are past 32 or 33. Alcoholics are usually portrayed as being even older than this.

A certain proportion of teenagers, let's say 20 per cent, do not consider these classic temperance talks to be nonsense. In their families, their neighborhood and their church and so on they have always heard these beliefs and assertions, and the message fits into their life; it may reinforce their belief. Of course, 99 per cent of this particular group weren't going to drink anyway.

But the others--and this is a very regrettable point--may react so negatively to the unrealistic part of the classical temperance talk that they reject all notions of any danger in drinking and even become intolerant of abstainers. I would go to the extent of saying that, though it may be -unconscious on the part of these very sincere well-meaning "drys," they are doing something which is unmoral. I criticize the "drys" and not the "wets" on this point, because the "drys" have a program and the "wets" don't have anything--they just have "shhhh" when anyone mentions that there are real problems.

But the "drys," by over exaggeration, by saying things that are utter nonsense, unfortunately get across the idea to the nonabstainers, who happen to be the majority, that everything they say is unrealistic. There happen to be some very real dangers attached to drinking and anybody who doesn't think so is affected by certain biases of an antidry philosophy.

But very little factual information about alcohol is given to the younger people. They would really like to know something about alcohol, but what they want to know, and what the "drys" are anxious to tell them are two different things. The younger people would like to know the difference between drinks.

They would like to know: "What does this drinking do as far as athletics are concerned? Is it necessary to take drinks on a date? And how many drinks should you take, and what, and where and under what situations? How is it going to hurt me?"

What to Tell Youth

Q: What do they want to know?

A: I think what a good many of them have in the back of their minds--the girls won't ask the question but they want to know--is what happens from a certain number of drinks, does one get sexually excited? Is drinking on dates necessary, is it wrong, and so on? But what they

hear about from the classic temperance speakers are the general things, crime, divorce, bad housing, the fall of Pearl Harbor, murder--they see pictures of deaths on the highway where the kids are drunk.

But the people who give these talks and make these pictures often know so little about drinking and alcohol that they make ridiculous mistakes--the youngsters know better than the "drys" do; sometimes they show a person taking three drinks and then acting like a maniac. There must be, in a group of one hundred 16 and 17-year-olds, 30 persons who have had three drinks several times. They know that nothing like that took place at all. And another 30 who have had only one drink or so look at the three-drink fellows and begin to think "Well, I guess I can take three drinks too." Kids don't like the morally superior person looking down at them saying, "Don't, don't, don't."

Q: What should you tell them?

A: I think they want to know something. Probably most interesting to them would be knowledge of the psychological effects of drinking. I think they should be given the physiological facts of alcohol. I think they should be told something about the customs of drinking. There are some groups in which the drinking of alcohol starts at about the time of weaning. There are some groups in which drinking is a normal, expected and in some ways a socially significant aspect of life--you've got to be able to know the difference between certain types of wines, how many cocktails to serve, etc., etc.

In this group the person who says that he doesn't drink--especially if he says he doesn't drink and indicates that you shouldn't either--is going to be such a deviant in that group that he is going to build social problems for himself, just as the drinker in the abstaining group is going to do.

To try to repress this person is to suggest certain social disabilities of all sorts. However, there are obviously points at which certain types of ingestion of alcohol go beyond any customs for an individual and are frightfully dangerous for that individual, to say nothing of this future, family, job,

etc., which is only theoretical.

Any drinking may be bad for some. Other things being equal, I see no advantages to drinking by teenagers that couldn't be gained in other ways. However, what I personally think and what millions of teen-agers do may be two different things. Telling them nothing, telling them nonsense, or talking down to them with nothing but negative commands--these are all ineffective and rather escapist types of education, especially since the students want education on the matter.

Q: What do the students say about the "AA" speakers?

A: The student loves the "AA" presentation because that is the "Horatio Alger" story amid blood and amid tears, and so forth, and you come out of the slime as Sir Galahad and rise to the top--and that goes big in this country. And the "AA's" laugh at the negative authorities who are pressing on the kids. They are real, experienced "he-man" drinkers, and at the same time they seem to have achieved a morality. And this the teenagers like, too. And when they have this message with its emotional, sincere feeling--and often the "AA" speakers are a little exhibitionistic anyway and so they are often magnificent speakers--the students love it. For that matter so do a lot of adults.

But I don't think that fundamentally knowledge about alcoholism is a major need in an educational program. Of course, it is important to learn that, if one has an alcoholism problem there is hope--but I think the students should learn something about alcohol and about drinking, just as they should learn something about oxygen and carbon tetrachloride or the form of government in Idaho, or something else.

In addition, drinking is something that hits across more aspects of life than carbon tetrachloride or government in Idaho--it affects marriage, birth and death--it can be involved in almost all social phenomena except the activities demanding immediate, high-tension discrimination and responsible action. Drinking, for example, is not related to tight-wire walking or piloting an airplane, at least not on American lines.

All the students are going to have to make a decision about drinking--as to their own behavior, also with their wife, their neighborhood, their kids, their religion, their government, and so on. And in 90 per cent of our educational institutions they learn nothing except what 8 out of 10 of them recognize is silly.

Drinking Habits of Students

In this connection, I'd like to mention our recently completed study of the drinking habits and attitudes of about 16,000 college students the country over--private, parochial, and State colleges, co-ed and man or woman only colleges, big and little, and so on. Here we report on who drinks, what they

drink, when, where, with whom, when they started, what they think about drinking and about abstainers and about sex activity and drinking, what problems they may have experienced, what their parents, their church, the college authorities, their friends and others say and do, and so on. It is the first objective study of drinking habits ever made in this country, and it may well help to build a better foundation for teachers and teaching materials. We certainly hope so.

Q: Could you tell us something about it?

A: Most assuredly, but it is covered comprehensively in a book, entitled "Drinking in College," by Professor Robert Strauss and myself, just out.

Alcohol In Business

Q: What about the alcohol problem particularly in industry and business?

A: There is the same feeling there as in other parts of the society. They want to cover it up and hide it and so on. It has a stigma. But there is getting to be a gradual perception by an increasing number of companies that "Yes, there is a problem and why don't we do something about it?" Of course, it doesn't show in their records, it's always hidden, but the problem is there. And there are now techniques of dealing with it.

Q: Is it a growing problem?

A: I don't think we can say that it is a growing problem, but we can say this--that the age range is 30 to 50. Industry and business and agriculture employ 60 million, of whom a large proportion must be in that age group, and so they have a great number of them. But most of them are back in the early stages. They don't have any drunks. Oh, they have them now and then, but they are fired. They don't have the psychotics, the "Skid Row" bums, and so forth. They may have had them when they were 23, but they got rid of them. What they do have is the slowly developing, carefully hidden condition, usually hitting a man as he gets to be about 40 and is just reaching his peak productivity in the company, a peak he never achieves.

Q: How does absenteeism stand with these people?

A: We have a few clinics started in some industries, and their records show that the alcoholic's absenteeism rate runs a little better than twice that of the average of the whole plant.

Q: Would you call that high or low?

A: Twice as high as the rest of the whole plant. For instance, if the absenteeism runs 4 per cent for the whole plant, it will run 8 or 9 per cent among the alcoholics in that plant, among the early problem drinkers or

incipient alcoholics in that plant.

Fortunately for business and industry, therapy is easier with this group than with any other. Success expectancy is fantastically high, partly explained because the motivation for recovery among these men is tremendous. In one plant, the absenteeism rate after a year and a half with the first 100 alcoholics who went through--and they had success with 100 out of 120--was cut to about 2.3. The average absenteeism rate of the plant was 4.8, and for three years before they came in for help it was running for these 100 alcoholics at about 10.

Q: How do they help them? What does an industrial establishment do?

A: The first thing to do, briefly, is to get top management to recognize that there is a problem and not to be scared of it and to be looking into what can be done about the problem. The second thing is to decide to give responsibility to a department, probably industrial health or personnel, to do something. Next, the thing to do is to appoint a man to get special training in addition to his already acquired training. We have four or five-day training sessions just for this purpose.

Q: What are they trained to do?

A: These people go back and do two things. First, they offer counseling, often making referrals to already existing resources in or outside the plant. They must go out in the community and find out what resources there are in the plant--the plant probably already has resources to take care of this, but it has never been done.

Then they start helping a few people. The first ones they get are often going to come from the disciplinary board and are going to be the worst cases and have to be sold the idea. When they find that this has helped six or seven fellows--and you know two of them and you know three of them and so on--the word goes out and management says, "Now, look. Our policy is not coddling--this is not a home for drunks--but when we think alcoholism is involved, we are going to treat it as any other problem. We are going to try to help this person and give him every possible chance. If he won't live up to it, then--out. We will change our retirement, our disability, our pension policy--we are going to keep an open, flexible mind on this."

The man in charge will try to change negative attitudes in the medical and other departments. Something can be done, and this is shown most clearly through the successful cases. Then the man will try to get to some of the foremen or the floor supervisors, because they are the men who know just who the problem drinkers are. If they will co-operate, cases will be gotten sooner, the therapy success rate will rise, a lot of cases will never get to the disciplinary committee, and so on.

But the supervisors and foremen have to be shown that something can be done, that this will be more effective than hiding the cases, that it is not a snooping, "dry" movement, that it is not a sentimental, coddling program, that it will not result in firing the man nor in interfering with production, and so on.

This problem drinker is almost never at the plant when drunk' by the way. He's there in a rather late hang-over, beautifully masked, doing nothing or sometimes making mistakes, a horrible public-relations liability. His friends cover up, and nobody says anything.

So we suggest certain ways of talking with the supervisors, maybe giving them one or two pages of statements, showing them a 10 or 12-minute movie, giving them some idea of the problem and the program. Maybe half of them will catch on and will start sending a couple of people in--anonymously, quietly, and not even connected with the records.

Q: Where does a company find out all the things necessary to institute a program like this?

A: We at the Yale Center run special 3 and 5-day courses just for industrial people.

Q: Can this be found anywhere else in the United States?

A: No, but certain plants are doing their own work.

Q: Then you are the center of information on this whole subject. Can anyone get literature from you?

A: Yes.

Prohibition?

Q: Should we do away with alcohol? Can we do away with it?

A: "If we should" is a question that has to be answered from the point of view of a particular ethical system. One ethical system will say, "Yes," another will say, "No."

Q: Do you have a personal opinion on that?

A: I don't have any great opinion on that because I think your second question makes the first one--for our society in this century, particularly--academic.

Q: You mean it is impossible to get rid of it?

A: I would say at this time we don't know of any technique by which you can

get rid of it.

Q: Looking at the thing in its broadest possible angle, we've developed in America two points of view about the liquor problem. One is frequently expressed under the word "prohibition," and the other one under the heading "moderation." In your studies, do you feel that we would solve this liquor problem by complete prohibition, the extinction of the manufacture of alcohol?

A: Let's put it this way: If there were no alcohol, there would be no problems related to alcohol--period. There is no question about that. If you could eliminate alcohol, there couldn't be such a thing as an alcohol problem.

Q: Do you mean that you would really remove all the problems related to alcohol, or do you mean the problems that people think they solve by alcohol?

A: I mean that you would eliminate any function that alcohol plays in crime, poverty, disease, death, disgrace, alcoholism, and so forth--by definition.

Q: But you wouldn't remove those problems, would you?

A: Oh, no. In some of them I would say that the use of alcohol plays a larger role than in others. For instance, I would say that you would eliminate the biggest crime of all--drunkenness. That is the single biggest crime in the United States except for traffic violations.

I think that among the others you would unquestionably eliminate a certain amount of disorderly conduct, and you would eliminate a considerable amount of petty assault. For example, you and I get mad at each other, and we were probably going to get mad at one another, alcohol or not alcohol, but with a few drinks in us, or in either one of us, it is more likely that we are going to get into physical violence, because the inhibition or control of aggression is reduced. Instead of just swearing at you, I throw something at you--perhaps I won't throw with any great accuracy, perhaps you won't duck with usual speed or accuracy. But the emotion and behavior that went into a fight, let us say, could have been dissolved through more socially acceptable avenues than those opened up by alcohol.

Traffic Accidents

Q: What would you say the effect of successful elimination of alcohol would be on traffic accidents?

A: Granted that no substitute came in--like bootleg liquor--I would say that all sorts of accidents would be cut down. For instance, you would eliminate the effect of fatigue as it lowers acuity and discrimination. You would reduce the expression of aggression in driving. Alcohol, so to speak, allows extended fatigue and aggression in driving and these are major factors in auto accidents.

Q: Are there statistics that show that traffic accidents are primarily due to alcohol?

A: I would not say "primarily."

Q: Would you say that they are incidentally due to alcohol?

A: I would like it larger than that. Figures have been put out fairly regularly by the National Safety Council from which it would be fair to state that alcohol is involved in 20 per cent of all fatal automobile accidents. I would say that is a gross underestimate.

Q: What can be done about this, or is anything being done?

A: This is one of the problems related to alcohol about which a great deal could be done. A start in this direction can be seen, although -this particular cloud is still little bigger than a man's hand.

We have had two major problems blocking greater control and growing prevention of this problem: lack of quick, easily administered, reliable tests to establish how much alcohol is in a person's system at the time of the accident and the general tendency to lump all alcohol problems together as just one, simple problem. The first barrier had to be overcome so that police, courts, legislators and lawyers would have a means to allow concrete distinction between the driver under the influence and the person who was not. Walking a straight line, the odor of the breath, and disorganized behavior after an accident are not good evidence of "being under the influence." Until a useful means was developed, the courts and police were effectively blocked from efficient enforcement.

We now have means for gaining factual, undeniable evidence of the amount of alcohol in the brain. The best of these techniques--I might be a little biased on this--was developed by Dr. Greenberg at our laboratory, and is being increasingly used by courts and police. Its use will not only end the "two beers, Judge" alibi, but will also protect the innocent, such as the man with concussion or the diabetic in insulin shock who is arrested for drunk driving or anything else and is tossed in the police lockup--sometimes to die--because he acts and looks like a drunk.

Distinguishing this problem from the other alcohol problem is, I believe, on the way. It is not the "Skid Row" bum or the late-stage alcoholic who is involved in these automobile accidents.

Tests for Drunken Drivers

Q: Who is?

A: No one has ever reported just what the social and personality characteristics of this category consist of. The public is probably 99 per cent united against driving under the influence. However, they are far from 99 per cent against drinking. Once we can separate these two, so that the public can attack the specific problem without getting involved in the old "wet-dry" fight, then the way will be much clearer to overcome this menace.

Some legislative changes are needed in, perhaps, 30 States. The real need today is to give the facts to the driving public so that they can realize in ordinary language just what "under the influence" means and how one gets to that point. The insurance companies could play a big part in developing such information, as could driving schools, automobile associations and, after the program was set up, the police and courts. Without such education, mere use of the new gadgets is not likely to be too effective.

Q: What's blocking use of the new devices?

A: Well, time is needed for the police and courts to try out the new techniques and learn application problems. So far, their experience has all been highly favorable. Then, lawyers and doctors interested in these cases must learn that none of their rights or privileges is being hurt. General education, plus experience, is needed. I think that an enormous reduction of this really unnecessary death, destruction and misery could be achieved in as short a period as five years if people got behind the police and courts, supported studies and helped in dissemination of the facts. Further, I think the motivation for this sort of progress is good. At that moment it needs leadership. This one of the alcohol-related problems is in large measure susceptible to successful attack here and now.

What Stimulates Drinking

Q: What would you say is the greatest stimulus to the drinking of alcohol? Is advertising a major factor?

A: We can show that advertising has had little or no effect on large segments of the population and never has had.

Q: For purposes of stimulation in extreme cases?

A: For any purposes. In extreme cases it has no effect whatsoever. For those people who are susceptible to be affected, yes, it may have some effect. And then if those people become extreme uncontrolled drinkers, I cannot tell you what proportion that ad played, for, once they have become extreme drinkers, I don't care if you have a sign on every window in the city or if there isn't a sign within a thousand miles, they are going to go on being extreme drinkers--period. Advertising isn't going to change alcoholics one way or another.

It might affect them in that, if you keep saying a certain brand name, the next time they go in and ask for a shot they may ask for that brand. I doubt it will have much effect, because after they have had a considerable amount of alcohol, 75 per cent of them will be short of cash.

Q: Then you would say that the stimulus for drinking would have to be looked for somewhere else than the advertising of the product?

A: Yes.

Q: How would you list the order of stimuli? For instance, are social gatherings and social customs the primary thing today?

A: Well, I will start off with the word "custom" --but then remember that I am one of these academic specialists, so I will want to hedge on what I define as "custom." There are certain groups in which there has been a custom of drinking for generations. Now, when the father and the mother and the close friends of the father and mother--they may be in the neighborhood or not--when they ordinarily drink and their drinking is fitted into the daily routine of their life (not the "whoopie-whoopie--aren't-we-being-daring" type of drinking), then their kids, other things being equal, are going to use alcoholic beverages.

If you go to the other extreme, where father and mother not only do not drink but also have expressed strong, negative feelings about drinking and, to make it stronger, these are backed up by the church and the school and the social clubs, then that person is not going to drink until, and unless, he gets away from that social milieu. If he does drink, he will be rebelling from or simply moving away from his group. His drinking, by the way, when he starts is going to be more experimental, less well modeled, characterized by more mistakes, just because he has no background for it. He is not fitted for a drinking society any more than you or I are fitted for an Eskimo society.

Effects of Religion

Q: Is he more intemperate in his drinking then?

A: Let's take two extreme groups to make it simple: For example, the Mormon group,

which is a very well-integrated group with a religious system penetrating right through family, government, economics, neighborhood, everything; and then orthodox Jewry, which is also very strong with an all-penetrating religion so that we don't know quite whether to call it a religion as such--it is a total way of life.

In the Jewish group, more than 90 per cent will use alcoholic beverages and will use them certainly more than 50 times a year. They will probably use

wines, distilled spirits, beer. In the other group, the Mormon group, a very large percentage (compared with all other such groups in the country) will not touch the stuff.

I would say that, of the drinkers in the Mormon group, which will be a small number, you will find a high percentage of problem drinkers and later on alcoholics. Amongst the Jewish group, with almost all being drinkers, you will find a very, very low percentage of problem drinkers and alcoholics.

Now you shouldn't jump from this and say, "Well, let's start everybody drinking at the age of three!" That doesn't follow at all.

Q: Do you think the segment of society in which the inhibition is great due to religious and other environmental factors produces a greater number of rebels, or is the number incidental who go out and deviate late from their teachings?

A: Rather than the number of inhibitions, I would say that whether these sanctions worked, were acceptable, were easily adopted by the individual, was the more pertinent question. For example, it is an inhibition that none of us here may go around without clothes, but I don't think it bothers one person here. Maybe it would bother one out of a hundred. Where inhibitions are not putting the person in a position of conflict, where his life is satisfying enough so that he wouldn't call them inhibitions, then inhibitions are not creating rebels.

To most of us, inhibitions are strong, unconscious controls against actions we think we might like to perform. Actually, the term refers to all the controls we have adopted--whether we approve or not, or even recognize them or not. But where the inhibitions, the taboos, the restraints don't upset more than 5 or 6 per cent of the group, I don't believe it would follow that mere numbers of inhibitions would create rebellion.

However, if you have a series of different groups in a society (and this means there would be differences in the patterns of learned controls in each) and where there is mobility for individuals, as in the case of war when all the young men may go out from home and meet others, then you may have people suddenly finding out, "By golly, I am inhibited." They may become, though not necessarily, very bothered about this.

A lot of young men, 17 or 18 years old, may think: "Here I am in a uniform, but I am not really a man. All these others in the camp think I'm a damned sissy and maybe I am."

Q: And then he may take a drink?

A: He may feel that he has to show off, one way or another, but he doesn't know how. He may, like any young person taking on a new pattern (whether it's dancing or bowling or getting a job), overshoot the mark or do things

differently from everyone else, and then may have superguilt.

Here's the fellow who has come up in a society where drinking is quite ordinary. When he starts drinking, he might overdo and even get drunk. He will be punished one way or another. However, this experience does not have a terrific impact on him. He doesn't feel that he has been singled out by God to be cursed, that he is essentially evil. Another fellow from the Mormon society, where drinking is held a sin, if he experiments and gets drunk, he may well feel super-guilty, he may feel that Satan is responsible. So that it is not only that he drank too much, it is his reaction, his interpretation of the event. It may mean he feels: "Now I am through with my family, my religion, I can never go back." His response to the act is just as important as the act itself.

`Wets' and `Drys'

Q: I can understand why the "drys" don't like your work, but why is it that the "wets" don't like it?

A: We have been discussing here at length alcoholism, drunkenness. When stories. On alcoholism, drunken driving, excess drinking and the like appear in the papers, everybody in the industry shudders--

Q: Afraid it is going to lead to prohibition" again?

A: Yes. It is implied that discussion of such subjects is nasty--there probably isn't any such problem; it has been vastly exaggerated, in fact, alcohol binds the family together, etc., etc. Then one of the companies about 6 or 7 years ago, to the shock and horror of the rest of the industry, came out and said some people should not drink. Wow! Well, it turned out to be all right: they're still in business. Doing very well, I understand.

Q: Have you any facts as to whether conditions in States where they have full State control are any better than in the States where they license retail distribution?

A: You get what might be called a "lip reading" or "false correlation" on this. The difference between the monopoly and the licensed States is not particularly great. When you take the States in which local option is very widespread--like North Carolina where of 100 counties perhaps are dry--or take the two dry States, from our estimates there is a lower degree of alcoholism and there are fewer drinkers. However, we would call this a false correlation. The reason you have prohibition is obviously because you have social groups and categories who are "agin" drinking--

Q: They wouldn't be drinking even if it were there?

A: Right. And their numbers are significant enough so that they get political

action. But if you go into Kansas or Mississippi or Oklahoma, you will find the "AA" groups everywhere.

Q: What about the tax situation? Do you find that the bootleg liquor creates worse conditions?

A: It may result in there being worse liquor, but alcohol is alcohol. It is a chemical, and goodness and badness doesn't enter into it. As for bootleg liquor, there is no question that it is produced in the most unsanitary circumstances, that it gets very little attention, you get it loaded with who-knows-what. It has in some places a most mysterious sacred character, however--"I know Old Joe up in the hill over there and he makes the original white mule," and things like that' and everybody around there starts buying it and feeling, "Wow, that's wonderful stuff," and if the market goes up, they start producing it faster and they are under pressure of being caught, so there has to be a rapid turnover. There are no `controls by health authorities or otherwise.

When the situation gets really tough, you may be getting half water, one quarter ethyl alcohol and who-knows-what else. It is an irresponsible group operating without controls, without the law, in business for the sole purpose of making dough and making it fast, with no necessity of figuring out "Will my customers like me five years from now?"

The big liquor people are under a tremendous pressure from that alone. The bonded people have to start, say, in 1950 to decide what they are going to make. By 1951 or `52 it is whisky, but then goes into a warehouse for five years and then they can sell it. Imagine the pressure they are under to maintain good relations with their customers. Their capital is tied up in the customer's response five years in the future.

Q: Do you think the bootleg situation is getting worse?

A: I really don't know.

Q: The argument in Congress is, of course, that the high taxes will drive the country into bootlegging--

A: And, theoretically, I believe that it is a good argument. Whether in practice it is true or not, I can't say. To my mind this is one of those little conflicts way off in left field, just as in my mind the advertising issue is way off in left field. They happen to be the two things that the "wets" and "drys" are fighting about--one about one, the other about the other.

I would like to see a check on the bootlegging matter from an unbiased source, through the revenue reports. But in my memory, and this is most casual--for the revenue records have figures on how much illegal stuff was seized, the

size of the place, the amount of the alcohol, the potential production per day--it seems to me that for some places, like New England, there is no striking change.

But this is not a conclusive argument, because the size of the agency and its finances for going out and making the arrests has not gone up, so maybe they're just operating to full capacity and their records have reached a top. But I am very suspicious of the liquor industry's statistics, just as I am very suspicious of the statistics of the "drys."

Q: What about clinics?

A: In 1944 we decided to start an outpatient clinic just for alcoholics. We had had laboratory and library studies, but no clinical studies of our own. With the co-operation of the Connecticut Prison Association, we were able to set up two such clinics, one in Hartford and one in New Haven. These were to be research clinics, but in about five weeks it was obvious that a different purpose was being served. They weren't research clinics--they were service clinics. They were mobbed, mobbed by what we would -call "late-stage alcoholics."

How Clinics Progressed

Q: Seeking relief---

A: Yes, willing to try anything new to escape the pain of the alcoholic life. This began to be pretty successful from the point of view of service. But from the point of view of research--well, I can't say they accomplished "nothing," but it was a very minimum. However, by the end of that year people in the Connecticut Legislature approached us with a bill, which we strongly opposed, setting up an alcoholism program, which was to be operated in the form of a specialized hospital for long-term care of committed alcoholics.

This legislation was changed to allow a program emphasizing voluntary outpatient clinics, and Connecticut' in 1945, established the first commission on alcoholism. Today it has six outpatient clinics, an inpatient facility, an education program with schools, and so on. Also, since then about 40 of the States developed some type of alcoholism program--there was nothing prior to this.

In 1946, some of the people who had been at the School, and others interested in alcoholism, said to us: "Look. You people are trying awfully hard, but you can't effectively get your information out to a wide public. The scientific journal is just dandy, but who reads scientific journals? And how many will read these lay pamphlets or the popular book of the American Association for the Advancement of Science, 'Alcohol Explored'? We need community organizations to educate the public about alcoholism Will you help?"

We created the National Committee for Education on Alcoholism.

Soon we found ourselves to be a popular health movement, like mental hygiene or cancer associations. Once this got started, we pulled out of it, since this sort of work is not an appropriate function of a university research department.

It is now called the National Committee on Alcoholism and is an independent organization. The clinic movement was more and more taken over by an increasing number of State commissions, and they soon started a National States' Conference on Alcoholism.

Q: How many years have you been studying in this problem?

A: I got interested in it because I was a potential criminologist; I've been with the Laboratory since 1942.

Q: You've been exposed to all phases of this in 10 years or so--has it made you a teetotaler?

A: We at the Yale Center are kind of rigid on answers to this question--maybe a little unnecessarily so--I don't know. However, we feel that either the facts, researches and conclusions are right or are not--and are effective or not on their own merits. And the fact of our own drinking or nondrinking we feel, doesn't make any difference. Certainly no one on the staff is an extreme teetotaler or an extreme drinker.

Alcoholics Anonymous

Q: How extensive is the "AA" movement in America?

A: There is no organization to this group.

There are no officers. There is no treasury. There are no minutes. For each group there is a chairman, theoretically revolving every month or two. But they find that as soon as you set up a typically American hierarchy with "Mr. Big" at the top, then some of the boys, as soon as they get up there, fall over into the bottom again. This matter of being the big man, big ideas, big expansion, responsibilities, building this clique up and that clique down--that has been found a nice way to get back to alcoholism, not a way of recovery from it.

Q: Do you have statistics on how extensive a group it is?

A: Their figure can be determined from their paid-up membership--I think theoretically each local group is supposed to give a dollar per person per year to the central agency for the publication of the book, information, intergroup service and the like. They pass the hat at meetings to pay for the

rent of the hall and for the coffee and cokes and stuff. Some feel they must be drinking something, and sweets seem to be necessary for some.

This paid-up membership of groups amounts to about 130,000. Their membership--I don't know what a member is--is a man a member the moment he walks in? Does he have to be in one month, two months, three months? There is no definition. I would say there may be in the neighborhood of 175,000---

Q: Out of about 4 million alcoholics in the U.S.?

A: Yes.

Q: How many groups are there?

A: I would say that in this country there are, perhaps, 3,000.

Q: Then is this same movement true of other countries?

A: They will show you groups in 40 or more other countries. As a wild guess, I would say that in 20 of those 40 other countries they are Americans who happen to be over there. This business of clubs and voluntary associations--Elks, Chamber of Commerce, or the like--is an American phenomenon. It clicks pretty well in the British Isles and in Scandinavia, Australia and New Zealand. But you get over into France--well, I think there is one French member. Of course, there are Americans in Paris who are permanent fixtures. But the French and Italians simply don't have such organizations. There is no feel for it. It is a typically American thing.

Q: Do the other countries have the alcoholism problem at all?

A: Oh, sure.

Significant Role of `AA'

Q: If the psychiatrist has been stymied treating the alcoholic, what has "Alcoholics Anonymous" been able to do?

A: Now, I think the psychiatrist can play a significant role. I think that "Alcoholics Anonymous" can--in fact, anybody that knows them at all knows that they do--play a most significant role.

Q: Then why is it that "AA" can succeed and the psychiatrist can't?

A: Take a certain alcoholic who is pretty well along in his alcoholism. He shows certain acute physiological problems. They will usually pass away in four or five days. He also has psychological problems. By the time he's gotten into this whirlwind he is frightened, in a world of pain, sometimes beginning to act in a very immature fashion, usually very egocentric, interested only in

himself as though a wall had grown up to separate him from others. Let's say that there is a wall within all of us protecting our ego, but there are doors and windows through which you go out to people and people come in to you.

With the alcoholic it seems those doors and windows are getting smaller and smaller--he isn't interested in other people. And if an alcoholic begins to show interest in you or your job or what you are doing, all I can say is "Look out!" He's going to touch you pretty shortly--for a drink, for money, or something. He is not interested in you. He is not interested in ideas and things or people. He tends more and more--many of them--to become an isolated drinker, often a lone drinker. He has terrific ambivalences and many of them show as incompatible drive, like, "I want to be Napoleon," or "I want to be Casanova," or "I want absolute dominance," and at the very same moment, "I want to be like a little baby in its mother's arms, loved because I should be loved."

These are absolutely incompatible needs, and yet that incompatibility can be resolved temporarily in alcohol because discrimination, judgement, self-criticism fall down and the man gets to live more and more in a world of his own, unhindered and unfrightened by ordinary -people, ideas and situations.

In addition to physiological and psychological troubles, there are social problems also. The man gives up ways of doing things and does less and less. He is less and less interested in attitudes, ideas, beliefs, intellectual questions and problems around the community and he becomes increasingly afraid of close, emotionally meaningful, interpersonal groups, such as a friendship group, a marital group, parental group, and that sort of thing. And it is from such groups, of course, that we get our major stimuli to do things, our major punishments for doing wrong. From and inside such groups we get our very reasons for living. With the decrease in activities, in ideas and in primary group membership, the man becomes desocialized, so to speak.

And, by the way, those social and psychological characteristics are just the reverse sides of the same coin. The man who feels he is going to be the greatest writer, who is going to make the biggest sale, who is going to swear off liquor for life, or who is excessively cynical or aggressive, is just the man who can't long remain a member of a primary group. Membership in such groups punishes wild activity or non-activity, punishes extreme idealism or cynicism.

So you have these physical, social and psychological problems, and the drinking problem itself that have to be met.

Differences in Treatment

Q: What does the psychiatrist do and what does "Alcoholics Anonymous" do?

A: The psychiatrist goes back to the psychological roots. He may or may not give the man some immediate physiological help which means rest, food, some sort of sedation so that he can get over the hang-over. And it doesn't work' because he is only trying to hit one wheel out of a five-wheel vehicle or a four-wheel vehicle--except in extraordinary cases.

"Alcoholics Anonymous" does a series of things. One of the psychological, social, personality problems of the alcoholic in the later stages is that he gives up hope--hope in himself, hope in people, hope in the world, hope in God. It seems to him all useless.

And it is impossible for him to get out of it unaided. He has tried everything. He has tried a hospital, he has tried three doctors, he has tried a sanatorium. He has been to ministers, priests, judges, and they have all given such "damned fool" advice as "Look, old boy, why don't you be a man; look what you're doing to your wife. Why don't you control your drinking?"

This man knows what he had done! He has cursed himself more vitriolically than anyone else could. He had been cursing himself for years. But the "AA" from the very first contact, expresses to this man the feeling that he, too, was there. Charlie cannot only match him story for story but he has been in 10 jails that this new fellow never even heard of. He has had everything this guy has had and more, and here he is--his coat matches his pants, he has shoes on, and all that. But, most significantly, he seems to be happy. He seems to be amused about the whole thing. There are some who aren't, of course.

I am building up an ideal picture. There may be a few "AA's" who are just like the old sawdust-trail boys. But the new candidate for "AA" begins to see that he can do it. Here's a man who did it. "It can be done!"

Q: In other words, the approach varies dramatically from the psychiatrist's?

A: Yes, the "AA" talks to the man. This approach is often the opposite to the nondirective therapy of the psychiatrist--the psychiatrist must keep his mouth shut and the patient must let out. The "AA" violates that principle. He just sits down and says, "Well, let me tell you about me," and may not let the other fellow get a word in edgewise.

But it is convincing to some that there is hope--and this he never got from a psychiatrist because the psychiatrist doesn't know about alcoholism as this "AA" knows it. The recovered alcoholic may not know about Oedipus complexes being resolved, but he does know about drunks and butterflies tromping around in your stomach and all that. He has had bigger butterflies and has conquered them and is happy about it.

The "AA" doesn't tell the potential new member that he must go through a terrific regime, he must control himself, he must fight the good fight, and so forth. No, this "AA" has more fun out of life than the candidate has ever had

and even has dough in his pocket, his wife likes him again, and so do his kids. The thought that "Maybe I could do the same" can strike the potential new member very realistically. Now that is one aspect of it.

Another is that the psychiatrist is inevitably talking downhill. He is on one side of the desk and the alcoholic is on the other side. He is well dressed, professional, of tremendously high status, and authoritative, and the alcoholic is very often scared to death of authority and so forth.

Finding Pals in `AA`

Q: The "AA" is more like an equal?

A: Yes. He could be a recovered banker or a ditchdigger, though ordinarily a banker will work with a banker and a ditchdigger with a ditchdigger. There is hope; there is a certain amount of happiness; there is this interplay. That personality wall has been broken down a little. Remember, this alcoholic had to let the "AA" talk to him. The "AA" is not going down the street to find a drunk and help him. He may try that a few times, but after he has been rejected regularly he will quit that process and will go only when asked and when he sees that there is really some hope of doing something. He can help only when the man has, so to speak; tentatively, partially temporarily surrendered a little and said, "All right, I'm licked. Can you help me?" That's a horrible thing to have to say for a frightened, egocentric alcoholic, and he may only half say it.

The "AA" gives him something to help him immediately, right now--none of this claptrap about "Can you come around next Tuesday at 4 p.m.?" That is perfectly ridiculous.

Any time we get people trying to come into our clinic from New Mexico, or somewhere far away--they all have long-distance telephonitis--if we don't want them, or can't take them or see that they are half potted anyway, we tell them, "Now, you come around next Thursday at 3 p.m." They won't show up.

The alcoholic's problem is for him tremendously immediate, and his feeling of "I would accept help if I could get it" is right here, now, 4 p.m. Tuesday afternoon. By 6 p.m.--"the hell with them!"

But the psychiatrist has to give them a future appointment. He can't just say, "I am here any time for you boys." Both his professional and personal life would be smashed. But the "AA" is ordinarily there at the time and he offers some immediate, practical support. He knows some techniques of helping out a hang-over--at least he thinks they work.

The physiologist may look at such techniques and say, "This does not change the oxidation rate of alcohol by 10 seconds." But this "AA" thinks that it does, and helps this guy and thus gives him the kind of magic that makes him

feel better. He then gives him something to do--and this is tremendously important, because here's a man who has been holding himself away from everybody and everything--"Come on over to the meeting tonight!"

This alcoholic is terrified, but he goes to the meeting and he sees 15, 25, 50 fellows--and they all seem happy! They look at him and say, "Come on in, boy!"

Friendship, Not Rejection

Q: It's a different treatment?

A: Why, he hasn't had that sort of treatment--maybe ever. Anyway, for a long time it has been: "Look at that drunk! Get him out of my office! Out! Out! Out!" Nothing but arrogance, holier-than-thou business--even by those who have been trying to help and be sympathetic.

These "AA" people seem happy. He may hear something about the "God stuff," but a lot of the boys will tell him: "Don't you worry now about the `God stuff.' Some of us are having hot flashes and messages from mountain tops. But some of us just don't seem to get it, so don't let it worry you." The only thing is this: "Do you think you could keep from taking one til 6 o'clock tomorrow?"

Ah! He has heard about six-week deals, swearing off for life, and all that sort of thing. "Well, I don't know--" "Now, wait a minute. Here are some ways." And so they force chocolate bars or coffee or some pet remedy down the man and give him something to do during the day. They ask: "Where are you going to sleep tonight?"

He hasn't any place to sleep at all--or, worse, he has a place to sleep--home. He has to go home to the little woman and this is going to make him drink.

So maybe they will find some place for him, just for that 24 hours, and he will come back the next day. The haze has been partially lifted, and these people were friendly. Now he has friends and he has hope--a very glimmer of a hope, perhaps also a: "These fellows may have something. I'll get it in about six weeks and then I will be able to drink like a gentleman again. `

The other boys will know he may feel this because they went through the same deal, and hey accept it. All right. So they help him in very simple, material ways. They know a fellow who knows a fellow and so he may be able to get a job, a bed, somebody who will hold his wife and kids off of him for a while, whatever it may be. And there is something for him to do at night.

Now, this man has sworn off before. He has been on the wagon once or twice before, and what did he do? He couldn't go around with his usual friends. Should he go to the church social a couple of nights a week? He wasn't the kind of fellow who would fit into that. He wasn't interested in what they talked about, what they did, or what they looked like. Where else could he

have gone--the club?

Q: The Salvation Army?

A: For a few, perhaps, but this man probably regards Army shelters as a place for drunken bums who are religiously a little peculiar. He does not consider himself a bum, doesn't want organized charity, and is very scared of religious appeals. Where can he go? He is all too apt to land in a hotel room looking at the four walls and feeling greater and greater need for a drink. And getting the drink, perhaps after a great struggle, is a pretty sure thing for a drunk because self-pity is going to get bigger and bigger and bigger and the personality walls separating him from society and its values will get higher and higher.

But with "AA" he has a place where he can go, where there is a bunch of fellows sitting around batting the breeze--some of them are shooting craps, some are talking about the last six hopefuls they picked up, and it may even look like a barroom with cokes and coffee, with his kind of people standing and sitting around. Some of this prayer stuff comes, but that is a small price to pay--it only lasts three or four minutes. He sees a lot of men who look just like him, and he can go there seven nights a week. And if, when he's home, he suddenly gets that feeling, "I've got to have a drink," he has two or three phone numbers and somebody will come over to him and use one of hundreds of techniques. They talk, plead, curse them, slap them, coddle them--some kind of help to get over that feeling they have to have a drink.

Pretty soon this alcoholic begins to get some new ideas in addition to immediate help, something to do and association with friendly people.

Because this "AA" program suggests that there are certain things that he has to do about himself mentally and emotionally. They tell him to look at himself and to take inventory. "What's wrong with you, anyway?"

A Power Greater than Self

The 12 steps of "AA," by the way, only mention alcohol or alcoholism twice. Once they say, "I admit that alcohol has come to dominate my life," or something like that. "I admit" is the first. The last step suggests, "I will go out and help other alcoholics." Other than that, the word "alcohol" does not appear, and that last is pretty incidental as you can see. "I've got to look at myself. I've got to study myself. I've got to do it as honestly as I can. I've got to try to find out what are the forces that seem to be, impinging on me."

As many "AA's" will say: "We think that finally all these forces can be stated in terms of a power greater than the self, which many of us call God. Galt it what you will, but there is this power; it affects you; and you have to learn how to manipulate it. The first thing you have to do is to study yourself. Get

some other member to sit down with you, probably your sponsor, and try to figure it out. How many people have you hurt, for instance?"

Oh, boy, here he can flatter himself with self-pity and guilt and make himself out the biggest alcoholic of the bunch. He can take a telephone book and check off almost every name all the way through. "Do you think you can make amends to these people without hurting anybody?" And here is another chance for this self-pity, exhibitionism, grandiosity. But it is a controlled, positively useful way for the man to capitalize on certain personality weaknesses--of course, not all alcoholics will have these particular problems.

Other steps concern getting into more effective contact with this higher power, which some of them call God, and with furthering self-understanding. Finally, the 12th step suggests that, after having had a spiritual experience, or a basic change in thinking and feeling, they will try to carry the new principles into all aspects of their lives and, also, extend them to help other alcoholics.

Well, some of them, of course, jump from step 1 to 12 and they are out there beating the drum to save other alcoholics too soon, but that is understandable.

Q: The first method of approach of the "AA's" then, is to be friendly on an equal footing?

A: Yes, to give realistic evidence that there is hope of recovery, to help with, immediate problems, if possible, to present the newcomer with a possible place to go, things to do, and a program. Let's note that "AA" doesn't preach, doesn't ask for pledges, doesn't blame, doesn't ask for conversion, doesn't postpone, doesn't interview or take records, doesn't offer charity, or ask for dues. It does offer a sponsor, a man to lean on during the first days or weeks. But pretty soon "AA" requires a man to do more than receive and lean--not that there are any written specifications.

The new man has to make a self- analysis with another man. He listens at meetings, is encouraged to speak with the others at closed meetings. Then he is asked to speak at an open meeting and to help another candidate. These things are helping to break down the old self-protective walls. And in the process he may get some very real awards. Now he is not only leaning on his sponsor, but another fellow is leaning on him. He is moving back slowly into emotionally meaningful group membership and doing it without his alcohol crutch.

He is also getting new ideas, not only from mixing with others while sober, but from the self-analysis and from figuring out how to help his new baby (candidate) and what to say at the meeting. He may even read the "big" book called "Alcoholics Anonymous." He is gradually refinding ways of doing things, ideas and primary group membership. Also he is getting the benefits of sober

living in health, jobs, etc. He has change in his pocket, his wife is beginning to think that she has a human being for a husband again. Some people note, "Gee, George is sober; he even seems to have fun doing things he never had fun doing before."

Help at Any Time

Q: Can the alcoholic always find the "AA's"?

A: "AA" isn't 24-hour a day therapy, but it is always available. Then, when the man begins to get the idea of living again and begins to like some other people and is going out to help Joe and identifies himself with Joe, then all of a sudden his whole psychological picture has changed. As Dr. Harry M. Tiebout has pointed out, instead of just complying with "AA," he accepts "AA." He may never have gotten down to the basic psychiatric problems; however, I would say--just for an arbitrary figure--that for 50 per cent of the alcoholics, deep psychotherapy is probably contraindicated and might well trigger off more troubles than there were during the alcoholism. He needs to stop drinking. He needs support. He needs psychological help. He often needs physiological help. He needs resocialization.

How Alcoholism Starts

Q: Of several alcoholics I have known, I asked one of them what it was that got him -started after a long period of years during which time he didn't touch liquor, and he told me that he had been employed as an assistant sales manager and was making great progress. Then all of a sudden one day he came in and they had changed his office, removed his name from the door and put him at the end of the hall and demoted him. He went right out and got drunk and attributed it entirely to the disappointment. Is that a typical cause for this return to alcoholism?

A: Tension, shock, or sudden changes for some of these people is too much and they are less able to adjust or adapt themselves to painful stimuli. However, I would want to ask a lot of questions about the case you cite. Who stated that he had "been making great progress"? What had he been doing the previous weeks, which led to the demotion? Why had he been acting that way? Was his demotion a great surprise to others? Was it really a surprise to him? Was it a useful excuse to get drunk? Did he get drunk because he was shocked, or because this was his way of getting back at the boss? Anything can serve as an excuse. It is worth noting that a great many people have been demoted, and even though they are regular drinkers they don't go out and get drunk. By itself a demotion cannot explain drunkenness.

Q: Could any physiological deficiency cause it?

A: I don't know just what that would be. There have been some experiments with rats,

by the way, to discover whether physiological differences would accompany differences in acquiring a taste for alcohol. But a rat having no culture can't be called neurotic. They have no personality problems, although some of them are more aggressive and others more pliable and all that. Well, these tests were made to find out if any would show a preference for alcohol over water. They put the rats on a very limited, almost starvation diet to allow testability. Some of the rats went for the alcohol and then seemed to want to go on with it. Some persons drew the conclusion from this experiment that some rats were physiologically "set" to like alcohol. This was sufficiently challenging to the physiologists in our laboratories, Greenberg and Lester, to make them check such a conclusion.

We happen to know that there are no vitamins in alcohol. Vitamins don't pass over the distillation process. But alcohol is full of calories. These rats were on a starvation diet. Greenberg and Lester said: "Let's run that test over again and give them a little bit more choice." So we gave them water, another liquid with calories in it, but not alcohol, then just alcohol. Then the rats were put through the same tests as in the earlier experiment.

The original conclusion was shot to pieces. The rats were hungry! They took the material loaded with calories. This time there were two choices with calories. They took the non-alcoholic type, perhaps because it didn't have the sharp taste-effect of alcohol. What was there in the alcohol itself in the first experiment? It had calories and so the rats could drink their meals. That is what many alcoholics are doing.

Q: But why are they usually emaciated,

then?

A: That is because of the life they lead, not alcohol, although since alcohol is by itself a most unbalanced food for human diet and since for some, during binges, nothing but alcohol is ingested, they are undernourished. But this is not true of all. In fact, I don't think you'd know an alcoholic when you saw one, unless (a) you'd known him over a good period of time, or (b) he was on a binge.

Q: We've all known some persons who seem to have a compulsion--if they take one drink, they have to keep on, so that they themselves have said, "Well, I've just got to lay off the stuff altogether." Now is that compulsion psychological?

A: There have been those who tried to figure out that this uncontrolled drinking did have a physiological base. I would say that they may some day discover such a base. But to date they have not. Their evidence, we would say, is not evidence. One or two may have gotten a lot of publicity--anything which comes along in this field is publicized. When people are very run down, as

during a binge, they show a lot of maladjustments, some physiological. Dr. X sees one thing that seems to look awfully consistent, appears in all his cases, for example, a certain type of glandular action.

Now Dr. X begins to compare the alcoholics who come into his clinic with other people, and he finds that 99.4 per cent have a tremendous glandular deficiency--or imbalance--for example, an adrenalin deficiency. The alcoholics he sees have an adrenalin deficiency,

much more so than nonalcoholics. I know some other things about adrenalin deficiencies--they have a way of making people depressed, tired, unhappy and weak. The major trouble with the obvious conclusion to this finding is itself rather obvious: Does the alcoholic have an adrenalin deficiency because he has been out on a binge, or has he been out on a binge because of the adrenalin deficiency?

Suppose we go back and look at the population age 15 and separate between the greater and lesser adrenal-structural people. Then observe all those who drink for the next 40 years and see if the alcoholics among them were all or chiefly from the weak-adrenal group. Some people have alleged adrenal disfunction to be the cause, and also alleged that correcting this condition is the cure.

I must admit we have to laugh a little at some of these reports, because they state: "Yes, we fix the alcoholics up and they go out of here sober and in good health, saying, 'We'll never have a drink again.'" Well anybody who has ever known alcoholics is not peculiarly impressed by that. Practically all alcoholics have sobered up and sworn they would never drink again--done so many, many times. We like to see them six months later. We like to see them a year later. We like to see them four years later.

Now I don't doubt that we may find a physiological difference in function, in structure, in growth, which will be different from many alcoholics compared to the nonalcoholic population. But I would also make this forecast--that if we do, we will also find that there will be a considerable proportion of people who have this lower X factor who drink and who do not become alcoholics, and that we will find a large number of alcoholics who do not have this "X" factor. In other words, it may be significant, but it will not be a sufficient cause!

Aid From Drugs

Q: Is there some drug you can give people to stop their drinking?

A: One of our great problems has been to get increasing segments of the public to discriminate a little more. They have a tradition of 100 years in which a highly organized, very sincere, emotionally powerful, beautifully effective organization has told people again and again that alcohol, drinking, drunkenness, the other problems related to drunkenness and alcoholism are all

the same thing. And we say: "This is not so."

You ask: "Can you get a drug to stop drinking?" Yes, you can--I don't know whether the word "drug" is quite correct. Take "disulfiram"--most popularly known under the trade name of "Antabus"--I don't believe there is complete acceptance as to just what the physiological process is, but, anyway, you take this pill and any time within the next 24 hours if you take even a small amount of alcohol you are going to approach death--the eyes begin to bulge out, the face becomes horribly flushed, the blood count goes down to zero, and so on, and you know pretty soon you are going to stop kicking.

Q: That's a conditioned reflex, isn't it?

A: No, it is a direct chemical effect which will occur the first time. Whether there is in addition a conditioned response following one or two experiences is a very moot point. But let me assure you of this: If just by chance you forget to take the pill and start drinking and then take a pill or two, there will be a most unpleasant result. There is a difference between drinking and alcoholism. "Antabus" affects the drinking--not the alcoholism.

Q: Oh, yes, but I thought the main idea was that these alcoholics wanted to stop the drinking--

A: Yes, they may decide, "My life is being ruined by drink' so I will stop drinking." That sort of rational control is just what an impulsive drinker can't accomplish. That's why he's called "impulsive" or "uncontrolled."

Doctor's Care Needed

Q: But does this mean that a person who gets started in alcoholism can't stop?

A: There are certain so-called "prealcoholic symptoms." In that phase we know people can stop themselves. But once this "control" factor is lost, they cannot stop themselves without help.

Q: They can use this drug, "Antabus," can't they?

A: Yes, but there is no question but that it can be a dangerous thing. Let's say you go to, the doctor and he gives you a supply of 12 of the tablets, and you go back six weeks later and get some more, and now you have this little horde. There are two or three things that may happen here. Knowing the alcoholic's guilt, remorse, and so forth, he forgets, on purpose -or not, to take his "Antabus," and he suddenly finds himself in a bar and he has had two drinks, maybe three. He is very upset, he's got alcohol in him now. He rushes home and says, "I'd better take three of the things." And he's going to drop dead.

Or there is somebody else in the house, too--old Aunt Mathilda, who has nice

fifteen-year-old Ann guidance in a topsy-turvy world. It has been rightly said that alcohol addiction damages not only the compulsive drinker himself but everyone in his household.

On a recent rainy Saturday afternoon I met sparkling-eyed Ann on the steps of a small church. I followed her inside to the room where a dozen teen-aged youngsters awaited us.

"Until I joined Alateen," said Ann, "I was busy feeling sorry for myself and couldn't think straight. I was so ashamed of my father's boozing and so mad at my mother for not stopping him I spent hours in my bedroom where I could brood in privacy. I pleaded with my mother to get a divorce so we could raise our shades, live like normal happy people."

Every youngster present at the meeting had an alcoholic parent. Each knew at first hand how uncontrolled drinking can wreck marriages and devastate families.

Alateen now has 150 branches scattered through 50 states. It is an offspring of Alcoholics Anonymous and an allied organization, Al-Anon, to which wives, husbands and friends of alcoholics belong. Alateen accepts the principles and philosophy of AA and the basic AA tenet that alcoholism is an illness that can be arrested but never cured. With this acceptance comes understanding and, more often than not, a sharp reduction in self-pity.

Things are better now," said Ann. "Oh, I don't mean that dad has quit drinking. He hasn't. Just the same, things are better. I've learned from these other kids that my case isn't unique. Lots of them are worse off than I am."

The meeting opened with a prayer for serenity and courage. In the hour that followed, the boys and girls--members range in age from twelve to nineteen--exchanged bits of hard-won information, shared common experiences. In the main, typical teen-age dilemmas were explored. Yet it was meetings like this, Mrs. Miller told me, that helped to save her marriage. A wiser, calmer Ann eventually urged her mother to the final decision not to seek a divorce.

PRACTICAL ANSWERS . . . Alateens are not evangelistic groups dedicated to the reform of erring elders. One rule the new member learns at once: you cannot scold, plead, reason or threaten an alcoholic into sobriety; such an approach only makes matters worse. The best approach is the approach of toleration. An understanding that a drunken father is a sick father (one Alateen tells another) will not only help you to live with him but help him to live with you and with himself.

I met Fred, a skinny, fourteen-year-old, in an industrial section of Brooklyn. His mother, who holds the family together, is a department-store clerk. His father is a part-time accountant.

"It is pretty tough," said Fred, "to feel respect or affection for anybody like my old man. When I came home the other day he was slumped on the sofa and I knew he was hitting the bottle again. I didn't say a word, just looked at him and started upstairs. Maybe he read my mind. Anyway, he pulled a table lamp out of its socket and threw it at me. I was used to ducking and I wasn't hurt. But what does a kid do when his dad becomes violent?"

Alateen has a practical answer to that frequently asked question:

"Get completely out of his way until he is rational again. Then talk it over with someone who has the knowledge and experience to assist you. This may be an AA member, your clergyman, doctor or a close relative.

"An alcoholic can become irritable, over-emotional, brutal to the people he loves most. If you cannot avoid or ignore violent incidents, try your best to believe they would not have happened if your father were himself."

Some of the youngsters at the meetings I attended had never had a close friend. They needed and desperately craved companionship-for misery not only loves company but profits by it. They feared to invite acquaintances to homes where an unpredictable parent might be silly or outrageously drunk. Loneliness usually results in a distorted sensitivity, and many chip-on-the-shoulder young people had shunned company because of snubs that existed only in their imaginations.

HAPPIEST HARVEST... The friendships which grow out of Alateen are perhaps its happiest harvest. Some of the chapters hold picnics, dances, hi-fi get-togethers. But these are kept separate from the regular weekly meetings, which have serious purpose and are conducted on that level. The members, who are in search of moral support and counsel, want it that way.

Those within the family circle of an alcoholic always live in a climate of anxiety and suspense. They feel beaten and hopeless. Out of frustration there may arise convictions of personal guilt; because of the very elusiveness of the malady, they become convinced that in some way they must be responsible for the loved one's condition. This is a misconception children frequently bring to Alateen discussions. As soon as members become aware that their feelings of personal guilt are without foundation, they have already taken a long step toward mental health.

The primary function of Alateen is to help bewildered young people solve their own problems. Its strongest partisans, however, are mothers (or fathers) who are attempting, under almost insuperable difficulties, to rebuild or maintain marriages shadowed by alcoholism. As they see their children gain in self-knowledge, self-confidence and self-respect, they feel a lightening of the unequal burdens that are inevitable in an unequal partnership. An imperfect home, Alateens told me frankly, is better than a broken home.

school of studies at Yale which has been operating ever since. It is usually attended by representatives of the distilling and brewing industries, five or six professional temperance people, a dozen physicians, and about the same number of nurses, 25 to 30 ministers, 30 to 40 social workers and probation officers, 30 to 40 who are engaged in education, a few judges, and a few members of "Alcoholics Anonymous" who are engaged in teaching or in industrial personnel work.

More than 1,600 have graduated from the school and a large proportion is making use of this training in State and local, voluntary and governmental agencies dealing with problems of alcohol and alcoholism. At least 75 have become executive directors of such groups.

With the co-operation of the Connecticut Prison Association, an outpatient clinic just for alcoholics was begun in 1944, and a year later the first State Commission on Alcoholism was established by Connecticut and Dr. Bacon has been its chairman ever since. In 1940 the Quarterly Journal of Studies on Alcohol was started. The Center also published a series of 15-page pamphlets that have been in unusual demand for such technical material.

The Yale Center now has six major divisions and is primarily interested in popular education on the subject of alcohol and research in certain areas of social and health problems, such as drunken driving, the problem drinker in industry and related subjects.

The interview with Dr. Bacon follows:

Q: Is yours the only center of scientific studies on alcohol in this country, Dr. Bacon?

A: It is the only one. We think it would be

a healthier thing if there were two in the country. We had hoped that one would start down in Texas. Dr. Jellineck left us to go there and start such a center, but it finally broke up. He has since become the head of the World Health Organization Committee on Alcoholism.

Q: What is the alcohol problem?

A: There are several types of problems. There are scientific problems, there are group problems, and there are individual problems. But it is pretty impossible to separate them. Take, for example, the particular problem of alcoholism: If anybody wants to say it is a mental problem, I'd say they are absolutely correct; if anybody wants to say it's a legal problem, they are absolutely correct--or an economic problem or a medical problem or a social problem.

Q: Most people are not alcoholic, are they?

A: We would say that there are approximately 60 to 70 million drinkers out of a population of 110 million people of 15 years of age and over. We would suggest that there are just short of 4 million out of that 60 to 70 million who are patently losing, or have lost, their control, and their lives are beginning to show, or have already shown, damage in one or more aspects.

Q: Then the difference between the heavy drinker and the alcoholic is that the alcoholic has lost control?

A: Yes, but there is no real line between them, no clear-cut example.

Q: But only 1 person out of 16 who drinks is an alcoholic, is that right?

A: Yes.

Q: Is that proportion rising?

A: The best-known estimate is that developed by Dr. Jellineck which shows that between 1940 and 1948 there seemed to be a rather regular increase, and that in '49 and '50 it reached, so to speak, a plateau, and may show some indication of going down. However, remember this, that it takes from 6 or 7 to 20 years for alcoholism to develop, so if you are trying to think of a rise between 1940 and 1947 don't think of what happened between 1940 and 1947 alone, although what happened then might have speeded it up.

Q: It could go back to the depression years?

A: Yes.

Q: Does your research show that alcohol is injurious to the human body?

A: Alcohol oxidizes when it gets into the human system. It oxidizes at the rate of an ounce in two or three hours. For 100-proof whisky, which is 50 per cent alcohol, that means that 8 ounces of whisky would be all gone from the system in less than 12 hours, most of it breathed away, some lost through sweat or urine. This proportion would vary with an individual's weight and also with the amount of food he had in his stomach. Then the alcohol is gone. Even in the most pronounced binges, you lose it all in 48 hours. Chemical tests show that.

Q: What does it do to the body? Why cirrhosis of the liver and so on?

A: The actual answer to cirrhosis is not known, but I think the most prevalent theory is this: The liver under certain circumstances will tend to develop what is called "fatty tissue." In other words, you get fat mounting up there, which cuts down the function of the liver. Now there is an agent--probably this is over simplified--that counteracts this tendency, so that the fatty

tissue doesn't last and finally take over the whole organ.

Some of us have stronger counteragents and some of us have weaker counteragents. Those who have weaker counteragents are very likely to develop cirrhosis of the liver--and they may never have had a drop of alcohol in their lives! Or they could be persons who take a drink once or twice a year, at wedding ceremonies or something, and they get cirrhosis.

Some have very strong counteragents and they can drink the alleged fantastic amounts that they say they do--a quart and a half every day of their lives, and so on.

Anyway, when you take a person who may be just below average in his counteragent effect, alcohol does--this is one theory--so reduce the effect of this weaker counterpart that this fatty tissue begins to form a little more and a little more, especially in the case of people who drink a great deal and continuously.

It may take 10 years before it begins to show up. Then you begin to get hobnail liver and the like so that just by palpation (touching the body from the outside) you can feel these hard spots where this fatty tissue has developed.

Q: What do you mean by "a great deal"?

A: You have to consider the person's weight and so on, but let's say he is drinking pretty regularly a pint of whisky every day. It will vary with the liver, of course. Even with the weakest liver in the world, you are not going to get cirrhosis automatically.

Q: What about the heart?

A: I am no expert on that, but I will leave some suggestions on it. Your question is out of my field and this answer certainly should not be regarded as authoritative from a medical viewpoint. But there is an action on the arteries from alcohol which will make it easier for blood to flow. So that if you begin to get a condition similar to, let's say, arteriosclerosis a certain amount of alcohol--and I don't recommend alcohol as the best way of doing this--may grant one a certain amount of relief from the hardening-artery situation, and there will be a little less effort on the part of the heart to pump and keep the blood going.

Diseases of Alcoholism

Q: Is that why patients with a heart condition are given alcohol?

A: I don't think so. I don't think many physicians know much about alcohol as such, anyway. Why should they? They don't get any training on it. It isn't

mentioned in medical schools, except for the alcoholic diseases which are found in probably less than 25 per cent of the alcoholics in some countries and I think a smaller proportion in this country.

Delirium tremens, alcoholic hallucinosis, chronic avitaminosis, chronic gastritis, other things--and these are recognizable conditions, illnesses that would be discovered and labeled by any competent physician--which follow upon years of excessive drinking--are called the diseases of alcoholism. If you find delirium tremens in 18, 19 or 20-year-olds, I think you have good grounds for suspecting a psychotic condition set off or merely aggravated by alcohol.

Q: From the ordinary use of alcohol, what would you say is the effect on the heart? Is it helpful or harmful?

A: I wouldn't say that it was particularly one or the other until you get into conditions relating to certain ages, as, say, 50 beyond, in which it may serve a useful function.

Q: Doesn't it cause an immediate palpitation of the heart? Doesn't a drink cause the heart to beat faster?

A: I can't answer that question. By the way, you can see almost any bad reaction you want to see after the injection of alcohol following certain situations, but whether that is caused by alcohol or not--

Where Textbooks Mislead

Q: Physiology books in school used to warn against the use of alcohol, and one of the ways they did it was to tell you that it caused immediate stimulus and as soon as the stimulus had worn off you would have a certain fatigue and a certain reaction. Therefore, alcohol, in stimulating the heart, was harmful. That was in the textbooks in the old days. Is the modern theory any different?

A: We made a survey in 1940 of all the textbooks being used. I think what was done was to pick out 10 common fallacies--such as alcohol is a stimulant, alcohol causes certain diseases, alcohol does something to the brain tissue, drinking causes shortening of life, and so

forth--all beliefs that have been disproved by objective and empiric evidence that could be repeated in any laboratory--and checked the tests against these fallacies.

Q: This was a survey you conducted on those fallacies?

A: Well, first, we know the fallacies. We had worked on them in our own laboratory. Then we went out and, as far as we could, -studied every text that was used in a school system, whether parochial or State, all the manuals put out by the State bureaus on alcoholic education, all the temperance stuff and

checked to see how widespread these fallacies were. And about 98 per cent of the books had these fallacies.

Q: What does alcohol supply? What is it that people seek?

A: There is one very good answer: Alcohol--and I don't care in what form you get it as long as it's ethyl alcohol--is what is called a "sedative." I am merely repeating their statements of the pharmacologists, the physiologists and the biochemists. Under the sedatives they would subclassify it as a "depressant." This means that it tends to produce sleep finally. But it does so in a very special way--namely, that you can take just a little bit and it will have a slight depressant action. No matter how little you take, it will hit certain central nervous functions.

Incidentally, the outward behavior of the person may seem just the opposite of being "depressed"; what happens is that certain controls are reduced; it is more like releasing a brake; it is not a stimulant, not stepping on an accelerator.

Then you drink a little more and it hits the central nervous structure more; a little more, it hits still more; and finally you will go to sleep. If somebody should then inject more while your are asleep finally the heart would "forget," if you like, and you would drop dead. You already will have been dropped, however, before that takes place.

It's lucky, shall we say, that it is very difficult to drink yourself to death. You could do it, but it takes quite a few minutes for the alcohol to get into operation. Drinking at any ordinary speed would result in one's passing out before a fatal amount was consumed. But if you drank a quart or a quart and a half just as fast as you could, possibly injecting it into your system, you might kill yourself.

Q: Alcohol is a poison?

A: On the basis that any substance you take can kill you, yes. But this is also true of mashed potatoes.

Why People Drink

Q: Well, why do people drink? If it is a sedative, why would people go through all this just to go to sleep?

A: In the early stages, alcohol has this reaction: You relax, you operate more slowly, or you operate with less efficiency and exactitude and discrimination. This takes place first in those areas in which "learning" is recent or difficult or painful. Now as to this learning, if we had an experiment here and sat here and went around learning the names of the States or 15 varieties of flowers, that might be interesting and prove the point. If you were tested

on this learning you might get a score of 95. After one or two small drinks, however, you would only score perhaps 85. If geography or the study of flowers had always been painful or difficult for you, your sober score might be 88, but after one or two small drinks it might drop to 65.

But for human beings, this sort of learning is not too important.

Learning that is important for us in the sense that it affects our daily lives and carries heavy emotional impact would concern such things as, perhaps, one's perception of one's self. "Am I a pretty reasonable sort of guy? Do most people think I'm a stinker? Am I weak? Am I stupid? Am I sexually rather impotent, so that no woman would ever be interested in me?" --or, if a woman--"Would any man ever look at me," and "I can never be a mother." This sort of learning is very painful. It may take over 15 to 20 years to learn, and it is horrible to live with. Or there is the matter of not being able to assert one's self, to stand up in competition with others.

We know of people who are frightened in these ways. They may have the capacity, the ability, and so forth, to live adequately and happily--but they can't exercise it.

Q: So they take to alcohol to forget all this?

A: Well, this is what happens--this is the sort of learning that is first realized: Here's a fellow who is very shy in a group. He has a couple of drinks and loses some of that very painful learning (shyness or exhibitionism are learned modes of behavior) temporarily, so that now he can talk a little more freely. He suddenly forgets that he is incompetent or frightened.

Q: His inhibitions are gone?

A: They are not gone--they are temporarily reduced.

Q: Would you consider, then, to that extent that alcohol can serve a useful purpose?

A: Well, you selected the word "useful." I

didn't. Let's take an example: This man on my left may be my boss. I think he is an awful stuffed shirt and I want to punch his face in and tell him he's an old jackass. However, I have learned to control such impulses. But now I have a few drinks and say, "You're an old jackass." Well, that probably didn't turn out very useful.

Q: But couldn't it be the opposite? Couldn't it relax the fellow who is too shy to stand up and address a group and help him to forget about his shyness?

A: Well, here is a classic example: There was the man in Germany in 1888 or so

who moved to a new town. He was quite a shot, and they have a rifle club there and they go out to see Herr von What's-his-name and ask him if he can shoot. He says, "Sure," and goes boom, boom, boom, and gets 20 bull's eyes out of 20 shots. So they ask him if he would like to join the team when they go over and play Von Sedlitzville. All right. So they make him anchor man down there, but old Boom-boom-boom gets 12 on the bull's eye, 6 on the outside, and so forth. "Oh, well. He was upset, he was new." So they try him again, and again he's a failure. But in the interim he is out on the range practicing and hitting 20 out of 20. One day somebody by mistake or something happened upon this: "Just before the meet we will give him a couple of drinks." He goes up and, instead of hitting only 12 out of 20, he gets 17.

How Score Can Rise, But Ability Fall

Now what has happened is this: The alcohol has reduced his acuity, his reaction time, his discrimination, so that he could not get 20 out of 20, but it has also reduced his inhibition, his fear, or whatever it was that was bothering him in competitive situations, so that he doesn't drop way down to 12. Alcohol actually seems to improve his ability, but it has also actually brought his abilities down. Is it useful?

The problem here is not the answer. It is the question. Americans always want black-and-white, or yes-and-no, answers to questions concerning good and bad, or true and false. Most questions, unfortunately, cannot realistically be answered in such simplicity. Alcohol is not either useful or nonuseful. It is clearly both, depending on the person, situation, amount and many other variables.

What Makes An Alcoholic

Q: What is your answer to the question as to what makes an alcoholic? Most people don't know what the word means. Most people don't understand why, since they can take a drink every day in their homes and never get drunk, all of a sudden somebody comes along and takes one drink and he's under the table. Why is that?

A: I can't accept the example of one drink and under the table. An alcoholic might pass out after taking one drink while you watched him. He would have had 20 drinks previously without your knowledge. Sometimes people who are utterly inexperienced will act, following a drink, in ways they think to be "tight" or "high." Adolescents experimenting with alcohol may show behavioral responses utterly inexplicable from the action of the small amounts they have consumed. However, it's hard to believe that even they would fall under a table with one drink.

Q: What about the difference between the person who takes a drink every day and is not an alcoholic and the person who drinks a little now and then and is an alcoholic?

A: We would say that there are probably two important criteria to distinguish the alcoholic from what might be termed the "heavy drinker." One of them is this: the lack of control exhibited by the individual over, first, when or if he will drink. That is, "Will I drink this afternoon, or not?" Of course, he is going to drink sometime. Second is the loss of control over the extent to which he will drink. That is, sometimes he has decided he will sit down for two and suddenly finds he is having his sixth drink. And when I say, "decided," I mean that this can even be announced. It is not only internal, which can be discovered by an objectively trained observer, but he may even say, "I've got this meeting coming up," or "My kid's having a birthday party and I'm not going to take a drink." Then to his own amazement, shock and horror, he finds himself having drinks.

The other is that he plans to have three drinks but--not every time, but with increasing frequency--he takes 30 or 40 and is drinking to oblivion. He's out of control. That is one aspect.

The other we would say--and this must happen eventually--is that this excessive drinking, through drunken behavior, begins to create problems of itself--remorse, anger toward others, guilt, feelings of inferiority, helplessness, and so forth, within the individual, and manifest signs appear of trouble in his relations with his social environment, that is with friends, family, on the job and the like.

This man is having his "status quo" as an individual regularly damaged because of this drinking. Now, it is those two things--chronic and increasing damage directly related to drinking, and the lack of control over drinking--which mark the alcoholic from the "heavy drinker."

Q: Do you think that a person who is a chronic drinker inevitably becomes an alcoholic?

A: No, that isn't so. There are millions of regular drinkers who aren't and won't become alcoholics.

Q: Well, then, what is it that encourages the chronic drinker into the alcoholic stage?

A: But the alcoholic doesn't have to be a chronic drinker. Of course, if I could give you the answer just like ABC, we wouldn't have to be here, because it would be something we would know how to fix. We have some ideas about it, however.

Let's say that we have a number of people who meet these two criteria--they are out of control, which has gone on over some period of time, and some socially or emotionally significant aspect of their lives has been damaged thereby. I think we will find that there are quite a few different types.

Major Problem for Some is Psychotic

One type I would call "adjunctive" alcoholism. That is not a technical term; I just use it. Here is a man who from the point of view of the depth of his condition, the difficulty of treating it, and its impact on his whole life is more importantly affected by something other than his drinking problem. He is what the psychiatrists call psychotic or protopsychotic, if there is such a term. And he has found, or thinks he has found, that getting drunk relieves the horrible feelings of psychosis. His psychotic symptoms are not extreme, so the manifestations don't strike you or the man on the street or the cop on the corner, except in rare instances.

But he gets drunk 30, 40, 50 times a year, and the "drunkenness" behavior is noticeable. This, if you like, is a facade, the appearance of the condition. He may well be called a "damned drunk" or "inebriate," or whatever the term happens to be. He is haled into court, the social worker will see him, the minister will see him, his wife will scream, his boss will fire him, and so forth, and he will be called an alcoholic. And maybe he is developing alcoholism, but his major problem is something else. We find this with certain types of psychotics.

Q: Are there quite a few of that type?

A: I would say that, although our figures are not too good, there are quite a few. I would say that a number of epileptics can be found here, because alcohol apparently reduces the strength of the trigger mechanism that sets off the epileptic seizure.

People who have brief epileptic seizures like that--3-second attacks, so that all you notice is that sometimes the person doesn't seem to be paying attention to you--may gain some relief from using alcohol. The man may not understand it, but he drinks and he feels better. And he had better look out. Because the day one starts using alcohol as a medicine for a chronic condition, he is using a sedative for privately defined purposes.

Q: Then aren't you finding that mental-hygiene problems are closely related to alcoholism?

A: Very.

Q: So that some people who have mental or emotional aberrations of one kind or another become alcoholics?

A: Yes, they might try to find relief in this way. However, I would say that the larger number of people who are neurotic--and I mean here psychiatrically determined neurosis--although they have the opportunity to drink, do not become alcoholic. While excessive drinking may have relieved some emotional

pain, it was not acceptable to them for a variety of reasons. Maybe their own neurotic pattern was functional enough for them to meet their troubles. Maybe they were brought up to believe that getting drunk is a horrible evil, far worse than their neurotic pain.

Let me say that the likelihood of a woman who is neurotic becoming regularly and often rather drunk, perhaps even developing into an alcoholic, is much less likely than in the case of a man, because the social pressures on drunkenness are much heavier against a woman than a man in our society. As a result, it is a less likely sort of adjustment to problems for women in our society.

Mental Problems

Q: Let's take it in reverse. Aren't the people who are trying to cure alcoholism aware

today of the fact that they have to cure the mental problems as well?

A: This calls for a lot of comment. First,

Let me say none of us accepts the word "cure."

That is one of these words I would like to eliminate because we say that no alcoholic is ever cured--it is merely an arrested condition.

Q: Does that mean that alcoholism is a disease?

A: Only to this point--that to our knowledge it cannot be helped to the extent that the person can relearn how to become a social, temperate, moderate drinker.

Q: He must give it up completely?

A: Absolutely, forever, in any form, in any amount. We have cases of people who had stopped for 15 years and who thought it was safe, or some naive doctor told them a beer isn't

really drinking, and so they go on again--

Q: And it takes very little quantity--

A: It's the alcohol. The quantity doesn't matter, no. If they are unaware that they are taking alcohol, if they don't even know about it, or in some circumstances if the ingestion is interpreted in so ritualized a fashion that it has nothing whatsoever to do with "drinking" as that is interpreted by the individual, then there might--and I emphasize the "might"--be no effect. I still wouldn't be surprised if it did start him off again.

Take the Catholic priest who is a recovered alcoholic. At Mass, as I understand it, nobody gets any wine at all except the priest; sometimes he may have to take quite a little because it all has to be used. I have heard, and I would believe that in the case of certain priests who were recovered alcoholics, that this ingestion of alcohol--because chemically that is what it is--did not cause the man to revert to alcoholism. Certainly a sincere priest would not interpret this act as "drinking." However, it would seem a great risk to run.

Alcoholism in Feeble-Minded

Q: Well, do you think that if we make progress with mental hygiene in America we will tend to reduce alcoholism?

A: We will reduce that proportion that I was speaking of. I started off with the worst, the psychotics and pronounced neurotics.

Q: What are some of the others?

A: There is a certain proportion that are feeble-minded. We would say that the proportion of alcoholism in the feeble-minded is much higher than it is in the general population. But, altogether, it's a small number. The feeble-minded, the psychotic and the epileptic are three categories in what I termed adjunctive alcoholics. The person who begins to act like an alcoholic at 17, 18 or 19 presents at least a strong suspicion of a major neurotic or approaching psychotic situation, perhaps schizophrenia.

Ordinarily alcoholism will take anywhere from 7 to 15 years to develop from the early -symptoms to the final full-blown appearance. But with major neurotic conditions the development may take less than a year.

Q: Are these the only groups who are likely to turn from social drinking to excessive drinking?

A: On, no. This is just one small segment. I would say that we have some people that are called "neurotic." Now, what I mean by "neurotic" is approximately this: His peer group--we will say "his" and not "her" because we run 5 1/2 males to one female--thought at the time, say during the teens, that the individual was clearly peculiar.

They are "screwballs," or whatever the popular word is among their group, and they are known as that by the others. They're frightened, they're shy, they don't get along well in interpersonal relationships, they don't know how to fight, they don't know how to date, they don't know how to dance, they don't know how to dress, and so forth. They may study excessively, they may be highly overcompensating athletes who are terrified of other people, they may be "mother's boys." And the others recognize it, and it is noticeably

interfering with their day-to-day life. This person at 16, 17 or 18 may discover alcohol. He may not even know that he has discovered it. He may go to his first party and have some drinks and simply know that, "Gee, when I go to the Joneses on Saturdays I have a wonderful time!"

But after several experiences he can't help making the correct discrimination because he went to Green's house and it was Thursday and there were drinks and he had a wonderful time, and the next Saturday he went to the Joneses, had no drinks and he felt awful. This person, then, begins to find that with drinks he can act more like a human being, that he is accepted by others, and there is this tremendous relief--"My God, I can be a human being after all!"

The group of alcoholics with this background, I would say, is more sizable than the psychotics. But I would not say that they are all the alcoholics by any means. Anybody who tries to explain alcoholism entirely in terms of basic or character neurosis faces an impasse.

Preventing Neurosis

Q: If we should make more progress in mental hygiene will we make more progress in the field of alcoholism?

A: As mental hygiene is able to do something about the prevention of psychosis, for this percentage, yes. As it is able to do something for the prevention of neurosis, or social or emotional deviation, obviously for a bigger percentage, yes.

But, then, take this even large group of alcoholics who don't give evidence of early neurosis. You only discover them when they are 40. You go back through their life histories and you can't find in the school record any evidence that they were peculiar--they were just like everybody else.

Now everybody--and this is pertinent to the mental-hygiene question--everybody has personality difficulties. We all of us have stronger and weaker spots in emotional and social adjustment by definition. Some of us are quite well adjusted in relationships with the opposite sex on a series of levels, whether it refers to actual sexual intercourse or whether it refers merely to talking to secretaries. Some of us are average and some of us are a little more or a little less well adjusted. Some of us in the matter of competition and assertion and dominance are stronger or weaker. All of us have certain weak spots. We are not robots.

Let's say that I am weak when it comes to asserting myself with people in a higher status or with older men. Maybe it has something to do with early experiences with my father or my older brother. Anyway, it is a common thing. It is found in personnel problems all the time. You promote a good man and he collapses. Why? He cannot give orders on a higher level.

A boy is, let us say, now 23, 24, 25, and he has all the ambitions that most young American men have, and he feels a little more at ease, a little more relaxed, and loses a little of this restraint after a few drinks. Well, he says to himself, so do a lot of other people. So what!

Along about age 25, 26, 27, this particular problem becomes even more significant to him. The boy is no longer in the school or college situation and can't fall into one of those nicely defined categories where this is the faculty, these are my elders, these only lower classmen, and begins to realize that he is a competitive person, too.

He, too, can get up there and can even disagree with those people. In fact, the situation demands that he compete. This makes him somewhat ill at ease, but over the week end when he has a cocktail, some highballs, or whatever it may be, he loses some of his fears and anxieties on this score, and this loss becomes highly important.

There would seem to be a point, as we recapture the life experience of the alcoholic, where there suddenly is an increase in the intake. Let's say that in his group they usually have, say, three cocktails two nights a week and on Saturday nights. This man's intake jumps up 50 percent--

When Drinking Gets Serious

Q: Is this suddenly?

A: It would seem so. At least the man remembers it, and so do some of his friends. Then he begins to show all sorts of symptoms, but I will skip all of them and go right into the possible mental-hygiene aspect of it. He begins to increase the time of drinking and may have a couple in the afternoon. He may even shift jobs so that he may get into a position where this sort of thing is more possible. He may shift friends so that he associates frequently with those among whom heavier drinking is socially acceptable.

And we will find that he is making certain decisions and is meeting certain people particularly at the times when he can have a few drinks--not that he is going out and hanging on to lampposts. He may tie one on now and then if the people in his group tie one on. But he is regularly drinking more. Perhaps he is meeting problems with his wife or his kids that have made him very uneasy. He can't stand the kids at supper time, and he is afraid his wife expects him to do things he can't do, but if he has two cocktails every night he no longer notices their criticisms, their requests for his attention. He may be abrupt and even a little sarcastic with them, and doesn't know that he is doing it.

This is a very slow, gradual process. We call it the "pampering effect" of alcohol. There was a weak spot in his personality armament and, instead of trying something new and learning through variation, no, he protects himself more and more by alcohol. The needs for the personality go on and new needs

come up, especially in the weakest areas, and this fellow is not learning, he is not growing, he is not changing, but more and more is covering it up.

Then, if the situation develops whereby he is put under some special pressure, he may--and it is three o'clock in the afternoon--say, "If only I had a couple of drinks!" And he's right--because he has those couple of drinks and it doesn't bother him so much. Then occasionally begins to get drunk. Now, when he gets drunk, he has not only the remorse that any might have who experience a -hang-over, but also has this awful remorse about the situation which he didn't resolve and about what he did while drunk, plus the fact, "I've done it before and before and before, and I can't stop it!" He experiences a monumental psychological effect from the hang-over.

A vicious-circle process can now be seen. As the individual more and more depends on alcohol to meet certain situations--and for a while he is successful, for it does work--he is, through lack of exercise, so to speak, reducing his basic equipment to meet other people and particular types of situations effectively. As this happens, he needs a little more. As he begins to take a little more, he begins to make "drunkenness" mistakes. In other words, he could be overly aggressive and doesn't even know it; you can be critical of him, and he doesn't even notice.

Pretty soon the liabilities of drinking -overtake the assets. Furthermore, occasionally he oversteps and really gets drunk and does things that create new, major difficulties, so he has to get over this additional problem. To cover up this new problem created by the excessive use of alcohol, he uses more alcohol, and so the nice little vicious circle becomes a bigger vicious circle.

It may be that a definition of psychological addiction" would be the use of alcohol to overcome the effects of alcohol, whereas when you are merely using alcohol to overcome situational problems or neurotic problems, this is not the case. Then you are drinking to overcome shyness or inferiority feelings, which are not created by alcohol.

Q: Now, where does mental hygiene fit in?

A: We would say two things. First, let's note this fact. Over the past 50 years, which is at longest the reign of modern psychiatry--and perhaps you would prefer 25 years--psychiatrists have been peculiarly unsuccessful with alcoholics. The psychiatrists know this and dislike the alcoholics; the alcoholics know this and dislike the psychiatrists. And so the hope of doing anything, one with the other is, of course, very low. Psychiatrists are not alone in that, however--it covers everybody else, too.

Slips In Psychiatry

Q: But why have the psychiatrists, if this is a mental-hygiene problem, not

done better?

A: One answer to that would be that the psychiatrist, quite correctly, sees that this person has personality difficulties and in some instances they see a long-lasting character neurosis, one that's been in the developmental stages for years, perhaps since the age of 4 or 5. So the psychiatrist says that, unless we get rid of this thing at the bottom, we are just playing games with the thing at the top.

So the alcoholic comes into the office and the psychiatrist starts needling back into this, perhaps, adolescent problem, and then back to the 7 or 3-year-old period. The alcoholic looks at the psychiatrist and wonders, "Which one of us is screwy?" Here he is; his wife is going to toss him out on his ear, he can't hold food on his stomach, his glasses are smashed, he has lost his papers, he is going to lose his job. He has this horrible feeling of fear, of additional worry about this alcohol business, and here this weird character is asking him what dreams he had about his great-grandmother when he was 4 years old.

Q: That's an exaggeration, of course--

A: Yes it is, but it is significant of a very important thing: The psychiatrist, very correctly, proceeds on the premise that there were underlying difficulties much more significant than the actual effect of the alcohol. And so they begin to talk about alcohol as a symptom, but I would suggest to you that, as the alcoholic has gone through alcoholic experiences for many years, he is no longer merely a neurotic type B or a neurotic type C. He may once have fitted such a label, but now he has added alcohol-dependency and has fused the two into something new. He has problems, demanding problems, problems that have gone so deeply into his insides that this alcohol will trigger him off even 15 to 20 years later, even if he never takes a drink in the interim. The alcohol dependence is terribly important in itself. It is a new thing. It is what we call "alcoholism."

Q: So you do have your original problem in personality and mental hygiene?

A: Yes--and perhaps you can tie this original to poor neighborhoods, unresolved Oedipus complexes, lack of affection, and so forth, yes. But, unless there is also understanding of the impact of excessive and chronic alcohol ingestion and what it can do to an emerging, growing personality, therapy won't get very far.

In the first place, you will have a lot of alcoholics who won't have what you would call a neurosis, and yet they are just as bad as the other fellows in the end. When you get the one who has this real neurotic problem you probably can't reach him by the usual psychiatric technique because, as the psychiatrist would put it, he is an objectionable, un-co-operative person--and that is right.

Heredity

Q: Is there any inherent tendency to become an alcoholic? You hear of people referred to as a natural for alcoholism--

A: Let's put it this way: Acquired characteristics are not inherited--that is, you cannot inherit a taste for alcohol. You do not inherit drinking. Alcoholism? There is an inherited structure which is closely related to one's potentiality to develop an effective personality. So, since weaker personalities are prone to maladjustments of all sorts, including alcoholism, yes.

We say that alcoholism is found to a higher degree among the feeble-minded than the rest of the population. Certain of the feeble-minded probably have a structured, organic deficiency which can be inherited. However, they inherit feeble-mindedness, not alcoholism.

Q: I want to clear up this heredity question a little bit. Do I understand you to say that, while there is no acquired taste, if a parent has a personality defect, and that defect is reproduced in the child--

A: It couldn't be personality--it would have to be an organic defect.

Q: Well, does that cause the child to take to drink?

A: The organic defect does not cause the individual to drink. The organic defect has an effect on their ability to intellectually or in reaction time or in emotional spasms or in certain diseases, say, tuberculosis.

Q: If that is reproduced in the child, then the child will be susceptible to the same thing?

A: It will be susceptible to personality disorders, sometimes alcoholism, sometimes delinquency or neuroses. Now, I should add one more thing--that alcoholism runs in families.

Q: What is the reason that it runs in families?

A: Because the father or the mother who is an alcoholic finds it almost impossible to give love and affection and attention and responsibility to anybody, especially to a child, who may well make him feel guilty and the like. This is, of course, particularly true of the mother. The situation in which the alcoholic's children live, the way they are brought up, just everything, tends to make them upset people. Sometimes they will become extreme, wild "drys," ascetics; sometimes they will become extreme drunks. Sometimes they may be moderate drinkers. But they experience hardships of an emotional nature during infancy, childhood and adolescence if the parent is an

alcoholic.

I might add something else here. Alcoholism cuts across all social groups, all educational groups, all occupational groups. It is limited to certain age groups, yes, largely because it is a slowly (10-15 years) developing condition; it is most common between 35 and 55. It differs by sex, yes--5 or 6 men to 1 woman.

And in ethnic, cultural background--we find that the Mediterranean people--the Italians and the Greeks, for example--will tend to have low rates. The Jews, almost all of whom use alcoholic beverages, have an extraordinarily low rate, a fact which has been recognized for over three centuries.

The so-called native white American group will have quite a high rate, as will the Irish,

Scandinavian, English, and Polish people.

One noticeable thing is the difference between the sexes. In this country the ratio is about 5 1/2 or 6 to 1; in England for many years, 1890 to 1940, it was running about 2 men to 1 woman; in Scandinavia at the same time it was about 27 men to 1 woman. But it is interesting to note that, after three generations in this country, the Scandinavian rate began to descend to about 11 or 12 to 1, the English to come up to about 4 to 1. Those Jews who have more and more become secularized, gotten away not only from the Orthodox but also from the Conservative or the Reformed--especially if their parents have also--their rate has begun to go up.

In other words, the Americanization process is gradually working in this sphere as well as others.

Symptoms

Q: What are the prealcoholic symptoms?

A: Well, there's an increase in intake--we

have the man who is drinking just like the other people in his group. The quantity doesn't matter--it may be six sherries a week, or two highballs a night. This man starts increasing his intake, and he begins to show some of these behaviors--and remember it is the repetition of these behaviors and their patterning with the others, not just their occasional appearance.

The first thing it suggests is an increase in gross, drunken behavior--that is, when he has a little too much, instead of acting the way he used to act when he had a little too much, he begins to be more out of control in his immediate behavior.

You all know that inhibitions go down with drinks--one forgets the immediate worries, the immediate fears. For instance, you're all being very polite here, but if we were at a cocktail party, I couldn't get all this attention. I'd have to talk a little louder; my jokes aren't really very funny, but after two or three drinks they really begin to seem to me to have that particular flavor that would make Noel Coward jealous, and even you may forget a bit and laugh at some of my jokes.

But this is still within the range of social acceptance of that group. This man, however, begins to go beyond that. He starts to be a big shot--spends a lot of money, sets them up for the boys in the back room; he get noisy; certain words which are limited perhaps to times when I hit myself with a hammer begin to come out more and more in general conversation. In a variety of ways this man's behavior more and more often becomes obvious, irritatingly obvious, to the other members of the group when he is drinking.

Dangers in a Blackout

Another thing of considerable significance is the appearance, often very early in the game, of what is called "the blackout" or "pulling a blank"--this is sort of temporary amnesia. The man is drinking along about 7, 7:30 or 8. Now the blackout begins, but, if you're the man you don't know it--You're still around, you're having drinks, you're talking--you may get in a car, and drive 50 miles, you may take a room at a hotel, but memory has stopped completely and one cannot recall anything that has taken place since 8:30.

You can imagine the terrific impact this will have on women in our society, because there is immediately the thought: "I may have had a sexual experience--or other people will think I have, which is just as bad." It is terrifying--less terrifying for a man.

You get situations where a man has a blackout which lasts 36 to 48 hours--he ends up in another city, he doesn't know where he is. He learns to have a newspaper sent up to his room to discover the date and what town he's in. I now of one man who when he came out of the blackout remembered that he was to have signed a \$400,000 contract the previous day at 10 a.m. Quickly making himself presentable, he rushed in to the corporation president with whom he was to have closed the deal, made some lame apologies, and hoped the whole thing wasn't off. The corporation president looked at him rather strangely and then stated: "Mr. C., you were here yesterday at 10 a.m. and we signed the agreement." Not all blackouts have this type of surprise for the end of the story.

Then there is the gulping and sneaking--this is an indication that it is not social drinking any more--the fellow has to do more than the social pattern will allow. He needs to get this personality jolt or lift through acquiring a significant and rapid concentration of alcohol in his system--just a little bit doesn't get him started. He begins to know that at the Jones house he will

only get a couple of martinis, so before he goes to the Joneses' he usually has a couple of quick ones--he's the fellow who has to help the hostess, and incidentally get a few slugs on the side. He is learning that he must have more.

Now, these are early symptoms.

Q: Can they be corrected? Can he stop?

A: Yes.

Q: Could you give him some rules, Dr Bacon?

A: To know that next he goes into alcoholism--that that is the next step--the first great crucial point, the loss of control. He meant to have two drinks, he winds up drunk. We find that he begins to need special rationalizations to explain his drinking, because people begin to notice he is drinking more. And these rationalizations cover the waterfront--everything you have ever heard of.

At this time he may show a few instances of drinking alone. Drinking alone can be all right under a doctor's prescription, or some people use it to go to sleep, or there may be a religious ritual. But I'm not talking about any of those. He begins to drink alone and likes it. He doesn't need all these other people pressing in on him, he may become a "loner." This is quite usual with women alcoholics for whom social conventions don't allow as many socially acceptable opportunities for drinking. Not all alcoholics are "loners."

Somewhere along in here--it may wait until the later stages--some dear, dear friend or even a physician may advise him during a hang-over--and he gets more hang-overs than others and they hurt him far more than they do other people--that a "quick one" at the beginning of the day will help. Many, many times it becomes humanly impossible for him to think of getting up and going to work and so on without this fortification.

We begin to find some asocial behavior. I am not talking about anything marked. But we do find a little trouble on the job, a little trouble at home, a little trouble here and there, automobile trouble, or what not. It's more than he had been having in the past. It is reported on--quietly. But most of his friends tend to hush up comments about it. Trying to be helpful perhaps, many people try to cover up for him. Of course, he tries to do so also. Naturally, the day of reckoning gets worse as it is postponed. And about this time he may say, "I've got to do something about this." So he tries to change the pattern--a little shift from rye to gin, or he will stop drinking before 5 in the afternoon, or he will only drink at home, never in a commercial place.

Q: Does that help?

A: No. It isn't drinking patterns that are his trouble; it is the excessive ingestion of alcohol. And he can fit that into any pattern of drinking. Being an alcoholic, he will. Pretty soon--and it will be the end of what we call "the early stages"--he may go to get help from a minister, friend or someone outside the family, or he may even go to a sanitarium or a doctor or a hospital. He tries them all out.

The Binge

Now we come to the beginning of the last stage, which is the "binge." We have our own way of talking about a "binge." A person can be completely "blotto" for 48 hours or for a week and we might not call it a binge if this fellow, let's say, is drunk over the week end, but on Monday morning he gets to the job. He may be on a two-week vacation and he is "blotto" for three or four days, but perhaps he has not completely disrupted social expectancy and social habit of his group. But this bird, who has started his week-end drinking about Friday at 2 p.m. and slowly slides off only about Monday noon and doesn't get around to the office till Tuesday--this four days is much more significant than six days on a vacation. The man begins to go on binges which clearly disrupt and insult the society.

At this point, the alcoholic may start getting secretive about his drinking. By now he will have surely learned the morning drink business, and he learns to keep a supply for the morning. He starts hiding his supply and he may develop all the tricky, tricky habits of the confirmed alcoholic and waste extraordinary ingenuity on protecting his secret supply. I call it wasted--sometimes the mental exercise equals Thomas Alva Edison at his best.

I might say that one of the most tragic things in the world is to see an alcoholic who has a half bottle left for the morning which he puts away where the little woman isn't going to find it--only to discover in the morning that he had been in a blackout when he did the hiding.

What a frantic, maddening search will follow!

Finally, a Breakdown

We finally begin to see a social breakdown which is really manifest. His friends, if they are still in that category, find it harder and harder to cover up. Now he loses the second or third job, and even though he got in to the office first and resigned, too many people know he was fired. Trouble with the wife and kids begins to come out in the open, and so on. Social difficulties mount rapidly. He begins perhaps to show some physical symptoms, tremors; more and more often he's in a physically run-down condition, which was perhaps present earlier in an acute fashion but over in two days--now it becomes chronic. And his rationalizations to himself--no longer can he find explanations in the culture that will satisfy even him, to say nothing of others. He is beginning to give up. His fears and his guilt and his remorse,

instead of being pinpointed to what he did last night, or to his attitude toward his wife over 6 years, or 16 years, now become generalized without definition.

There is undefined fear, undefined remorse that he can't even explain--he has this black depression. It is called the blues sometimes--the real blues because you can't identify it. That's the difference between the real blues and a sentimental blues--you can always say it's because Mama went away--but with the real blues you can't identify what it is that is so painful, so threatening. That's what's so horrifying. And at this point the fellow may give up socially on the grand scale, may slip down into Skid Row. Now the "DT's" may appear, and so on.

Q: What can you do to help--in the early stages particularly?

A: I would like to answer that in the first instance by pointing out that the behaviors called "early symptoms" are not by themselves symptoms. They have been ridiculed by some newspaper commentators, and if they are considered as separate instances, such ridicule may be O.K. It is when they are patterned and repetitive and increasing that they are early symptoms. For instance, among your friends may be some who have had a blackout. Does that mean they're alcoholics? No. It may have to do with the improper utilization of alcohol by the body. Your friend may have gotten drunk several times, he may have sneaked drinks once in a while, he may have said at parties a couple of times, "Let's have one for the road," or he may stop at your house to have a nightcap, or he may stop at a tavern on the way to a party.

Taken by themselves, these need not be symptoms. It is only when these things get into a pattern and become repetitive, that they make sense as early symptoms of alcoholism. Naturally, drunkenness may occur many times without any of these things being present at all.

Giving Up Drink

Q: What can be done about it?

A: For the people in the later stages you need almost a re-forming of life--particularly in social adjustments--and, for some people, also in the emotional sphere. Drinking will have to be given up permanently. Some may need physiological care beyond remedies for temporary acute ills. Originally, some 10 years and more back, it was the late-stage alcoholics who came looking for help, and so rather drastic steps were needed.

Now, as "Alcoholics Anonymous" and our clinics began to be more widely known, some of the frightened people in the middle and earlier stages came in. In fact, today they are the largest groups we see.

Q: What are you going to do for them?

A: First, we began to find they are different types. Some of them were way back in the first stages, some of them needed a little knowledge and a little guidance from a neutral and a respectable source; when they could see where they were and could be given a little support. If they could have some of the situational factors--such as the wife, who has been doing the wrong thing even with the best motives, triggering the guy into his alcoholism--when they could receive just a little help, they could help themselves quite effectively.

If you could relieve those pressures and give this man just a little support, a little hope, a little help, then he didn't have such a hard time.

Q: Could the people in the middle stages, who had lost control, stop drinking?

A: So far as we know, they can't stop permanently without help. Now, there is going to be a case here and a case there where they can. Ordinarily we don't know in such cases whether they really were alcoholics before they stopped--just that they said so or their doctor, or Aunt Mathilda or the judge said that they were alcoholics. Then you may find out that this judge or mother-in-law thinks anybody who has two beers a week is an alcoholic.

Q: In that group he isn't out of control, then?

A: That very control is the crucial point in getting into alcoholism.

Q: Can he stop at that point' and later on be a moderate drinker?

A: So far as we know he cannot become a controlled drinker. There may be some people who manifest some of these behaviors for a variety of reasons and later on drop the variant behavior without dropping the drinking. However, to date there is no well-recorded case that has been followed over as little as seven months, of a person who had--by consent of two or three outside observers going over the record--been an alcoholic, no matter what the stage, who was later on, say for a period of roughly a year, found to have been a controlled drinker.

Q: What about before he loses control and sees some symptoms, what does he do in that period?

A: He can keep control.

Q: How does he do it?

A: As a matter of advice, I would say to him: "Buster, you'd be awfully smart to play it safe. The safe way is for you to have a look around at your life, find out what you're getting amusement from, where your job is, where your friends are, and see in what areas drinking seems to press itself, socially, upon you, and start manipulating those situations a little. Maybe you can

control it."

Here is a typical way to find out--I've never proven this, but it sounds reasonable and was suggested to me by a member of "Alcoholics Anonymous," or "AA's," as they are called. To find out if one is an alcoholic or not, you get the is-he-or-isn't-he person to tell you what he thinks sort of average, social, moderate drinking is. Let's say he decides a highball every night and two cocktails three times a week. You say, "O.K., that's what it is. Now, every night for one month you're to have one highball--never more, never less. And Thursday, Friday and Saturday you have two cocktails--never more, never less." If he can keep that up for 30 days, the chances are he is not an alcoholic.

This is, of course, a rule-of-thumb thing, and I can see where some wiseacre alcoholic would do it and get away with it. I've known alcoholics to go through the aversion treatment--and a horribly painful course it is--they go right through the treatment, kidding the doctor the whole way through. Going out in between sessions and drinking and drinking till they can take it without becoming sick to their stomach, and then going back for the next treatment, because they are showing off. They're showing that the doctor is a damn fool. They're showing Aunt Martha, and they are showing themselves how clever they are, and so on. Of course, they're fooling no one but themselves, but with a motivation like that I suppose, some alcoholic could pass this 30-day test. It would be a terrific strain on him.

Help For 'Early' Cases

Q: You can't reach any of these people unless they want to be helped, can you?

A: As far as therapy is concerned, I think this is a potential excuse for failure that is very dangerous for progress in this field. Even "AA's" use this excuse. For example, they try to help Joe over here. A couple of weeks go by, and then, flop, Joe's drunk again. Well, they try again and he flops again--and the answer is "Joe wasn't ready."

I don't want to throw any blame in one direction alone. Let's say that a psychiatrist works with an alcoholic, or a clinic that really knows something about alcoholics--they work with Charlie. And he flops, not once, but again and again. What's the professional explanation? "He's a psychopath."

These are both ways of saying, "I don't know," and "I'm not to be blamed." The answer that he isn't ready yet isn't an answer--it's merely a restatement of a problem.

At certain times, at certain places, with certain people, under certain situations, this man is more ready or less ready--and the need of the therapist, "AA" psychiatrist, or other, is to be able to recognize and manipulate these more favorable situations. There are certain ways of dealing

with certain alcoholics so that the readiness can be brought further forward. And this is what I was coming to when you asked me about stopping the condition.

Originally the Yale Clinic and the "AA's" were getting the real McCoy. In the late '30s and early '40s you hit the "AA's" with a wham. The candidate did not have shoes that matched, had been in 12 jails, 6 workhouses, reform schools, State hospitals, sanitariums, had lost his wife, etc.--the works. "Alcoholics Anonymous" started about 1934. About 1938 or 1939 two things happened--they got some people who hadn't gotten that far--they still had a necktie, a job, a wife. And the answer was: "Go on, go back out, you're not an alcoholic--you don't know what drinking is--scram."

But some of the others said: "No, that attitude is bad as far as "AA" is concerned. Maybe you're right--maybe this guy isn't a real alcoholic, but he should have a chance. We cannot determine who is and ain't. We have got to help." So they tried it.

Exactly the same thing happened when a woman showed up. This was a man's organization and the idea of women brought in the idea of pink ladies, that sort of drinking, and brought in fears that, having women around, even if they had been real luses, would ruin the whole fellowship. But they said, "We've got to try it." And just as in the case of the men who hadn't hit real rock bottom as drunks, it worked in an amazing proportion of the cases.

It was noticed that these people with a milder, shorter history (a) probably had just had a binge, and (b) that they probably had just had a nasty shock--mother died, for which they blamed themselves indirectly, or they had been kicked off their job, or they had been divorced, or they had had their first jail experience. It was a shock to them. And so, they talked about that shock as a bottom, and called it a "high bottom."

And, lo and behold, by 1950 the high bottoms in "AA" almost certainly outnumbered the low bottoms.

In the clinics we've had the same thing. In the early days we got the real ones, the men who had touched low, low bottom. Then we got more and more who were in the middle stages and then some in the earlier stages.

Here's something else. When people began to come to "AA" who were 25, 26, 29 years of age, they came in all right, but some couldn't stand it--they liked the "AAs," they liked the philosophy, they liked the program, they know they had been helped, but they couldn't stand going in two nights a week to listen to these old timers yack-yack-yack about "what I did at Armentiers" or about their 25 years of wild drinking, or something of the sort.

Development of `Junior AA's'

This was far from their own experience. So you begin to have a development in the larger cities of so-called "Junior AA's." A different sort of re-socialization or modified socialization was needed. The "AA" are very flexible and very empiric, and they found that for many of the youngsters this worked. They picked up a lot more screwballs in this group--that is, youngsters who were deeply neurotic, perhaps psychopathic, who were also drinking excessively, and who got a terrific bang out of "AA" and went along beautifully for six weeks.

group over, and going wild.

So they have had some difficulty with such groups, but there is no question that they have helped a great many of them. The significant thing is the change from late-stage alcoholics to middle and early-stage alcoholics, from helping alcoholics averaging 45 years of age to those averaging 36 or 38 years of age.

Q: What have you found in the clinics?

A: We have found the same thing in the clinics. Because of the availability of help, because of the anonymity, because of the lowering of the stigma around alcoholism people are willing to come in and ask for help. This is a hard thing for the alcoholic to do, partly because in the back of his mind is just what was in your psychology textbook--the horrible implications of this disease and the moralizing that accompanied it. But now there are places where they don't believe in these horrors and don't preach at you. In fact, in "AA" there may be many who think drinking is just dandy, but that they're sick and they can't take it--it's like diabetes, "I can't take sugar," or "I've got an allergy to sweets so I can't take them." This is making the condition respectable and the possibility of seeking help less painful. So they come in.

Student Interest

Q: Do you find that young people are interested in the work of the "AA" and the clinics?

A: Yes. The high-school and young college people who had suddenly gotten very interested in "AA" speakers or those from clinical centers. We note at the Yale Center that our people get an almost fascinated response from these youngsters. The students even ask to have them come, and no one has to take attendance. Their reaction would appear strikingly different from that shown to classical temperance lectures.

Now, some of these students need what I would call intellectual knowledge and guidance. They're not personality-problem kids, they're not alcoholics, but they've been receiving this nonsense--that is the way they look at it--about alcohol. For instance, they've been told: `The first drink--it's the first drink that's the dangerous one--you're one drink away from a drunk. A little

beer here and there, and this horrible social drinking will lead to death, disgrace, disease. The liver will turn purple, the brain shrink, and so on."

The students, to be sure, know this is not true. I say that they know this for the following reason--some 60-odd million people, most of them parents, use alcoholic beverages. These beverages are in the icebox or they're in the cupboard or they're at the party, and the youngsters know that their dad drinks, and so on. They also know that he isn't drunk and he isn't crazy and he isn't going to be. Furthermore, I don't think kids care much about warnings which refer to the senile part of the population--those who are past 32 or 33. Alcoholics are usually portrayed as being even older than this.

A certain proportion of teenagers, let's say 20 per cent, do not consider these classic temperance talks to be nonsense. In their families, their neighborhood and their church and so on they have always heard these beliefs and assertions, and the message fits into their life; it may reinforce their belief. Of course, 99 per cent of this particular group weren't going to drink anyway.

But the others--and this is a very regrettable point--may react so negatively to the unrealistic part of the classical temperance talk that they reject all notions of any danger in drinking and even become intolerant of abstainers. I would go to the extent of saying that, though it may be -unconscious on the part of these very sincere well-meaning "drys," they are doing something which is unmoral. I criticize the "drys" and not the "wets" on this point, because the "drys" have a program and the "wets" don't have anything--they just have "shhhh" when anyone mentions that there are real problems.

But the "drys," by over exaggeration, by saying things that are utter nonsense, unfortunately get across the idea to the nonabstainers, who happen to be the majority, that everything they say is unrealistic. There happen to be some very real dangers attached to drinking and anybody who doesn't think so is affected by certain biases of an antidry philosophy.

But very little factual information about alcohol is given to the younger people. They would really like to know something about alcohol, but what they want to know, and what the "drys" are anxious to tell them are two different things. The younger people would like to know the difference between drinks. They would like to know: "What does this drinking do as far as athletics are concerned? Is it necessary to take drinks on a date? And how many drinks should you take, and what, and where and under what situations? How is it going to hurt me?"

What to Tell Youth

Q: What do they want to know?

A: I think what a good many of them have in the back of their minds--the girls

won't ask the question but they want to know--is what happens from a certain number of drinks, does one get sexually excited? Is drinking on dates necessary, is it wrong, and so on? But what they hear about from the classic temperance speakers are the general things, crime, divorce, bad housing, the fall of Pearl Harbor, murder--they see pictures of deaths on the highway where the kids are drunk.

But the people who give these talks and make these pictures often know so little about drinking and alcohol that they make ridiculous mistakes--the youngsters know better than the "drys" do; sometimes they show a person taking three drinks and then acting like a maniac. There must be, in a group of one hundred 16 and 17-year-olds, 30 persons who have had three drinks several times. They know that nothing like that took place at all. And another 30 who have had only one drink or so look at the three-drink fellows and begin to think "Well, I guess I can take three drinks too." Kids don't like the morally superior person looking down at them saying, "Don't, don't, don't."

Q: What should you tell them?

A: I think they want to know something. Probably most interesting to them would be knowledge of the psychological effects of drinking. I think they should be given the physiological facts of alcohol. I think they should be told something about the customs of drinking. There are some groups in which the drinking of alcohol starts at about the time of weaning. There are some groups in which drinking is a normal, expected and in some ways a socially significant aspect of life--you've got to be able to know the difference between certain types of wines, how many cocktails to serve, etc., etc.

In this group the person who says that he doesn't drink--especially if he says he doesn't drink and indicates that you shouldn't either--is going to be such a deviant in that group that he is going to build social problems for himself, just as the drinker in the abstaining group is going to do.

To try to repress this person is to suggest certain social disabilities of all sorts. However, there are obviously points at which certain types of ingestion of alcohol go beyond any customs for an individual and are frightfully dangerous for that individual, to say nothing of this future, family, job, etc., which is only theoretical.

Any drinking may be bad for some. Other things being equal, I see no advantages to drinking by teenagers that couldn't be gained in other ways. However, what I personally think and what millions of teen-agers do may be two different things. Telling them nothing, telling them nonsense, or talking down to them with nothing but negative commands--these are all ineffective and rather escapist types of education, especially since the students want education on the matter.

Q: What do the students say about the "AA" speakers?

A: The student loves the "AA" presentation because that is the "Horatio Alger" story amid blood and amid tears, and so forth, and you come out of the slime as Sir Galahad and rise to the top--and that goes big in this country. And the "AA's" laugh at the negative authorities who are pressing on the kids. They are real, experienced "he-man" drinkers, and at the same time they seem to have achieved a morality. And this the teenagers like, too. And when they have this message with its emotional, sincere feeling--and often the "AA" speakers are a little exhibitionistic anyway and so they are often magnificent speakers--the students love it. For that matter so do a lot of adults.

But I don't think that fundamentally knowledge about alcoholism is a major need in an educational program. Of course, it is important to learn that, if one has an alcoholism problem there is hope--but I think the students should learn something about alcohol and about drinking, just as they should learn something about oxygen and carbon tetrachloride or the form of government in Idaho, or something else.

In addition, drinking is something that hits across more aspects of life than carbon tetrachloride or government in Idaho--it affects marriage, birth and death--it can be involved in almost all social phenomena except the activities demanding immediate, high-tension discrimination and responsible action. Drinking, for example, is not related to tight-wire walking or piloting an airplane, at least not on American lines.

All the students are going to have to make a decision about drinking--as to their own behavior, also with their wife, their neighborhood, their kids, their religion, their government, and so on. And in 90 per cent of our educational institutions they learn nothing except what 8 out of 10 of them recognize is silly.

Drinking Habits of Students

In this connection, I'd like to mention our recently completed study of the drinking habits and attitudes of about 16,000 college students the country over--private, parochial, and State colleges, co-ed and man or woman only colleges, big and little, and so on. Here we report on who drinks, what they drink, when, where, with whom, when they started, what they think about drinking and about abstainers and about sex activity and drinking, what problems they may have experienced, what their parents, their church, the college authorities, their friends and others say and do, and so on. It is the first objective study of drinking habits ever made in this country, and it may well help to build a better foundation for teachers and teaching materials. We certainly hope so.

Q: Could you tell us something about it?

A: Most assuredly, but it is covered comprehensively in a book, entitled

"Drinking in College," by Professor Robert Strauss and myself, just out.

Alcohol In Business

Q: What about the alcohol problem particularly in industry and business?

A: There is the same feeling there as in other parts of the society. They want to cover it up and hide it and so on. It has a stigma. But there is getting to be a gradual perception by an increasing number of companies that "Yes, there is a problem and why don't we do something about it?" Of course, it doesn't show in their records, it's always hidden, but the problem is there. And there are now techniques of dealing with it.

Q: Is it a growing problem?

A: I don't think we can say that it is a growing problem, but we can say this--that the age range is 30 to 50. Industry and business and agriculture employ 60 million, of whom a large proportion must be in that age group, and so they have a great number of them. But most of them are back in the early stages. They don't have any drunks. Oh, they have them now and then, but they are fired. They don't have the psychotics, the "Skid Row" bums, and so forth. They may have had them when they were 23, but they got rid of them. What they do have is the slowly developing, carefully hidden condition, usually hitting a man as he gets to be about 40 and is just reaching his peak productivity in the company, a peak he never achieves.

Q: How does absenteeism stand with these people?

A: We have a few clinics started in some industries, and their records show that the alcoholic's absenteeism rate runs a little better than twice that of the average of the whole plant.

Q: Would you call that high or low?

A: Twice as high as the rest of the whole plant. For instance, if the absenteeism runs 4 per cent for the whole plant, it will run 8 or 9 per cent among the alcoholics in that plant, among the early problem drinkers or incipient alcoholics in that plant.

Fortunately for business and industry, therapy is easier with this group than with any other. Success expectancy is fantastically high, partly explained because the motivation for recovery among these men is tremendous. In one plant, the absenteeism rate after a year and a half with the first 100 alcoholics who went through--and they had success with 100 out of 120--was cut to about 2.3. The average absenteeism rate of the plant was 4.8, and for three years before they came in for help it was running for these 100 alcoholics at about 10.

Q: How do they help them? What does an industrial establishment do?

A: The first thing to do, briefly, is to get top management to recognize that there is a problem and not to be scared of it and to be looking into what can be done about the problem. The second thing is to decide to give responsibility to a department, probably industrial health or personnel, to do something. Next, the thing to do is to appoint a man to get special training in addition to his already acquired training. We have four or five-day training sessions just for this purpose.

Q: What are they trained to do?

A: These people go back and do two things. First, they offer counseling, often making referrals to already existing resources in or outside the plant. They must go out in the community and find out what resources there are in the plant--the plant probably already has resources to take care of this, but it has never been done.

Then they start helping a few people. The first ones they get are often going to come from the disciplinary board and are going to be the worst cases and have to be sold the idea. When they find that this has helped six or seven fellows--and you know two of them and you know three of them and so on--the word goes out and management says, "Now, look. Our policy is not coddling--this is not a home for drunks--but when we think alcoholism is involved, we are going to treat it as any other problem. We are going to try to help this person and give him every possible chance. If he won't live up to it, then--out. We will change our retirement, our disability, our pension policy--we are going to keep an open, flexible mind on this."

The man in charge will try to change negative attitudes in the medical and other departments. Something can be done, and this is shown most clearly through the successful cases. Then the man will try to get to some of the foremen or the floor supervisors, because they are the men who know just who the problem drinkers are. If they will co-operate, cases will be gotten sooner, the therapy success rate will rise, a lot of cases will never get to the disciplinary committee, and so on.

But the supervisors and foremen have to be shown that something can be done, that this will be more effective than hiding the cases, that it is not a snooping, "dry" movement, that it is not a sentimental, coddling program, that it will not result in firing the man nor in interfering with production, and so on.

This problem drinker is almost never at the plant when drunk' by the way. He's there in a rather late hang-over, beautifully masked, doing nothing or sometimes making mistakes, a horrible public-relations liability. His friends cover up, and nobody says anything.

So we suggest certain ways of talking with the supervisors, maybe giving them one or two pages of statements, showing them a 10 or 12-minute movie, giving them some idea of the problem and the program. Maybe half of them will catch on and will start sending a couple of people in--anonymously, quietly, and not even connected with the records.

Q: Where does a company find out all the things necessary to institute a program like this?

A: We at the Yale Center run special 3 and 5-day courses just for industrial people.

Q: Can this be found anywhere else in the United States?

A: No, but certain plants are doing their own work.

Q: Then you are the center of information on this whole subject. Can anyone get literature from you?

A: Yes.

Prohibition?

Q: Should we do away with alcohol? Can we do away with it?

A: "If we should" is a question that has to be answered from the point of view of a particular ethical system. One ethical system will say, "Yes," another will say, "No."

Q: Do you have a personal opinion on that?

A: I don't have any great opinion on that because I think your second question makes the first one--for our society in this century, particularly--academic.

Q: You mean it is impossible to get rid of it?

A: I would say at this time we don't know of any technique by which you can get rid of it.

Q: Looking at the thing in its broadest possible angle, we've developed in America two points of view about the liquor problem. One is frequently expressed under the word "prohibition," and the other one under the heading "moderation." In your studies, do you feel that we would solve this liquor problem by complete prohibition, the extinction of the manufacture of alcohol?

A: Let's put it this way: If there were no alcohol, there would be no problems related to alcohol--period. There is no question about that. If you could eliminate alcohol, there couldn't be such a thing as an alcohol problem.

Q: Do you mean that you would really remove all the problems related to alcohol, or do you mean the problems that people think they solve by alcohol?

A: I mean that you would eliminate any function that alcohol plays in crime, poverty, disease, death, disgrace, alcoholism, and so forth--by definition.

Q: But you wouldn't remove those problems, would you?

A: Oh, no. In some of them I would say that the use of alcohol plays a larger role than in others. For instance, I would say that you would eliminate the biggest crime of all--drunkenness. That is the single biggest crime in the United States except for traffic violations.

I think that among the others you would unquestionably eliminate a certain amount of disorderly conduct, and you would eliminate a considerable amount of petty assault. For example, you and I get mad at each other, and we were probably going to get mad at one another, alcohol or not alcohol, but with a few drinks in us, or in either one of us, it is more likely that we are going to get into physical violence, because the inhibition or control of aggression is reduced. Instead of just swearing at you, I throw something at you--perhaps I won't throw with any great accuracy, perhaps you won't duck with usual speed or accuracy. But the emotion and behavior that went into a fight, let us say, could have been dissolved through more socially acceptable avenues than those opened up by alcohol.

Traffic Accidents

Q: What would you say the effect of successful elimination of alcohol would be on traffic accidents?

A: Granted than no substitute came in--like bootleg liquor--I would say that all sorts of accidents would be cut down. For instance, you would eliminate the effect of fatigue as it lowers acuity and discrimination. You would reduce the expression of aggression in driving. Alcohol, so to speak, allows extended fatigue and aggression in driving and these are major factors in auto accidents.

Q: Are there statistics that show that traffic accidents are primarily due to alcohol?

A: I would not say "primarily."

Q: Would you say that they are incidentally due to alcohol?

A: I would like it larger than that. Figures have been put out fairly regularly by the National Safety Council from which it would be fair to state that alcohol is involved in 20 per cent of all fatal automobile accidents. I

would say that is a gross underestimate.

Q: What can be done about this, or is anything being done?

A: This is one of the problems related to alcohol about which a great deal could be done. A start in this direction can be seen, although -this particular cloud is still little bigger than a man's hand.

We have had two major problems blocking greater control and growing prevention of this problem: lack of quick, easily administered, reliable tests to establish how much alcohol is in a person's system at the time of the accident and the general tendency to lump all alcohol problems together as just one, simple problem. The first barrier had to be overcome so that police, courts, legislators and lawyers would have a means to allow concrete distinction between the driver under the influence and the person who was not. Walking a straight line, the odor of the breath, and disorganized behavior after an accident are not good evidence of "being under the influence." Until a useful means was developed, the courts and police were effectively blocked from efficient enforcement.

We now have means for gaining factual, undeniable evidence of the amount of alcohol in the brain. The best of these techniques--I might be a little biased on this--was developed by Dr. Greenberg at our laboratory, and is being increasingly used by courts and police. Its use will not only end the "two beers, Judge" alibi, but will also protect the innocent, such as the man with concussion or the diabetic in insulin shock who is arrested for drunk driving or anything else and is tossed in the police lockup--sometimes to die--because he acts and looks like a drunk.

Distinguishing this problem from the other alcohol problem is, I believe, on the way. It is not the "Skid Row" bum or the late-stage alcoholic who is involved in these automobile accidents.

Tests for Drunken Drivers

Q: Who is?

A: No one has ever reported just what the social and personality characteristics of this category consist of. The public is probably 99 per cent united against driving under the influence. However, they are far from 99 per cent against drinking. Once we can separate these two, so that the public can attack the specific problem without getting involved in the old "wet-dry" fight, then the way will be much clearer to overcome this menace.

Some legislative changes are needed in, perhaps, 30 States. The real need today is to give the facts to the driving public so that they can realize in ordinary language just what "under the influence" means and how one gets to that point. The insurance companies could play a big part in developing such

information, as could driving schools, automobile associations and, after the program was set up, the police and courts. Without such education, mere use of the new gadgets is not likely to be too effective.

Q: What's blocking use of the new devices?

A: Well, time is needed for the police and courts to try out the new techniques and learn application problems. So far, their experience has all been highly favorable. Then, lawyers and doctors interested in these cases must learn that none of their rights or privileges is being hurt. General education, plus experience, is needed. I think that an enormous reduction of this really unnecessary death, destruction and misery could be achieved in as short a period as five years if people got behind the police and courts, supported studies and helped in dissemination of the facts. Further, I think the motivation for this sort of progress is good. At that moment it needs leadership. This one of the alcohol-related problems is in large measure susceptible to successful attack here and now.

What Stimulates Drinking

Q: What would you say is the greatest stimulus to the drinking of alcohol? Is advertising a major factor?

A: We can show that advertising has had little or no effect on large segments of the population and never has had.

Q: For purposes of stimulation in extreme cases?

A: For any purposes. In extreme cases it has no effect whatsoever. For those people who are susceptible to be affected, yes, it may have some effect. And then if those people become extreme uncontrolled drinkers, I cannot tell you what proportion that ad played, for, once they have become extreme drinkers, I don't care if you have a sign on every window in the city or if there isn't a sign within a thousand miles, they are going to go on being extreme drinkers--period. Advertising isn't going to change alcoholics one way or another.

It might affect them in that, if you keep saying a certain brand name, the next time they go in and ask for a shot they may ask for that brand. I doubt it will have much effect, because after they have had a considerable amount of alcohol, 75 per cent of them will be short of cash.

Q: Then you would say that the stimulus for drinking would have to be looked for somewhere else than the advertising of the product?

A: Yes.

Q: How would you list the order of stimuli? For instance, are social

gatherings and social customs the primary thing today?

A: Well, I will start off with the word "custom"--but then remember that I am one of these academic specialists, so I will want to hedge on what I define as "custom." There are certain groups in which there has been a custom of drinking for generations. Now, when the father and the mother and the close friends of the father and mother--they may be in the neighborhood or not--when they ordinarily drink and their drinking is fitted into the daily routine of their life (not the "whoopie-whoopie--aren't-we-being-daring" type of drinking), then their kids, other things being equal, are going to use alcoholic beverages.

If you go to the other extreme, where father and mother not only do not drink but also have expressed strong, negative feelings about drinking and, to make it stronger, these are backed up by the church and the school and the social clubs, then that person is not going to drink until, and unless, he gets away from that social milieu. If he does drink, he will be rebelling from or simply moving away from his group. His drinking, by the way, when he starts is going to be more experimental, less well modeled, characterized by more mistakes, just because he has no background for it. He is not fitted for a drinking society any more than you or I are fitted for an Eskimo society.

Effects of Religion

Q: Is he more intemperate in his drinking then?

A: Let's take two extreme groups to make it simple: For example, the Mormon group, which is a very well-integrated group with a religious system penetrating right through family, government, economics, neighborhood, everything; and then orthodox Jewry, which is also very strong with an all-penetrating religion so that we don't know quite whether to call it a religion as such--it is a total way of life.

In the Jewish group, more than 90 per cent will use alcoholic beverages and will use them certainly more than 50 times a year. They will probably use wines, distilled spirits, beer. In the other group, the Mormon group, a very large percentage (compared with all other such groups in the country) will not touch the stuff.

I would say that, of the drinkers in the Mormon group, which will be a small number, you will find a high percentage of problem drinkers and later on alcoholics. Amongst the Jewish group, with almost all being drinkers, you will find a very, very low percentage of problem drinkers and alcoholics.

Now you shouldn't jump from this and say, "Well, let's start everybody drinking at the age of three!" That doesn't follow at all.

Q: Do you think the segment of society in which the inhibition is great due to

religious and other environmental factors produces a greater number of rebels, or is the number incidental who go out and deviate late from their teachings?

A: Rather than the number of inhibitions, I would say that whether these sanctions worked, were acceptable, were easily adopted by the individual, was the more pertinent question. For example, it is an inhibition that none of us here may go around without clothes, but I don't think it bothers one person here. Maybe it would bother one out of a hundred. Where inhibitions are not putting the person in a position of conflict, where his life is satisfying enough so that he wouldn't call them inhibitions, then inhibitions are not creating rebels.

To most of us, inhibitions are strong, unconscious controls against actions we think we might like to perform. Actually, the term refers to all the controls we have adopted--whether we approve or not, or even recognize them or not. But where the inhibitions, the taboos, the restraints don't upset more than 5 or 6 per cent of the group, I don't believe it would follow that mere numbers of inhibitions would create rebellion.

However, if you have a series of different groups in a society (and this means there would be differences in the patterns of learned controls in each) and where there is mobility for individuals, as in the case of war when all the young men may go out from home and meet others, then you may have people suddenly finding out, "By golly, I am inhibited." They may become, though not necessarily, very bothered about this.

A lot of young men, 17 or 18 years old, may think: "Here I am in a uniform, but I am not really a man. All these others in the camp think I'm a damned sissy and maybe I am."

Q: And then he may take a drink?

A: He may feel that he has to show off, one way or another, but he doesn't know how. He may, like any young person taking on a new pattern (whether it's dancing or bowling or getting a job), overshoot the mark or do things differently from everyone else, and then may have superguilt.

Here's the fellow who has come up in a society where drinking is quite ordinary. When he starts drinking, he might overdo and even get drunk. He will be punished one way or another. However, this experience does not have a terrific impact on him. He doesn't feel that he has been singled out by God to be cursed, that he is essentially evil. Another fellow from the Mormon society, where drinking is held a sin, if he experiments and gets drunk, he may well feel super-guilty, he may feel that Satan is responsible. So that it is not only that he drank too much, it is his reaction, his interpretation of the event. It may mean he feels: "Now I am through with my family, my religion, I can never go back." His response to the act is just as important as the act itself.

`Wets' and `Drys'

Q: I can understand why the "drys" don't like your work, but why is it that the "wets" don't like it?

A: We have been discussing here at length alcoholism, drunkenness. When stories. On alcoholism, drunken driving, excess drinking and the like appear in the papers, everybody in the industry shudders--

Q: Afraid it is going to lead to prohibition" again?

A: Yes. It is implied that discussion of such subjects is nasty--there probably isn't any such problem; it has been vastly exaggerated, in fact, alcohol binds the family together, etc., etc. Then one of the companies about 6 or 7 years ago, to the shock and horror of the rest of the industry, came out and said some people should not drink. Wow! Well, it turned out to be all right: they're still in business. Doing very well, I understand.

Q: Have you any facts as to whether conditions in States where they have full State control are any better than in the States where they license retail distribution?

A: You get what might be called a "lip reading" or "false correlation" on this. The difference between the monopoly and the licensed States is not particularly great. When you take the States in which local option is very widespread--like North Carolina where of 100 counties perhaps are dry--or take the two dry States, from our estimates there is a lower degree of alcoholism and there are fewer drinkers. However, we would call this a false correlation. The reason you have prohibition is obviously because you have social groups and categories who are "agin" drinking--

Q: They wouldn't be drinking even if it were there?

A: Right. And their numbers are significant enough so that they get political action. But if you go into Kansas or Mississippi or Oklahoma, you will find the "AA" groups everywhere.

Q: What about the tax situation? Do you find that the bootleg liquor creates worse conditions?

A: It may result in there being worse liquor, but alcohol is alcohol. It is a chemical, and goodness and badness doesn't enter into it. As for bootleg liquor, there is no question that it is produced in the most unsanitary circumstances, that it gets very little attention, you get it loaded with who-knows-what. It has in some places a most mysterious sacred character, however--"I know Old Joe up in the hill over there and he makes the original white mule," and things like that' and everybody around there starts buying it

and feeling, "Wow, that's wonderful stuff," and if the market goes up, they start producing it faster and they are under pressure of being caught, so there has to be a rapid turnover. There are no controls by health authorities or otherwise.

When the situation gets really tough, you may be getting half water, one quarter ethyl alcohol and who-knows-what else. It is an irresponsible group operating without controls, without the law, in business for the sole purpose of making dough and making it fast, with no necessity of figuring out "Will my customers like me five years from now?"

The big liquor people are under a tremendous pressure from that alone. The bonded people have to start, say, in 1950 to decide what they are going to make. By 1951 or '52 it is whisky, but then goes into a warehouse for five years and then they can sell it. Imagine the pressure they are under to maintain good relations with their customers. Their capital is tied up in the customer's response five years in the future.

Q: Do you think the bootleg situation is getting worse?

A: I really don't know.

Q: The argument in Congress is, of course, that the high taxes will drive the country into bootlegging--

A: And, theoretically, I believe that it is a good argument. Whether in practice it is true or not, I can't say. To my mind this is one of those little conflicts way off in left field, just as in my mind the advertising issue is way off in left field. They happen to be the two things that the "wets" and "drys" are fighting about--one about one, the other about the other.

I would like to see a check on the bootlegging matter from an unbiased source, through the revenue reports. But in my memory, and this is most casual--for the revenue records have figures on how much illegal stuff was seized, the size of the place, the amount of the alcohol, the potential production per day--it seems to me that for some places, like New England, there is no striking change.

But this is not a conclusive argument, because the size of the agency and its finances for going out and making the arrests has not gone up, so maybe they're just operating to full capacity and their records have reached a top. But I am very suspicious of the liquor industry's statistics, just as I am very suspicious of the statistics of the "drys."

Q: What about clinics?

A: In 1944 we decided to start an outpatient clinic just for alcoholics. We

had had laboratory and library studies, but no clinical studies of our own. With the co-operation of the Connecticut Prison Association, we were able to set up two such clinics, one in Hartford and one in New Haven. These were to be research clinics, but in about five weeks it was obvious that a different purpose was being served. They weren't research clinics--they were service clinics. They were mobbed, mobbed by what we would -call "late-stage alcoholics."

How Clinics Progressed

Q: Seeking relief---

A: Yes, willing to try anything new to escape the pain of the alcoholic life. This began to be pretty successful from the point of view of service. But from the point of view of research--well, I can't say they accomplished "nothing," but it was a very minimum. However, by the end of that year people in the Connecticut Legislature approached us with a bill, which we strongly opposed, setting up an alcoholism program, which was to be operated in the form of a specialized hospital for long-term care of committed alcoholics.

This legislation was changed to allow a program emphasizing voluntary outpatient clinics, and Connecticut' in 1945, established the first commission on alcoholism. Today it has six outpatient clinics, an inpatient facility, an education program with schools, and so on. Also, since then about 40 of the States developed some type of alcoholism program--there was nothing prior to this.

In 1946, some of the people who had been at the School, and others interested in alcoholism, said to us: "Look. You people are trying awfully hard, but you can't effectively get your information out to a wide public. The scientific journal is just dandy, but who reads scientific journals? And how many will read these lay pamphlets or the popular book of the American Association for the Advancement of Science, 'Alcohol Explored'? We need community organizations to educate the public about alcoholism Will you help?"

We created the National Committee for Education on Alcoholism.

Soon we found ourselves to be a popular health movement, like mental hygiene or cancer associations. Once this got started, we pulled out of it, since this sort of work is not an appropriate function of a university research department.

It is now called the National Committee on Alcoholism and is an independent organization. The clinic movement was more and more taken over by an increasing number of State commissions, and they soon started a National States' Conference on Alcoholism.

Q: How many years have you been studying in this problem?

A: I got interested in it because I was a potential criminologist; I've been with the Laboratory since 1942.

Q: You've been exposed to all phases of this in 10 years or so--has it made you a teetotaler?

A: We at the Yale Center are kind of rigid on answers to this question--maybe a little unnecessarily so--I don't know. However, we feel that either the facts, researches and conclusions are right or are not--and are effective or not on their own merits. And the fact of our own drinking or nondrinking we feel, doesn't make any difference. Certainly no one on the staff is an extreme teetotaler or an extreme drinker.

Alcoholics Anonymous

Q: How extensive is the "AA" movement in America?

A: There is no organization to this group.

There are no officers. There is no treasury. There are no minutes. For each group there is a chairman, theoretically revolving every month or two. But they find that as soon as you set up a typically American hierarchy with "Mr. Big" at the top, then some of the boys, as soon as they get up there, fall over into the bottom again. This matter of being the big man, big ideas, big expansion, responsibilities, building this clique up and that clique down--that has been found a nice way to get back to alcoholism, not a way of recovery from it.

Q: Do you have statistics on how extensive a group it is?

A: Their figure can be determined from their paid-up membership--I think theoretically each local group is supposed to give a dollar per person per year to the central agency for the publication of the book, information, intergroup service and the like. They pass the hat at meetings to pay for the rent of the hall and for the coffee and cokes and stuff. Some feel they must be drinking something, and sweets seem to be necessary for some.

This paid-up membership of groups amounts to about 130,000. Their membership--I don't know what a member is--is a man a member the moment he walks in? Does he have to be in one month, two months, three months? There is no definition. I would say there may be in the neighborhood of 175,000---

Q: Out of about 4 million alcoholics in the

U.S.?

A: Yes.

Q: How many groups are there?

A: I would say that in this country there are, perhaps, 3,000.

Q: Then is this same movement true of other countries?

A: They will show you groups in 40 or more other countries. As a wild guess, I would say that in 20 of those 40 other countries they are Americans who happen to be over there. This business of clubs and voluntary associations--Elks, Chamber of Commerce, or the like--is an American phenomenon. It clicks pretty well in the British Isles and in Scandinavia, Australia and New Zealand. But you get over into France--well, I think there is one French member. Of course, there are Americans in Paris who are permanent fixtures. But the French and Italians simply don't have such organizations. There is no feel for it. It is a typically American thing.

Q: Do the other countries have the alcoholism problem at all?

A: Oh, sure.

Significant Role of `AA'

Q: If the psychiatrist has been stymied treating the alcoholic, what has "Alcoholics Anonymous" been able to do?

A: Now, I think the psychiatrist can play a significant role. I think that "Alcoholics Anonymous" can--in fact, anybody that knows them at all knows that they do--play a most significant role.

Q: Then why is it that "AA" can succeed and the psychiatrist can't?

A: Take a certain alcoholic who is pretty well along in his alcoholism. He shows certain acute physiological problems. They will usually pass away in four or five days. He also has psychological problems. By the time he's gotten into this whirlwind he is frightened, in a world of pain, sometimes beginning to act in a very immature fashion, usually very egocentric, interested only in himself as though a wall had grown up to separate him from others. Let's say that there is a wall within all of us protecting our ego, but there are doors and windows through which you go out to people and people come in to you.

With the alcoholic it seems those doors and windows are getting smaller and smaller--he isn't interested in other people. And if an alcoholic begins to show interest in you or your job or what you are doing, all I can say is "Look out!" He's going to touch you pretty shortly--for a drink, for money, or something. He is not interested in you. He is not interested in ideas and things or people. He tends more and more--many of them--to become an isolated drinker, often a lone drinker. He has terrific ambivalences and many of them

show as incompatible drive, like, "I want to be Napoleon," or "I want to be Casanova," or "I want absolute dominance," and at the very same moment, "I want to be like a little baby in its mother's arms, loved because I should be loved."

These are absolutely incompatible needs, and yet that incompatibility can be resolved temporarily in alcohol because discrimination, judgement, self-criticism fall down and the man gets to live more and more in a world of his own, unhindered and unfrightened by ordinary -people, ideas and situations.

In addition to physiological and psychological troubles, there are social problems also. The man gives up ways of doing things and does less and less. He is less and less interested in attitudes, ideas, beliefs, intellectual questions and problems around the community and he becomes increasingly afraid of close, emotionally meaningful, interpersonal groups, such as a friendship group, a marital group, parental group, and that sort of thing. And it is from such groups, of course, that we get our major stimuli to do things, our major punishments for doing wrong. From and inside such groups we get our very reasons for living. With the decrease in activities, in ideas and in primary group membership, the man becomes desocialized, so to speak.

And, by the way, those social and psychological characteristics are just the reverse sides of the same coin. The man who feels he is going to be the greatest writer, who is going to make the biggest sale, who is going to swear off liquor for life, or who is excessively cynical or aggressive, is just the man who can't long remain a member of a primary group. Membership in such groups punishes wild activity or non-activity, punishes extreme idealism or cynicism.

So you have these physical, social and psychological problems, and the drinking problem itself that have to be met.

Differences in Treatment

Q: What does the psychiatrist do and what does "Alcoholics Anonymous" do?

A: The psychiatrist goes back to the psychological roots. He may or may not give the man some immediate physiological help which means rest, food, some sort of sedation so that he can get over the hang-over. And it doesn't work' because he is only trying to hit one wheel out of a five-wheel vehicle or a four-wheel vehicle--except in extraordinary cases.

"Alcoholics Anonymous" does a series of things. One of the psychological, social, personality problems of the alcoholic in the later stages is that he gives up hope--hope in himself, hope in people, hope in the world, hope in God. It seems to him all useless.

And it is impossible for him to get out of it unaided. He has tried everything. He has tried a hospital, he has tried three doctors, he has tried a sanatorium. He has been to ministers, priests, judges, and they have all given such "damned fool" advice as "Look, old boy, why don't you be a man; look what you're doing to your wife. Why don't you control your drinking?"

This man knows what he had done! He has cursed himself more vitriolically than anyone else could. He had been cursing himself for years. But the "AA" from the very first contact, expresses to this man the feeling that he, too, was there. Charlie cannot only match him story for story but he has been in 10 jails that this new

fellow never even heard of. He has had everything this guy has had and more, and here he is--his coat matches his pants, he has shoes on, and all that. But, most significantly, he seems to be happy. He seems to be amused about the whole thing. There are some who aren't, of course.

I am building up an ideal picture. There may be a few "AA's" who are just like the old sawdust-trail boys. But the new candidate for "AA" begins to see that he can do it. Here's a man who did it. "It can be done!"

Q: In other words, the approach varies dramatically from the psychiatrist's?

A: Yes, the "AA" talks to the man. This approach is often the opposite to the nondirective therapy of the psychiatrist--the psychiatrist must keep his mouth shut and the patient must let out. The "AA" violates that principle. He just sits down and says, "Well, let me tell you about me," and may not let the other fellow get a word in edgewise.

But it is convincing to some that there is hope--and this he never got from a psychiatrist because the psychiatrist doesn't know about alcoholism as this "AA" knows it. The recovered alcoholic may not know about Oedipus complexes being resolved, but he does know about drunks and butterflies tromping around in your stomach and all that. He has had bigger butterflies and has conquered them and is happy about it.

The "AA" doesn't tell the potential new member that he must go through a terrific regime, he must control himself, he must fight the good fight, and so forth. No, this "AA" has more fun out of life than the candidate has ever had and even has dough in his pocket, his wife likes him again, and so do his kids. The thought that "Maybe I could do the same" can strike the potential new member very realistically. Now that is one aspect of it.

Another is that the psychiatrist is inevitably talking downhill. He is on one side of the desk and the alcoholic is on the other side. He is well dressed, professional, of tremendously high status, and authoritative, and the alcoholic is very often scared to death of authority and so forth.

Finding Pals in `AA'

Q: The "AA" is more like an equal?

A: Yes. He could be a recovered banker or a ditchdigger, though ordinarily a banker will work with a banker and a ditchdigger with a ditchdigger. There is hope; there is a certain amount of happiness; there is this interplay. That personality wall has been broken down a little. Remember, this alcoholic had to let the "AA" talk to him. The "AA" is not going down the street to find a drunk and help him. He may try that a few times, but after he has been rejected regularly he will quit that process and will go only when asked and when he sees that there is really some hope of doing something. He can help only when the man has, so to speak; tentatively, partially temporarily surrendered a little and said, "All right, I'm licked. Can you help me?" That's a horrible thing to have to say for a frightened, egocentric alcoholic, and he may only half say it.

The "AA" gives him something to help him immediately, right now--none of this claptrap about "Can you come around next Tuesday at 4 p.m.?" That is perfectly ridiculous.

Any time we get people trying to come into our clinic from New Mexico, or somewhere far away--they all have long-distance telephonitis--if we don't want them, or can't take them or see that they are half potted anyway, we tell them, "Now, you come around next Thursday at 3 p.m." They won't show up.

The alcoholic's problem is for him tremendously immediate, and his feeling of "I would accept help if I could get it" is right here, now, 4 p.m. Tuesday afternoon. By 6 p.m.--"the hell with them!"

But the psychiatrist has to give them a future appointment. He can't just say, "I am here any time for you boys." Both his professional and personal life would be smashed. But the "AA" is ordinarily there at the time and he offers some immediate, practical support. He knows some techniques of helping out a hang-over--at least he thinks they work.

The physiologist may look at such techniques and say, "This does not change the oxidation rate of alcohol by 10 seconds." But this "AA" thinks that it does, and helps this guy and thus gives him the kind of magic that makes him feel better. He then gives him something to do--and this is tremendously important, because here's a man who has been holding himself away from everybody and everything--"Come on over to the meeting tonight!"

This alcoholic is terrified, but he goes to the meeting and he sees 15, 25, 50 fellows--and they all seem happy! They look at him and say, "Come on in, boy!"

Friendship, Not Rejection

Q: It's a different treatment?

A: Why, he hasn't had that sort of treatment--maybe ever. Anyway, for a long time it has been: "Look at that drunk! Get him out of my office! Out! Out! Out!" Nothing but arrogance, holier-than-thou business--even by those who have been trying to help and be sympathetic.

These "AA" people seem happy. He may hear something about the "God stuff," but a lot of the boys will tell him: "Don't you worry now about the `God stuff.' Some of us are having hot flashes and messages from mountain tops. But some of us just don't seem to get it, so don't let it worry you." The only thing is this: "Do you think you could keep from taking one til 6 o'clock tomorrow?"

Ah! He has heard about six-week deals, swearing off for life, and all that sort of thing. "Well, I don't know--" "Now, wait a minute. Here are some ways." And so they force chocolate bars or coffee or some pet remedy down the man and give him something to do during the day. They ask: "Where are you going to sleep tonight?"

He hasn't any place to sleep at all--or, worse, he has a place to sleep--home. He has to go home to the little woman and this is going to make him drink.

So maybe they will find some place for him, just for that 24 hours, and he will come back the next day. The haze has been partially lifted, and these people were friendly. Now he has friends and he has hope--a very glimmer of a hope, perhaps also a: "These fellows may have something. I'll get it in about six weeks and

then I will be able to drink like a gentleman again. `

The other boys will know he may feel this because they went through the same deal, and hey accept it. All right. So they help him in very simple, material ways. They know a fellow who knows a fellow and so he may be able to get a job, a bed, somebody who will hold his wife and kids off of him for a while, whatever it may be. And there is something for him to do at night.

Now, this man has sworn off before. He has been on the wagon once or twice before, and what did he do? He couldn't go around with his usual friends. Should he go to the church social a couple of nights a week? He wasn't the kind of fellow who would fit into that. He wasn't interested in what they talked about, what they did, or what they looked like. Where else could he have gone--the club?

Q: The Salvation Army?

A: For a few, perhaps, but this man probably regards Army shelters as a place for drunken bums who are religiously a little peculiar. He does not consider himself a bum, doesn't want organized charity, and is very scared of religious

appeals. Where can he go? He is all too apt to land in a hotel room looking at the four walls and feeling greater and greater need for a drink. And getting the drink, perhaps after a great struggle, is a pretty sure thing for a drunk because self-pity is going to get bigger and bigger and bigger and the personality walls separating him from society and its values will get higher and higher.

But with "AA" he has a place where he can go, where there is a bunch of fellows sitting around batting the breeze--some of them are shooting craps, some are talking about the last six hopefuls they picked up, and it may even look like a barroom with cokes and coffee, with his kind of people standing and sitting around. Some of this prayer stuff comes, but that is a small price to pay--it only lasts three or four minutes. He sees a lot of men who look just like him, and he can go there seven nights a week. And if, when he's home, he suddenly gets that feeling, "I've got to have a drink," he has two or three phone numbers and somebody will come over to him and use one of hundreds of techniques. They talk, plead, curse them, slap them, coddle them--some kind of help to get over that feeling they have to have a drink.

Pretty soon this alcoholic begins to get some new ideas in addition to immediate help, something to do and association with friendly people.

Because this "AA" program suggests that there are certain things that he has to do about himself mentally and emotionally. They tell him to look at himself and to take inventory. "What's wrong with you, anyway?"

A Power Greater than Self

The 12 steps of "AA," by the way, only mention alcohol or alcoholism twice. Once they say, "I admit that alcohol has come to dominate my life," or something like that. "I admit" is the first. The last step suggests, "I will go out and help other alcoholics." Other than that, the word "alcohol" does not appear, and that last is pretty incidental as you can see. "I've got to look at myself. I've got to study myself. I've got to do it as honestly as I can. I've got to try to find out what are the forces that seem to be, impinging on me."

As many "AA's" will say: "We think that finally all these forces can be stated in terms of a power greater than the self, which many of us call God. Gall it what you will, but there is this power; it affects you; and you have to learn how to manipulate it. The first thing you have to do is to study yourself. Get some other member to sit down with you, probably your sponsor, and try to figure it out. How many people have you hurt, for instance?"

Oh, boy, here he can flatter himself with self-pity and guilt and make himself out the biggest alcoholic of the bunch. He can take a telephone book and check off almost every name all the way through. "Do you think you can make amends to these people without hurting anybody?" And here is another chance for this

self-pity, exhibitionism, grandiosity. But it is a controlled, positively useful way for the man to capitalize on certain personality weaknesses--of course, not all alcoholics will have these particular problems.

Other steps concern getting into more effective contact with this higher power, which some of them call God, and with furthering self-understanding. Finally, the 12th step suggests that, after having had a spiritual experience, or a basic change in thinking and feeling, they will try to carry the new principles into all aspects of their lives and, also, extend them to help other alcoholics.

Well, some of them, of course, jump from step 1 to 12 and they are out there beating the drum to save other alcoholics too soon, but that is understandable.

Q: The first method of approach of the "AA's" then, is to be friendly on an equal footing?

A: Yes, to give realistic evidence that there is hope of recovery, to help with, immediate problems, if possible, to present the newcomer with a possible place to go, things to do, and a program. Let's note that "AA" doesn't preach, doesn't ask for pledges, doesn't blame, doesn't ask for conversion, doesn't postpone, doesn't interview or take records, doesn't offer charity, or ask for dues. It does offer a sponsor, a man to lean on during the first days or weeks. But pretty soon "AA" requires a man to do more than receive and lean--not that there are any written specifications.

The new man has to make a self- analysis with another man. He listens at meetings, is encouraged to speak with the others at closed meetings. Then he is asked to speak at an open meeting and to help another candidate. These things are helping to break down the old self-protective walls. And in the process he may get some very real awards. Now he is not only leaning on his sponsor, but another fellow is leaning on him. He is moving back slowly into emotionally meaningful group membership and doing it without his alcohol crutch.

He is also getting new ideas, not only from mixing with others while sober, but from the self-analysis and from figuring out how to help his new baby (candidate) and what to say at the meeting. He may even read the "big" book called "Alcoholics Anonymous." He is gradually redefining ways of doing things, ideas and primary group membership. Also he is getting the benefits of sober living in health, jobs, etc. He has change in his pocket, his wife is beginning to think that she has a human being for a husband again. Some people note, "Gee, George is sober; he even seems to have fun doing things he never had fun doing before."

Help at Any Time

Q: Can the alcoholic always find the "AA's"?

A: "AA" isn't 24-hour a day therapy, but it is always available. Then, when the man begins to get the idea of living again and begins to like some other people and is going out to help Joe and identifies himself with Joe, then all of a sudden his whole psychological picture has changed. As Dr. Harry M. Tiebout has pointed out, instead of just complying with "AA," he accepts "AA." He may never have gotten down to the basic psychiatric problems; however, I would say--just for an arbitrary figure--that for 50 per cent of the alcoholics, deep psychotherapy is probably contraindicated and might well trigger off more troubles than there were during the alcoholism. He needs to stop drinking. He needs support. He needs psychological help. He often needs physiological help. He needs resocialization.

How Alcoholism Starts

Q: Of several alcoholics I have known, I asked one of them what it was that got him -started after a long period of years during which time he didn't touch liquor, and he told me that he had been employed as an assistant sales manager and was making great progress. Then all of a sudden one day he came in and they had changed his office, removed his name from the door and put him at the end of the hall and demoted him. He went right out and got drunk and attributed it entirely to the disappointment. Is that a typical cause for this return to alcoholism?

A: Tension, shock, or sudden changes for some of these people is too much and they are less able to adjust or adapt themselves to painful stimuli. However, I would want to ask a lot of questions about the case you cite. Who stated that he had "been making great progress"? What had he been doing the previous weeks, which led to the demotion? Why had he been acting that way? Was his demotion a great surprise to others? Was it really a surprise to him? Was it a useful excuse to get drunk? Did he get drunk because he was shocked, or because this was his way of getting back at the boss? Anything can serve as an excuse. It is worth noting that a great many people have been demoted, and even though they are regular drinkers they don't go out and get drunk. By itself a demotion cannot explain drunkenness.

Q: Could any physiological deficiency cause it?

A: I don't know just what that would be. There have been some experiments with rats, by the way, to discover whether physiological differences would accompany differences in acquiring a taste for alcohol. But a rat having no culture can't be called neurotic. They have no personality problems, although some of them are more aggressive and others more pliable and all that. Well, these tests were made to find out if any would show a preference for alcohol over water. They put the rats on a very limited, almost starvation diet to allow testability. Some of the rats went for the alcohol and then seemed to want to go on with it. Some persons drew the conclusion from this experiment

that some rats were physiologically "set" to like alcohol. This was sufficiently challenging to the physiologists in our laboratories, Greenberg and Lester, to make them check such a conclusion.

We happen to know that there are no vitamins in alcohol. Vitamins don't pass over the distillation process. But alcohol is full of calories. These rats were on a starvation diet. Greenberg and Lester said: "Let's run that test over again and give them a little bit more choice." So we gave them water, another liquid with calories in it, but not alcohol, then just alcohol. Then the rats were put through the same tests as in the earlier experiment.

The original conclusion was shot to pieces. The rats were hungry! They took the material loaded with calories. This time there were two choices with calories. They took the non-alcoholic type, perhaps because it didn't have the sharp taste-effect of alcohol. What was there in the alcohol itself in the first experiment? It had calories and so the rats could drink their meals. That is what many alcoholics are doing.

Q: But why are they usually emaciated, then?

A: That is because of the life they lead, not alcohol, although since alcohol is by itself a most unbalanced food for human diet and since for some, during binges, nothing but alcohol is ingested, they are undernourished. But this is not true of all. In fact, I don't think you'd know an alcoholic when you saw one, unless (a) you'd known him over a good period of time, or (b) he was on a binge.

Q: We've all known some persons who seem to have a compulsion--if they take one drink, they have to keep on, so that they themselves have said, "Well, I've just go to lay off the stuff altogether." Now is that compulsion psychological?

A: There have been those who tried to figure out that this uncontrolled drinking did have a physiological base. I would say that they may some day discover such a base. But to date they have not. Their evidence, we would say, is not evidence. One or two may have gotten a lot of publicity--anything which comes along in this field is publicized. When people are very run down, as during a binge, they show a lot of maladjustments, some physiological. Dr. X sees one thing that seems to look awfully consistent, appears in all his cases, for example, a certain type of glandular action.

Now Dr. X begins to compare the alcoholics who come into his clinic with other people, and he finds that 99.4 per cent have a tremendous glandular deficiency--or imbalance--for example, an adrenalin deficiency. The alcoholics he sees have an adrenalin deficiency, much more so than nonalcoholics. I know some other things about adrenalin deficiencies--they have a way of making people depressed, tired, unhappy and weak. The major trouble with the obvious conclusion to this finding is itself rather obvious: Does the alcoholic have

an adrenalin deficiency because he has been out on a binge, or has he been out on a binge because of the adrenalin deficiency?

Suppose we go back and look at the population age 15 and separate between the greater and lesser adrenal-structural people. Then observe all those who drink for the next 40 years and see if the alcoholics among them were all or chiefly from the weak-adrenal group. Some people have alleged adrenal disfunction to be the cause, and also alleged that correcting this condition is the cure.

I must admit we have to laugh a little at some of these reports, because they state: "Yes, we fix the alcoholics up and they go out of here sober and in good health, saying, `We'll never have a drink again.'" Well anybody who has ever known alcoholics is not peculiarly impressed by that. Practically all alcoholics have sobered up and sworn they would never drink again--done so many, many times. We like to see them six months later. We like to see them a year later. We like to see them four years later.

Now I don't doubt that we may find a physiological difference in function, in structure, in growth, which will be different from many alcoholics compared to the nonalcoholic population. But I would also make this forecast--that if we do, we will also find that there will be a considerable proportion of people who have this lower X factor who drink and who do not become alcoholics, and that we will find a large number of alcoholics who do not have this "X" factor. In other words, it may be significant, but it will not be a sufficient cause!

Aid From Drugs

Q: Is there some drug you can give people to stop their drinking?

A: One of our great problems has been to get increasing segments of the public to discriminate a little more. They have a tradition of 100 years in which a highly organized, very sincere, emotionally powerful, beautifully effective organization has told people again and again that alcohol, drinking, drunkenness, the other problems related to drunkenness and alcoholism are all the same thing. And we say: "This is not so."

You ask: "Can you get a drug to stop drinking?" Yes, you can--I don't know whether the word "drug" is quite correct. Take "disulfiram"--most popularly known under the trade name of "Antabus"--I don't believe there is complete acceptance as to just what the physiological process is, but, anyway, you take this pill and any time within the next 24 hours if you take even a small amount of alcohol you are going to approach death--the eyes begin to bulge out, the face becomes horribly flushed, the blood count goes down to zero, and so on, and you know pretty soon you are going to stop kicking.

Q: That's a conditioned reflex, isn't it?

A: No, it is a direct chemical effect which will occur the first time. Whether there is in addition a conditioned response following one or two experiences is a very moot point. But let me assure you of this: If just by chance you forget to take the pill and start drinking and then take a pill or two, there will be a most unpleasant result. There is a difference between drinking and alcoholism. "Antabus" affects the drinking--not the alcoholism.

Q: Oh, yes, but I thought the main idea was that these alcoholics wanted to stop the drinking--

A: Yes, they may decide, "My life is being ruined by drink' so I will stop drinking." That sort of rational control is just what an impulsive drinker can't accomplish. That's why he's called "impulsive" or "uncontrolled."

Doctor's Care Needed

Q: But does this mean that a person who gets started in alcoholism can't stop?

A: There are certain so-called "prealcoholic symptoms." In that phase we know people can stop themselves. But once this "control" factor is lost, they cannot stop themselves without help.

Q: They can use this drug, "Antabus," can't they?

A: Yes, but there is no question but that it can be a dangerous thing. Let's say you go to, the doctor and he gives you a supply of 12 of the tablets, and you go back six weeks later and get some more, and now you have this little horde. There are two or three things that may happen here. Knowing the alcoholic's guilt, remorse, and so forth, he forgets, on purpose -or not, to take his "Antabus," and he suddenly finds himself in a bar and he has had two drinks, maybe three. He is very upset, he's got alcohol in him now. He rushes home and says, "I'd better take three of the things." And he's going to drop dead.

Or there is somebody else in the house, too--old Aunt Mathilda, who has nice strong ideas about this. She might think: "What a clever idea it would be if George were to stop drinking, too. It is helping Harry." So she is not by itself a sufficient remedy for decides to give the pills secretly to George. And a death can follow from that.

The use of "disulfiram" is a little dangerous, but under a doctor's care it is not. However, it is not by itself a sufficient remedy for alcoholism. It can help toward a remedy by aiding the individual to stop drinking. Without other changes in the individual, it can do little.

Source: U.S. News & World Report, October 2, 1953



14, looked forward to having a father again. Now he was 17 and it had not worked out that way.

After a few months of marriage Mr. Daniels began coming home for dinner in an exhilarated and voluble condition. Phil had never seen anything like it. His stepfather seemed terribly happy and good-humored, but he could undergo sudden changes, turning into a glowering, unreasonable tyrant. It not only -frightened Phil but gave him a permanent feeling of uneasiness. What had he done or said that was wrong? And what could he do to make things right?

He asked his mother about it. "Oh, you mustn't pay any attention," she told him with a bright, worried smile. "He's just been drinking. He'll be all right."

But he wasn't. Phil found himself being lectured or reprimanded or even punished without reason. Home became a place of sudden threats and dangers against which he could not defend himself. His mother explained that his stepfather had once been an alcoholic but had given up all drinking for a year before they were married. On the night of the wedding reception drinks had been served, and he had had some. He had been drinking occasionally ever since. She tried to explain -what alcoholism was, but Phil could not understand her explanation. If drinking made you ill and also irrational, why drink?

Phil is a serious, slender, dark-haired boy with a scientific bent. He hopes to be a doctor perhaps a psychiatrist. As his stepfather's behavior got worse, Phil found it hard to study or to feel any deep interest in school work--or in anything else. He stopped inviting school friends to his home because he never knew when his father might start haranguing them. He became ashamed of his father's appearance--his red face, rambling speech and shambling gait. Phil began to withdraw into himself--"you just shut up tight inside."

His father drank almost constantly now but especially on weekends. On Mondays he was sometimes too "sick" to go to work, but somehow he hung on to his job. Evenings were especially bad. Then he roamed the house, often until 2 or 3 a.m., bellowing imprecations, seeking an argument with anyone who dared talk back to him. Phil was determined to help and protect his mother as best he could, but he did not know exactly how. He grew nervous and apprehensive. His school work got worse, but he didn't care.

Once in a while he would plead with his father not to drink. Sometimes the only answer Phil got was a cold stare, sometimes it was a stumble-tongued denial of drinking, sometimes it was a genial promise that he would stop after just one more. Phil and his mother, a remarkably patient and religious woman, often talked it over trying to decide what to do. "If it gets much worse, we may have to leave," she would say quietly. Phil wondered how much worse it would have to get.

Phil never saw his father actually take a drink. He and his mother found bottles around the house. Often there was one under Daniels' bed and sometimes under his pillow, and always under the cushion of the large easy chair from which he watched television, but Mr. Daniels was never seen drinking from them. With the sly secrecy typical of many alcoholics, he drank only when he was alone. It was hard for Phil to explain to other kids in school, who invited him to parties, why he could not invite them back. In time he grew used to the knowledge that his classmates were aware his father was an alcoholic, and he became calloused, if not reconciled. But he could not become calloused to the fresh embarrassment he felt every time someone came to the house and met his father or saw the house itself.

In two years its carpets had become stippled with bums from half-smoked cigarets dropped heedlessly on the floor. The kitchen and dining room bore nicks and drip marks where his father had suddenly hurled his plate or glass in a drunken tantrum. One night Phil came home to find a milk bottle lodged halfway through a screen in a front window. His father angered at his wife's failure to come at once when he called her, had thrown the bottle at the TV screen, missed it and hit the window. The broken window and the stain on the paint outside stung Phil. "Makes the house look neat, doesn't it?" he said to a friend.

The wall-to-wall carpeting in his mother's bedroom, of which Phil was so proud, had become blotched from knocked-over glasses. The family car was a mess, filled with forgotten insurance literature in the back, the fenders dented by uncertain driving, the seat covers filthy, the glove-compartment door rickety from being banged open to get the bottle always stored there. Lying in bed nights, tapping his foot almost uncontrollably from tension, Phil thought of what other kids had and what he was missing. He and his mother could never plan a family outing because his father's condition was too unpredictable. The best they could expect was an infrequent barbecue in the back yard.

As the months passed Phil's father got worse. Once he tried to throttle his wife and Phil had to wrestle him to the floor. Another time Phil had to tie his hands with a necktie and hold him, fuming and cursing, until he finally passed out. Still another time Phil had to knock him down, no great feat because of his father's condition.

Mr. Daniels began to display spells of grandiosity. "They ask me to take a bigger job," he would declaim to the empty living room at 3 a.m. "They come to me on their knees, begging. I don't want another job, and I tell 'em so."

One afternoon a girl he knew in high school called Phil to ask him to a dance. His father answered the phone. Loudly and obscenely he cursed out the young girl, then hung up. Phil would not stay in the house that night. He slept at a friend's and next day went over to the girl's house and mumbled a red-faced apology for his father. It was one of the hardest things he ever had to do.

Mr. Daniels' health steadily deteriorated. At times he needed hospitalization, and occasionally his physical condition so alarmed him that he himself tried to slow down and "taper off." In this he had the advice of the family doctor who gave him various drugs to discourage drinking. None worked for long because Mr. Daniels went back to the bottle as soon as he began feeling better. Some nights he would burst into Phil's room, wake him up by turning on the light, and launch on a long, incoherent lecture. Phil finally arranged the light so that it could not be turned on at the door. His father continued to fling in whenever he felt like it, but it no longer really awakened Phil. "It's like the noise of the planes passing overhead," Phil says. "I just don't hear it anymore."

But he still carried the tension inside himself. His foot twitched steadily at night as he tried to go to sleep. On weekends he stayed away from the house as much as he could. He tried to keep up his studies, but it was hard to get up in front of the class to give a book report, knowing what they all knew about him. He was morbidly self-conscious about his appearance and about what the other kids might be thinking about him.

Another boy named Jerry, who lived down the street, had a similar problem. His father and mother both drank heavily and steadily, although more peaceably. Common problems, including poorer clothes and less spending money than other kids had, brought Phil and Jerry together. Occasionally they met to compare notes on the behavior of their parents. One day Jerry said he had heard there was some sort of juvenile branch of Alcoholics Anonymous, not for youthful drinkers but for the children of heavy-drinking parents. They called up the local "AA," got some literature and enlisted a third boy who had an alcoholic father.

The three boys met whenever they could and talked over their problems. After months of hiding his shame, it was a wonderful release for Phil to talk openly. It made him feel better to learn that other kids had the same problems he did and could even suggest some solutions. Soon the three boys were joined by the pretty blond daughter of an alcoholic, and the meetings acquired a little social atmosphere.

As news of the small movement spread, other youngsters joined up, and this attracted the attention of the local chapter of Al-Anon, a companion organization of Alcoholics Anonymous. AA is the league of alcoholics who have joined forces to help each other fight their mutual disease. Al-Anon is an organization of wives, relatives and friends of alcoholics who also meet to exchange suggestions and compare notes. Alateens, made up of the children of alcoholics, is a ward of the two main organizations. Phil's group decided to form an Alateen chapter. A kind-faced woman named Margaret Wells, with long experience in Al-Anon, volunteered to serve as guide and sponsor, but the youngsters conducted their own meetings. In a year Phil's and Jerry's frail partnership grew to 60 members, one of the largest Alateen groups in the U.S.

No easy cures

Alateen meetings do not solve the basic problems and certainly do not propose cures for alcoholic parents. They do, however, help members live with problems they cannot solve. They do this by offering a version of the Alcoholics Anonymous approach, which is a mixture of nonsectarian religious faith and personal psychological counseling. Alcoholics Anonymous gets its members to admit to themselves that they cannot control their disease alone but need the help of a "Greater Power," to whom they must turn over their lives. In the same way the members of Alateens are encouraged to face the fact that they cannot overcome their parents' alcoholism, but by putting their problems in God's hands and by practicing understanding and forbearance, they are taught to achieve an inward calm during a stormy adolescence.

The new Alateen member is taught the AA Serenity Prayer and the AA philosophy of trying to live one day at a time. One of the most striking features of the movement is the quietly spiritual attitude of the veteran Alateen member who, even though he may not be a member of any religious faith, lives closely and intimately with a God of his own choosing. This unusually frank reliance on the "Greater Power" pervades most Alateen meetings.

At the recent meeting of Phil's group, Phil invited members to step up to the podium and discuss their experiences. A rebellious dark-haired girl of 15 stood up and said:

"I know everybody says you ought to turn it over to God. But I can't." She paused, then spoke haltingly. "Maybe I should. I guess He brought me here to this meeting . . . in a way. But tonight Dad was going to take us to a show.

He got provoked and pulled one of his stunts. He took off by himself. I-I tried to get my brother to go to the show anyway by himself, but he wouldn't . . . I've learned here to try to be nice to people. But it takes time."

Phil asked for comment. A boy told the girl, "You can't just call on God when you're in a jam. You have to turn your whole life over to Him. My dad and I are a lot closer now since I did that. Last night we worked together fixing his bureau, and he doesn't come home drunk when he knows my pal is going to stay overnight with us. Probably your father is under great tensions, like mine is. You can always pray and hope it might come out all right."

Phil called on another girl, Annabelle. As is customary at Alateen meetings, only first names were used and the parent was often referred to simply as "my alcoholic." Annabelle took the podium to report on her progress. "I've got a temper," she said, "and when I said my prayers last night, I told God what my problem was today, that I had to work in the kitchen at home and I didn't want to. But I said I'd do my best because I wanted to help others."

A boy of 15 with a bristly red haircut raised his hand. "I've got a temper too. My mother is our alcoholic, and I have to do a lot of the housework. When they get to arguing, my father involves me in it. But when they start yelling at me I just say the Serenity Prayer to myself."

Mrs. Wells said, "I'd like to add a word to this. You all look healthy and happy and well fed to me. Maybe your parents don't always do as you think they should. But they did well to get you this far. They are doing the best they are mentally capable of at the moment. They love you but they are almost afraid to love you. They don't dare. They don't understand their children well enough."

A thin six-foot boy with a long face went to the podium. He was a newcomer and very nervous. "Maybe some of you have got your problems solved. I haven't. I--I just haven't. I can't take it any longer, and I'm not going to. I have a chance to go into a foster home and--and--I'm saying goodbye to my family."

He was close to tears.

Phil looked around for hands. Mrs. Wells said, "Dig into your hearts. What can we tell him that will really help?" There was silence.

"You've got to turn your problem over to God," a boy in the back said.

"You'll get a better deal out of it that way" said another. "He knows what we don't."

"Foster homes are no good," said a girl.

"They're too regulated."

"You've got to try to help yourself," said the boy who had warned against calling on God only when you are in a jam.

"And be courteous, and don't argue."

"What happens if he sends you out for a bottle for him?" asked the boy at the podium.

"You don't go," said Phil firmly. "We've talked that over. Lots of people have that problem. But you just politely refuse. If you do it once, he'll ask you to do it again."

"Yeah," the boy at the podium considered. "But I like to have friends over, and I never know. . . "

"Oh, golly," said another boy, raising his hand. "Never invite friends over without first reconnoitering. If your dad's drinking, just keep out of the way

as much as you can."

'I used to feel abused, too'

The boy at the podium was replaced by a pretty, fair-haired girl. "You can come here with any sort of problem," she said, addressing the newcomer. "That's what I like about it. I used to feel abused too. Sometimes one of my friends would say, 'We all went out to dinner last night,' and I'd lie. 'I went out to dinner with my family, too,' I'd say. And my friend would say, 'No, you didn't. I know your father's drinking now.' But I found out that if I don't worry about tomorrow or the bad things that happened today but think of the good things, then--well, tomorrow can be another day to be happy with."

Another girl raised her hand. "I know what you mean about lying. I've got two alcoholics, both my parents. There were lots of things I couldn't have. So I began boasting to the other kids. I'd say we were getting a new car or a new dog or were going to Florida for a vacation. I told terrible lies. Then I started Alateens. I went back to the people I'd lied to and told the truth. I'm a new person. I'm getting along better in school and I'm an officer of my class."

The meeting was now more than an hour old, and the entire discussion had dealt with parental drinking problems. Few Alateens have drinking problems of their own. Some of them are led through everyday association to experiment with alcohol, and because they have seen how destructive it can be, they sometimes believe that they have a "drinking problem." This is almost always juvenile self-consciousness.

At the podium Phil said that if there were no other matters, the social hour would begin. Coffee and cookies were produced. After a collection was taken up for next week's cookies, the audience broke up into groups, chattering as though at a dance intermission. The tall, thin newcomer was surrounded by a knot of others, anxious to welcome him and help.

"Everyone's nervous getting up at first," someone told him, "but after a few times they won't be able to stop you from talking." "That's right," said Phil. "And you'd be surprised how much it helps you in school when you have to get up and make a talk to the class."

Soon they took their leave by ones and twos. Mrs. Wells drove several of them home. It had been a typical Alateen meeting, a new phenomenon in American life.

Less than four years old, the Alateen movement is still in its infancy. Ninety-seven groups are registered, and another 75 are believed to be in the formative stages. The total membership is perhaps 2,000 members--"perhaps" because communication between the groups and the parent AA or Al-Anon headquarters is often scanty. Alateen is certain to expand, for it gives the

teen-aged child of an alcoholic something he can get nowhere else: a chance to hold up his head and talk about his troubles with others who suffer the same way. He acquires friends who he can telephone at night for encouragement or advice when the going gets tough, and he also gets a chance to talk openly about other problems. "I'm too shy" is a common complaint. "I'm always nervous" is another problem readily understood by more experienced Alateens who know the cause of the nervousness.

Above all, the Alateen member achieves depth of understanding rare in youth, and he helps to spread a new spirit of understanding to his whole family. Even the alcoholic parent, after a few guilty misgivings ("Do you actually talk about me at those meetings?"), becomes more serene and in time may even decide to seek help himself.

So far that has not happened to Phil's alcoholic. He still shakes the house with his occasional falls, wants to be waited on, never apologizes. He still bellows his challenges to nonexistent adversaries and occasionally goes berserk.

Phil has learned to "live around" the problem. His grades in school have again risen to a B average, and he is determined to stick it out with his mother until he enters college 18 months from now. He is still tense and -nerve-ridden. When he speaks, his hands dart in quick, finger-tapping gestures, and some nights he wriggles about uncontrollably in bed before he can go to sleep. But he says, "I don't really have any problems any more. They're there, but I don't fight them. No one can beat alcoholism by himself. So I just try to be polite and helpful, and let God take care of things."

The illustrations for this article [as it appeared in Life] were drawn by Franklin McMahon, who attended Alateen meetings in different sections of the country and sketched the teen-agers as they discussed their problems. Their own words, spoken at these meetings, serve as captions for the drawings:

"When Mom and I came home, Dad was hanging up a noose on the landing. When he's drunk he sometimes acts suicidal."

"I have learned to keep my mouth shut by saying the Serenity Prayer to myself." "I have to keep telling myself over and over again that the monster we were up against Tuesday night was nothing but a great big bottle."

"I come here with my older brother because he said I'd learn how not to get excited. Now when Daddy gets drunk, I just go on with my business."

"Some day we'll have all this behind us. I keep telling myself, I only have to take this for the next 24 hours."

Source: Life, February 10, 1961

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Wally P., Back to Basics: The Alcoholics Anonymous Beginners' Meetings: "Here are the steps we took..." in Four One-Hour Sessions (1997, ©1998, Faith With Works Publishing Company) ISBN: 0-9657720-1-2

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A.A. Members in Texas, An Unofficial Guide to the Twelve Steps (Edited by Paul O.)

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year, her book will appear as a motion picture in October. The following article was written especially for Coronet by Miss Roth in collaboration with Gerald Frank, co-author of her book and a senior editor of Coronet. - The Editors.

I do not set myself up as an authority on religion. What I know, what I am certain of, the faith that is now mine, I have learned the hard way.

Atheist, agnostic, unbeliever-I have been all of these. In the depths of my anguish, when I saw myself relentlessly destroying what had once been a happy, successful girl, I cried out to God. When I was not answered, I wept, God does not exist.

Where was God, and of what use were prayers, if He could allow even one human being to make such a wreck of her life and to drag down with her in shame and despair those who loved her and had sacrificed so much to bring her to fame and success?

I was wrong. Out of my life, out of the lives of others and out of that conviction which comes to all of us when we face ourselves in absolute honesty, I have come to know God. I can prove there is a God. Not by theological proof, such as you would receive from a priest, minister or rabbi, for I am not qualified. Nor by scientific means, because I am not a scientist.

My proof is based not alone on my humble studies in science and religion but also on belief in the value of the human being. And it rests upon the realization of the infinite wonder and glory of the universe.

Too many people cry out: "I don't believe! How can you believe?" And this before they have even studied to see what it is they don't believe.

To me, the basic approach to proof of God's existence is first to recognize there are powers- that there is a Power-greater than ourselves and beyond ourselves. Many people dismiss this as supernatural. They find it hard to accept.

It was difficult for me, too-at first. It came to me slowly in my first days in Alcoholics Anonymous, an organization of former alcoholics to whom I had turned in my extremity when I had nowhere else to turn.

I came there as a woman of 34, who had earned more than a million dollars, and was now penniless. Behind me lay 16 years of alcoholic horror which not even treatment in a mental institution had cured. I had been married four times-and each marriage had failed. I had nearly committed suicide. I had forsaken virtually everyone who had known me, while virtually everyone who had known me had given me up-save my mother.

"Forget your daughter," friends pleaded with her, watching her slowly

destroying herself in vain attempts to save me. "You have no daughter. She would be better off dead."

I knew all this-and yet I was helpless. If there were a God, I used to think in my lucid moments, would He not take pity on me?

But at AA they told me, again and again: "You can believe in a power greater than yourself, no matter what you call that power for the moment. You can turn your will over to a greater Power."

I could not, I said to them. Once, as a little girl, I had dreamed of becoming a nun. I had had some spiritual contact with God. But now I had lost God. I did not believe in an outside power.

I shall never forget the words of the AA member who said to me: "Lillian, look about you. There are 200 of us here, men and women, and each one of us was a helpless, hopeless drunk. Now we are sober. Will you believe in that power, whatever it is, that keeps us sober?"

Somewhere deep in the depths of my alcoholic-fogged brain, this touched whatever was left of my sanity. Yes, they were sober, and they had been as I. I could believe in that power. I could turn and pray to it, and pull myself up toward it.

That was the beginning: to admit that a greater Power-no matter what name you give it-existed. And when I reached sobriety and could live and think again as a human being, I began to understand that there is much we must accept because reason tells us to accept, because the evidence is such that it is a denial of reason to refuse to accept.

After all, we cannot account for electricity or the electron. Why will people not struggle against the mystery of the electron, which they cannot touch or see, but will deny the mystery of God because they cannot touch or see it?

Is it harder, for example, to accept the mystery that God exists than it is to accept the mystery that enough energy is imprisoned in a pebble to blow a city apart? In a universe where such things can be, God also can exist.

But because we are reasoning beings, we constantly seek a simpler answer. A friend who once discussed how to build a train of reasoning at whose end even the doubter must find God put it this way.

"Lillian, you think of God. Why? Because God exists. If He did not exist, you could not have thoughts of Him."

Before I could protest that I couldn't quite follow this, he went on: "I challenge you - I challenge anyone - to think of anything that does not exist. Try it."

I looked at him. It was true. You cannot imagine anything completely non-existent. No matter what you think of, however bizarre or fantastic - a five legged man, a mind composed of mist and echo, an impossible creature from another planet - you discover that part of your concept is based on reality. So it is with God: for if any part of the concept of God is real, then God is real.

When I report this conversation to some, they shake their heads. "A trick of reasoning," they say. "That argument has a fallacy somewhere...you still have to show me."

Then I think of the small wristwatch I am wearing. I place it on the table before me. If I were to take it apart, I wouldn't expect to reassemble itself, would I? And looking at all its amazing intricacy, I know as surely as I know the sunshines, that someone made that watch.

Those fine, almost invisible gears meshing with such perfection, the fragile hairspring with just the exact amount of tension, the extraordinarily minute wheels and cogs, each planned to play its role in a microscopic little universe no bigger than my thumbnail - surely all this did not just "happen." It was not the result of chance.

No. An outside intelligence with a plan put it together. I need not see the watchmaker to know he exists. My evidence is the watch.

Now, move from the watch to the human eye. Iris, pupil, lens, retina, the image cast, caught, registered in the space of a heartbeat...How wonderfully delicate and intricate the human eye! Can I really believe that it threw itself together, that it just "happened"?

No. As with the watch, an outside Intelligence with a plan was at work. Not faith, not fear of the unknown, not superstitious belief, but reason makes it as impossible for me to believe that the eye was the product of chance as it is to believe that the watch was an accident.

I cannot conceive that the wonder about us-the timing of the seasons, the marvelous rhythm of the planets, the magnificent achievement that is man, forever aspiring upward and outward toward something higher than himself-I cannot conceive that all this is the result of chance, coincidence and chaos.

I ask, how can there be such universal hunger for God without the existence of God? Could we hunger for food if food did not exist?

Everywhere I look, everywhere I go, every emotion that shakes me, every thought that stimulates me, every dream that inspires me-from where do these come? Why should you and I be so driven by something outside ourselves to achieve something beyond ourselves?

I say it is impossible to believe that this faith that exists everywhere in the world, the faith of millions of Christians and Jews, Moslems and Buddhists and all the religions of man, is absolutely meaningless. If so, then all humanity is a grotesque mockery. No one who believes in man" dignity can accept the conclusion that all is senseless and without meaning, that the overpowering wonder of the universe is nothing but a cosmic freak!

Shall I give you another reason which to me is proof of God? It is one that grows out of my life. Because I have, with God's help, come back from the dark places of the soul, and once more can walk with dignity-spirituality dignity, some are good enough to say my example has given them strength to surmount their tragedies. Others are good enough to believe that what I say encourages and helps them.

They have written this to me in thousands of letters I have received since "I'll Cry Tomorrow" appeared, and they tell it to me when I come off stage in nightclubs where I sing or in halls where I lecture.

I know that of myself I haven't the strength to have done this. I haven't the intelligence, nor the education, nor the power, to have said what I have said, unless God gave me this strength and put these words and thoughts in my mind.

Often I have talked and written to people and there has been a cure of some kind, mental or physical. Is this not proof of the power of a positive faith? When I am asked, "Where does faith come from?" what other answer can I give but that it comes from above.

In Philadelphia, there is a polio patient who has forced herself, since reading my book, to walk, on crutches to be sure-but to walk for the first time in years. She did this herself through her renewed belief in God.

In Denver, there is a muscular dystrophy victim who has begun again to take an interest in life, although she knows that her disease is progressive and incurable. She writes me of the gay dresses she buys, and asks my advice about style and describes the adorable new shoes she has ordered "even though I'll never stand up in them."

In Los Angeles there are 25 boys in a correctional school who have written me, each signing his name to the letter: "Knowing the problem you met and defeated, we know how minor our problems are, and that we'll lick them too.

And each week hundreds of letters pour in to me from men and women who have had terrible alcoholic problems and tell me that my example has brought them to sobriety and keeps them sober now.

I do not cite these examples as something for which I should be thanked. Should I be thanked for saving my own life? But in all this I see the

"This guy acts like a pansy. What gives?"

His friend's reply was lost in the applause which greeted an especially clever line from the speaker, But the neophyte had unwittingly touched upon a very sensitive point which is causing more and more of New York City's estimated 50,000 practicing AA's to complain bitterly about the changes in their unique brotherhood of necessity.

"It is high time," said one veteran AA member, "That we give AA back to the drunks."

Though AA has not seen fit as yet to make any official comment on the matter, it is common knowledge throughout the organization that there is an alarming influx of homosexuals which some feel will eventually change the brotherhood into a sisterhood, the fraternity into a sorority.

On Manhattan's East Side, where comedian Henny Youngman has said World War III will be won by "fags with rolled umbrellas," homosexuals have admittedly "taken over" one large Park Avenue group, even to dominating the actual election of officers and at several others are in danger of becoming predominately "gay" groups.

A Wall Street broker, active in AA for nearly twenty years, claims it is only within the past decade that the change has become really noticeable. "There have always been a few effeminate men around and a few masculine women, but I can't recall that they were this obvious. Now when a guy introduces himself at the coffee session after a meeting I think twice before becoming involved in a conversation.

AA, founded 28 years ago in Akron, O., by two alcoholics who started out simply to help each other stop drinking, now claims a membership of 300,000 men and women in 87 countries who are "arrested" alcoholics. It is undoubtedly the most widely successful method of rehabilitating drunks which had yet been devised.

However, its apparent appeal to the homosexuals of our society-of which there are undoubtedly many more than there are alcoholics-lies in the basic concepts of the organization.

"We have no dues or fees," AA boasts quietly, "The only requirement for membership is a desire to stop drinking."

"Live and let live," reads one AA slogan. There but for the grace of God go I," suggests another.

Thus the homosexual was welcomed at first as simply another unfortunate victim of alcoholism by an organization which has been notoriously blind to the fact that in a great many cases of alcoholism drinking is but a minor manifestation

of a serious emotional or psychiatric problem.

One admitted homosexual interviewed by CONFIDENTIAL, gave the following account of his entry into AA and his feeling about it:

"My drinking became uncontrolled about two years ago. When you have the other problem, you know, you haven't the opportunities for meeting someone nice that you would if you were straight. Where can a fellow go to meet another fellow and get acquainted? They don't have any over-28 clubs for us. You go to gay bars.

"The trouble with frequenting gay bars is the danger of being blackmailed or beaten up by someone you pick up and take home with you. This happened to me twice and the second time I was involved with the police and subsequently lost my job. I heard about AA through a gay friend about this time and consented to attend a meeting with him."

Here he toyed with his coffee cup, a smile playing about his lips when he recalled the incident.

"What a marvelous revelation that first meeting was to me! Here were all these people—mostly men—and all so friendly and eager to help me. Nobody seemed to feel that I was 'different' and before the evening was over a nice older man, who later turned out to be gay too, offered to be my sponsor and help me get started in the program.

"I soon learned that there was another group nearer to where I lived which had an even larger percentage of gay people, so I began alternating between the two groups, four meetings a week, and it was heaven. Absolute heaven."

This young man, who claims not to have had a drink since coming into AA claims he has made many friends in the fellowship and that regular meetings and outside association with them occupies most of his time. The gay group, he maintains, is rather a 'club within a club' and the homosexuals keep mainly to themselves.

The only segment of the AA rank and file which seemingly sees no threat in the current invasion of inverts—in fact even welcomes it—are the middle-aged and elderly women of the upper economic groups.

"To this type of woman," a psychiatrist said, "an attractive young homosexual is a social asset, almost a status symbol. He is usually better-than-average in looks, manners and education and is often in some artistic pursuit—a hairdresser, an antique dealer, an interior decorator or hat designer.

"The alcoholic divorcee or widow in this situation sees this attentive, amusing and understanding young man as the combination of the ideal son, satisfying her natural female instinct to mother someone, and also the ideal

Gracias! Sally

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+++Message 1178. Re: Swedenborgian roots in AA?
From: Mel Barger 7/30/2003 1:52:00 PM

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Hi Sally:

They must be thinking of Lois Wilson as Swedenborgian. Her grandfather, Nathan Clark Burnham, was a Swedenborgian minister in Lancaster, PA. We can assume that some of this influenced Lois. The connection is mentioned on page 2 of "Lois Remembers," published in 1979 by Alanon.

Mel Barger

~~~~~  
Mel Barger  
melb@accesstoleado.com

----- Original Message -----

From: Sally Brown

To: AA History Lovers

Sent: Tuesday, July 29, 2003 12:31 PM

Subject: [AAHistoryLovers] Swedenborgian roots in AA?

Today I met a chaplain who is a Swedenborgian. When I gave her some material

about the Marty Mann bio, she said, "Oh! The wife of one of AA's founders was a Swedenborgian." She couldn't recall the woman's name. I was guessing Anne Smith.

None of my AA histories or biographies say anything about either Anne Smith or Lois Wilson having Swedenborgian backgrounds. Can any of you enlighten me?

Gracias! Sally

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+++Message 1179. . . . . Re: Swedenborgian roots in AA?  
From: Glenn Chesnut . . . . . 7/30/2003 1:18:00 PM

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Dear Sally,  
Hmmm. I wouldn't be surprised if all four of them (Bill W., Lois, Dr. Bob, and Ann) had read some Swedenborgian material at some point, because they were all fascinated with unconventional religious movements, spiritualism, and so on -- it's a possibility, but I've never run across any specific references. Perhaps someone else in the AAHistoryLovers could come up with a specific reference? But I wonder if your Swedenborgian chaplain got something a little garbled here, and left out a step or two in the transmission process. William James, author of *The Varieties of Religious Experience*, had a profound effect on the founders of A.A. -- we all know that. William James' father was a Swedenborgian theologian, and I should imagine that a Swedenborgian would notice many things in *The Varieties of Religious Experience* (some of the questions asked, and the kind of data that James was looking at, and some of the interpretations) that were the product of a Swedenborgian upbringing. And the Swedenborgians may still claim William James as "one of their own," which may have been why the chaplain made that statement.  
So it is possible that all that the chaplain was really referring to was the heavy use which Bill and Bob and Lois and Ann made of *The Varieties of Religious Experience* and the ideas of William James.  
On the other hand, there may have been more involved -- which would be very









groups. This column started in the first issue of the Grapevine with the name 'Along the Metropolitan Circuit', then in January 1945 issue it became 'A.A.s Country-Wide News Circuit' and was later shortened to just 'News Circuit'. My plan is to just work my way through some of the early issues month by month, posting one each day. When I get it worked up to 1946, I may also start posting the 'New Groups' columns to go along with these.

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From Grapevine, June 1944

#### ALONG THE METROPOLITAN CIRCUIT

BROOKLYN. Well, you know how Brooklyn is. Trees grow there, and so does A. A., but they don't talk so much about it. We think it bears repeating that A. A. started there, right on Clinton St. in Bill's house. There are still plenty of A. A.'s around who attended their first meeting there. Then Bill and Lois moved and for a long time there were no meetings in Brooklyn. Two years ago last February, A. A. in New York had grown enough so that split-offs were becoming common. And there was Brooklyn, big enough all on its own to have been having meetings at the home of one of its members--now big enough to "hire a hall". The St. George Hotel is the present "hall", where an open meeting is held every Friday at 8: 30 P. M. Closed meetings (for alcoholics only) on Wednesday evenings at the home of one of its members. Brooklyn is growing!

ELIZABETH, N. J. The group is one of many that started in South Orange. Captain Gus Steffens of the Elizabeth Police Dept. started trying to rehabilitate some local drunks known as the "Bottle Gang". Then A. A. stepped in. Result: a growing group.

The Mayor and other officials furnished a perfect meeting place gratis. Now there is also the PLAINFIELD), N. J. group -- an outgrowth of Elizabeth. So A. A. grows.

FLUSHING. Formerly an integral part of the Forest Hills group, the Flushing group held its first meeting in Flushing on March 4, 1943, and has enjoyed a steady and healthy growth since. There are now about 35 names on the roster. The group meets Thursday evenings at the Good Citizens League Hall, corner of Union St. and Sanford Ave. promptly at 8: 30 (A. A. time).

FOREST HILLS. Among the eight or ten shaky characters who attended the first meeting of the Forest Hills Group some three years ago, an A. A. dry six months was an absolute authority on all twelve steps and a "one yearer" was a complete phenomenon. With their small membership there was little chance of not bearing the same speakers at least every two weeks, so these men became very well acquainted indeed. In two years this group had grown so there were enough Nassau and Suffolk residents to launch their own group in Hempstead. Shortly thereafter, the Jackson Heights-Flushing folks commenced their meetings in Flushing. So 1944 sees three well-established groups on Long Island with, at a rough count, a total membership of 125, all offspring of that first little Forest Hills group, who, incidentally, along with new members still meet in the Fountain Room of the Forest Hills Inn every Monday at 8: 30 P. M.

THE NEW MANHATTAN GROUP. A meeting of all Manhattanites and other A. A. s living in the Metropolitan area, but affiliated with no suburban group, was called at the 24th Street clubhouse on Thursday, April 13th. New York's senior representatives on the Inter Group Committee presided. The chair read a comprehensive history of the

expansion of A. A. in the Metropolitan area, from the time of the meetings at Bill's house in Brooklyn until today. The Manhattan Group was then formed to co-ordinate the work of A. A. on this little Island. The members participating then elected a Chairman, to serve six months; a Deputy Chairman, to serve a year and to automatically succeed the Chairman; a Secretary, and a Treasurer. The name "Manhattan Group of Alcoholics Anonymous" was adopted--and the newest A. A. Group in this area was in business for itself.

MOUNT VERNON. Early in 1943 about fifteen members of the While Plains Group, residing in southern Westchester County, decided there was need for a Group in that area.

The first meeting was held February 4, 1943, at the Westchester Women's Club, 110 Crary Avenue, Mount Vernon, where weekly Monday evening meetings have since been held.

The Group now has eighty active members, exclusive of those on duty with the armed services and those who since have established residences elsewhere. Recently separate open meetings were held with the Medical Associations of Mount Vernon and Yonkers.

THE NASSAU-SUFFOLK group started holding its meetings in Hempstead about a year ago.

The group originally started with about 15 members from the Forest Hills group.

At a closed meeting last night the Secretary reported that we have 63 members on the list.

Hempstead is now meeting on Monday night, instead of Tuesday (open meetings).

At the request of a Long Island Veterans' hospital, we are sending a delegation to talk with some World War No. 2 veterans. The letter from the hospital authorities says that they have heard of A. A., and t h a t they would like to know more about it.

Six new

members have come in, in the last two weeks. Hempstead group meets at 177 Jackson St., Monday and Friday.

NORTH. JERSEY NOTES. As we went to press, bright prospects of a sell-out attended the South Orange group's spring dance which was held May 13 at the Maplewood Women's Club. Four such social affairs a year are on the Jerseyites' schedule. The others include an uproarious Hallowe'en party, a New Year's Eve dinner-dance and a shindig on St. Patrick's Day. which is always a dangerous time for 'slips'. They also run other socials, like the all-day summer picnic out in the country and the Christmas Day reception. In recent weeks North Jersey members have spoken before several luncheon clubs, such as the South Orange Rotary, the Newark and Irvington Kiwanis and the Trenton Optimist clubs. An A. A. group among the inmates of the State Reformatory for Women at Clinton, N. J., has been undertaken under the direction of the Morristown Group. The entire operation is handled by the inmates, the A. A. people assisting with literature, counsel and advice. Similarly, a group within the New Jersey State Prison at Trenton is in the experimental singe. This unit was suggested by a prisoner who wrote in to the Foundation office. Literature, etc. has been provided and North Jersey A. A. members have contacted the prison authorities with offers of help.

WHITE PLAINS. Wednesday, May 17th, marks the third anniversary of A. A. in White Plains, N. Y. The whole thing started back in 1941 when a handful of 24th Street members held a dinner meeting in Howard Johnson's to discuss plans for a Westchester Group. We feel that the cooperation of 24th Street and the Central Office has aided immeasurably in our growth. The Grapevine should go far in this direction, too, and should be a tremendous aid in cementing metropolitan group relations. In unity there is strength! Good luck and keep 'em rolling! (We mean the presses. ) Open meetings,



But to return to Former Alcoholics Now Anonymous. They have been cured of excessive drinking through the use of their will, aided by various other helps, particularly by systematic efforts of others, formerly inebriates. Sympathetic help is their outstanding characteristic. The movement, however, is not confined to the services of former alcoholics. It welcomes and fully recognizes the help of medicine and religion. Thus we are told by Genevieve Parkhurst in an enlightening article, "Laymen and Alcoholics" (Harper's, September, 1941), that doctors who once, in their own words, looked on the movement as composed of "dangerous meddlers in a dangerous province" now welcome the help given by the group of Alcoholics Anonymous. Further, the Research Council on Problems of Alcohol was told recently that "physicians in general are admitting that the lay healers are doing remarkable work." The speaker, Dr. Merrill Moore, Associate in Psychiatry, Harvard Medical School, later developed his rather startling statement:

"We know that if we are going to make any real advance we must tap every source of knowledge and healing there is....Not only lay therapists, but lawyers, clergymen, and social workers are successfully helping and treating the alcoholic....This means treating someone who is emotionally sick or hurt or down or sometimes weak. Certainly physicians have no corner on it. There is no magic to it. And no royal road."

A full paraphrase of the above might place together simultaneously and succinctly 1) sympathy, 2) medical science, 3) the Grace of God. The Supernatural, we know, builds on the natural, and many lay students of inebriety have long thought that its psychological as well as biological sides have not been sufficiently considered.

Alcoholics Anonymous stress the psychological element involved. With them sympathy is the fundamental approach. Doubtless they know from experience the value of this virtue, whose generic nature is after all that of charity. A kindly mode of expression is most important. Human nature objects to any show of paternalism in charity; but to fraternalism in good deeds, there is always a ready response. The St. Vincent de Paul Society has followed this human technique in accomplishing its noble results.

A patient, as well as a penitent, appreciates anonymity when his self-revelation involves deep humiliation. But his will power is thus strengthened, and without it, there can be no diametrical change of life. Statistics might be called negative in the following more generic enunciation by Genevieve Parkhurst: "Nor is there any record of a reformed drunkard who was ever able to drink moderately without going the whole way down hill again." The view is confirmed in the practice of Catholic Temperance Societies and, I believe, in the advice given by Catholic priests in the confessional.

While Alcoholics Anonymous have not printed any Manual of Instructions, and I guess are not likely to do so, the approach of the individual member is something as follows.

He has been told of or knows a person who lacks self-control in drinking. The latter is sought out, preferably in his favorite place of over-indulgence. A casual conversation is begun. Quickly it leads to the subject of intemperance, with the A.A. freely admitting that he had been a victim of inebriety, but through his own determination has overcome the malady, not the first time, likely, but the fifth or sixth!

The essential point of the cure is total abstinence: "To take a few drinks without getting drunk" does not work, according to the principles of the A.A.'s. After establishing a sympathetic approach to the individual's peculiar personality, the A.A. works to secure a doctor's checkup and the establishment of regular meals, physical exercise and employment, if this last is lacking. "If he can be kept healthy in body and contented in mind, he has a far better chance of complete recovery than in an environment where he is constantly on the defensive" concludes Genevieve Parkhurst.

"Freed slaves of drink, now they free others" was the sub-title of Jack Alexander's article on Alcoholics Anonymous in the Saturday Evening Post. The following brief excerpts are characteristically objective.

"A band of ex-problem drinkers who make an avocation of helping other alcoholics to beat the liquor habit.... They (the A.A.'s) would leave their work or get up in the middle of the night to hurry where he was.... In the past six years (the A.A.'s) have brought recovery to around 2,000 men and women, a large percentage of whom had been considered medically helpless.... Alcoholism.... remains one of the great unsolved public-health enigmas.... The alcoholic likes to be left alone to work out his puzzle."

Characteristic of the honesty of the movement in addition to its anonymity is its forthright admission of being no "cure-all" nostrum. But it has been the occasion for certain human beings to retrieve their native dignity.

I have not found any physical requirements for the work of Alcoholics Anonymous. There may be some to judge from the following taken from an editorial in the sober (no pun intended) Illinois Medical Journal, December 1940.

"It is indeed a miracle when a person who for years has been more or less constantly under the influence of alcohol and in whom his friends have lost all confidence, will sit up all night with a 'drunk' and at stated intervals will administer a small amount of liquor in accordance with a doctor's order without taking a drop himself."

Or, as Mr. Alexander puts it: "Only an alcoholic can squat on another alcoholic's chest for hours with the proper combination of discipline and sympathy!"

Aside from these not essential feats, is there any reason why Catholics should not be interestedly active in the cause of Temperance, a supernatural virtue? A certain amount of success seems assured from a natural point of view. But prevention should be first. I have ventured the opinion that there is less effort in this than in pre-prohibition days. Surely there is not less need. Secondly, we must deal with the great problem of cure. Here Mr. Alexander's statement in his article is encouraging:

"One-hundred-per-cent effectiveness with nonpsychotic drinkers who sincerely want to quit is claimed by the workers of A.A." Further, "A.A.... is a synthesis of old ideas rather than a new discovery."

The virtue of Temperance, of self-denial, is not a new idea. Does it need more American Catholic Action for a neglected harvest?

Undoubtedly. But let us learn from prohibition kindness, not violence; the Good Shepherd, not the Pharisee, is needed.

|||||

+++Message 1185. . . . . Pattie Wild Alanon and great supporter of AA  
From: John Reid . . . . . 8/2/2003 6:54:00 PM

|||||

Dear All, We have been advised of the passing of Pattie W, long time member of Alanon and partner of Berry W for over 56 years.

Some of you may not have known her all that well but Pattie was probably one of the longest active members still involved in Alanon since virtually its conception. Pattie and Berry had many trips DownUnder and a lot of you would have visited with them in Hawaii and on Mainland USA. While we had meet Lois a few times and spent one to one valuable time with Lois, Pattie knew Lois W the co-founder of Alanon-well. Pattie use to share lots of very humours antidotes about the beginnings of Alanon. She will be surely missed by all who came in contact with her or who have had the opportunity to listen to her tapes, etc.

Please advise anyone who you might feel should know, of the passing of Pattie W

Kind Regards, John R.

|||||

+++Message 1186. . . . . Along the Metropolitan Circuit - July 44  
From: t . . . . . 8/3/2003 2:25:00 AM



members have articles to contribute. Thursday night meetings continue to be interesting, enlightening and well attended; a goodly number are newcomers.

Closed

meetings are usually held on the second Friday of the month at the home of one of the

members. A closed meeting for the ladies was held in the home of Violet S. in Jackson

Heights, Wednesday, May 31st. Several nights a week one of our talented members

visits Veterans Hospitals and sketches wounded boys and presents them with their

portraits. This has a salutary effect on their morale. Happily, our Secretary has

located a new apartment, a difficult feat in these days. Mrs. L. would like to hear

from anyone having knitting wool of any color or weight or in any quantity, with

which to make squares, which in turn are made into afghans and donated to the wounded

boys at St. Albans Hospital. At a recent meeting the Group was delightfully regaled

by the story of "Sandy Hook," greatest of all A.A. cats. What did he do? For complete

details, get in touch with Fred S., care of this station.

MANHATTAN. The newly-formed Manhattan Croup got under way with a bang at the 24th

Street Club House, Thursday, June 8th, at 8:30 p.m. (Same place, same time every

week.) It was a closed meeting with a difference, and the reaction was extremely

favorable. More stimulating, was the consensus. Instead of devoting the entire time

to open discussion, there were two speakers--Bob W. and Clay F. Then the chairman, Tom

B., gave over the evening to questions and answers. "What does a drunk do to overcome

his terrific response to those terrific liquor ads?" This from a shaky male in the

last row, attending his first A.A. get-together. Up front a man turned quietly around

in his seat. "I write those ads!" he said. "They no longer bother me." That man

has

been coming regularly to meetings, talking about alcohol and alcoholism, hearing

about it. As the subject became more intellectualized for him, his emotional response

gradually diminished, dissolved completely in time. At least, he said, where his work was concerned!

**MOUNT VERNON CROUP NEWS.** A special open meeting to which the clergy, medical profession, court and probation officers, and social workers were invited, was held on May 22nd. It was very successful and the interest aroused has brought us a deluge of inquiries for further information. Invitations have been received for guest speakers to the Rotary, Kiwanis, and Lions Club luncheons. The cooperation we have received from the Courts has been most gratifying. Our A.A. Night Club staged a gala performance on May 27th. Every table was taken and we enjoyed refreshments served by an efficient staff of waiters, and dancing to music by a celebrated swing orchestra. A dazzling floor show was staged by our local talent. The bevy of graceful dancing beauties were the hit of the evening. A third generation of A.A. was born in Westchester County on June 4th. We, an offspring of White Plains, regret the loss of some of our most active members who have formed the new **NEW ROCHELLE GROUP**. We do, however, wish them success. Their departure will leave a few vacant seats at our meetings, so we invite all you Inter Groupers to pay us a visit.

**NASSAU-SUFFOLK GROUP.** The June issue of *The Grapevine* reported that open meetings were held at Hempstead, every Monday night. Open meetings are now held every Friday night and closed meetings on Monday nights, at 177 Jackson St., Hempstead, L. I., 8:30 p.m. Every meeting shows the steady, healthy growth of the group. Our secretary added three more names at last Friday's meeting. A number of birthdays have been celebrated during the past few months. Volume #1 of *The Grapevine* was a sell-out; our Treasurer, Waller A., exhausted our (quota of copies "pronto." Walter offered to autograph the first edition at fifty cents per copy, but found no buyers.

**NEW JERSEY GROUPS.** All the Jersey groups held a general open meeting on



"Membership in this city is in excess of 1,500, comprising more than 30 groups meeting once a week. We use five hospitals, including Catholic Charity. The first hospital used was a Catholic hospital, one in a nearby city. It is unfortunately true that about 75 per cent of our cases are Catholic. Our greatest successes have been with those of our own faith. In our own group we have deleted the expression "power greater than ourselves" and substituted God. The first members, so I am told, were loath to believe in a Supreme Being; hence the other expression."

The statement that "75 per cent are Catholic" is, I hope, to be restricted and explained by the fact that the writer's group is Catholic and hence has come into contact with Catholics rather than non-Catholics. But at its worst calculations, the assertion would underline emphatically the points I tried to make previously, namely, the need of more instruction on the cardinal virtue of Christian temperance and the field of zeal open especially to the Catholic laity in being good shepherds who bring back to the fold victims of intemperance, especially of our own Faith. Great praise is due to this Cleveland group because it has made itself Catholic in principle. Whether it is the first such among Alcoholics Anonymous, I cannot say, though the general Cleveland chapter of A.A.'s is seven years old.

In the hope that this movement and similar ones for temperance may grow among Catholics, I am adding some pertinent facts about Alcoholics Anonymous. They declare quite frankly that their approach to the disease is based on their own drinking experience and on what they have learned to expect from the help of medicine and psychiatry. To this the Catholic groups, at least, would add: from the grace of God. The latter Alcoholics Anonymous can say in all humility with Saint Paul: "By the grace of God, I am what I am."

In fact, the group might take St. Paul as their patron. One of their fundamental requisites is sympathy, and surely this Apostle had that quality in an outstanding degree. Among Cardinal Newman's most typically appealing sermons, there is one entitled "Saint Paul's Gift of Sympathy." In it he skillfully develops the Apostle's manifestation of this winning virtue. Dr. W.D. Silkworth, Chief Physician at the Charles B. Towne Hospital, New York, writing of Alcoholics Anonymous in the *Journal Lancet*, stresses this point of sympathy: "This peculiar ability, which an alcoholic who has recovered exercises upon one who has not recovered, is the main secret of the unprecedented success which these men and women are having." Sympathy begets sympathy. As Dr. Silkworth expresses it: "Then, too, the patient's hope is renewed and his imagination is fired by the idea of membership in a group of ex-alcoholics where he will be enabled to save the lives and homes of those who have suffered as he has suffered."

It is encouraging to note that Dr. Silkworth, in his summary of the essential features for the cure of drunkenness, insists explicitly: "That he (the patient) recommit himself daily, or hourly if need be, to God's care and

direction, asking for strength." In fact, the Doctor urges several points of Catholic moral theology: "try to adjust bad personal relationships;" that he make reparation for the past, "setting right, so far as possible, such wrongs as he may have done in the past;" that he "pray daily, or hourly if need be," a laudable practice in Catholic asceticism, known among us these long centuries past as "renewing one's morning intention."

I mention these obvious practices to show that our Catholic laity is well prepared to engage in and to supernaturalize this movement of Alcoholics Anonymous as a means of true Catholic Action. The same has been done in many similar movements whose beginnings were not religious, in our understanding of that necessary element. Dr. Silkworth, who evidently is held in high esteem by Alcoholics Anonymous, seconds this position, if, as I trust, he uses "Deity" in the Catholic meaning: "Newcomers have been unable to stay sober when they have tried the program minus the Deity."

A.A.'s rightly insist on modern medical means placed at their disposal by Providence. Hospitalization under a competent physician is essentially the first step for an alcoholic on his return journey to normality, and even to a saintly life. (Matt Talbots are always possible with the grace of God.) But delirium tremens, a "wet brain" and similar calamities are to be feared in the case of heavy drinkers, who do not receive at once the physical readjustment to be had ordinarily only in a hospital;

I shall be indebted to Dr. Silkworth for two further points. In speaking of the textbook as it may be called, of the A.A. movement, a volume of 400 pages and entitled Alcoholics Anonymous, he makes the following observation, part of which I am italicizing: "There is a powerful chapter addressed to the agnostic, as the majority of the present members were of that description." This confirms the view of my Cleveland correspondent. It may also show that inebriety is had in corresponding proportions among non-Catholics as among Catholics, as I suggested above.

Doctor Silkworth then straightforwardly faces the question which arises in regard to any comparatively new treatment of a world-old problem: "Will the movement spread? Will many of these recoveries be permanent? No one can say. Yet, we at this hospital, from our observation of many cases, are willing to record our present opinion as a strong 'Yes' to both questions."

The medical profession is rightly conservative in giving its imprimatur to new cures, medicines and matters properly within its field. Such approval, in general, has been given to Alcoholics Anonymous. The most recent instance I have at hand is from Dr. Merrill Moore, Director of Research at the Washingtonian Hospital for Alcoholism, Boston, Mass. I had quoted from him in my above-mentioned article, and he was kind enough to send me additional matter on the treatment of this disease.

The strongest chapters of the A.A.'s are in Cleveland, New York City and

Akron, Ohio. Claim is made for vigorous beginnings in Los Angeles, San Francisco, Denver, Kansas City, Chicago, Detroit, Philadelphia, Washington, D.C., Richmond, Va., Houston, Tex. An original agnostic touch was accidental to the movement. In fact, belief in God and His Providence for the weakest of His children is now, apparently, a fundamental desideratum in the A.A. technique. Does not then such a movement deserve our heartiest cooperation as Catholics?

The work has also the human appeal of success. There is no claim of a "sure-cure," but the cures freely placed on record are an incentive to zealous but hesitant workers in this field of Christian temperance. I quote in illustration from an editorial in the Houston Press, entitled "Alcoholics Anonymous."

"People of independent spirit like to settle (liquor) for themselves... (others) inclined to reform come to the front with suggestions...even for its abolition. But Alcoholics Anonymous...have taken to the wagon by a technique of their own...They say their cure works. They show as witnesses hundreds of lives restored...The press thinks their...unusual success so important that it begins a series of articles on Alcoholics Anonymous, written by one of them ....even the liquor industry... would wish success to a technique that promises much to men and women who cannot handle their drinks."

I have read this series of articles. Naturally, as their author notes, they turn quite often into the autobiographical. He insists that alcoholics are definitely sick. It is the difference between them and other normal people who are able to "hold their liquor." The disease is mental as well as physical. For the alcoholic to recognize this is essential to his cure. The admission is hard. It has been made easier by the wide publicity given to medicine's discoveries in allergy, which fundamentally is the old proverb that one man's meat is another man's poison. "With true alcoholics," the writer declares, "it is never a question of control or moderation. Their only out is absolute abstinence." To a layman, this is medicine's sane advice on any allergy. To a moralist, it is "avoiding the occasions of sin."

Alcoholics Anonymous are not, as far as I can judge, Manichaeans. Liquor in its various forms and in its medicinal and social purposes is a gift from the Author of all nature, they know. But just as sugar is a similar bounty and yet fatally destructive for a diabetic, so is alcohol in any form, except by a doctor's prescription, for certain men and women. Subterfuges abound for the real alcoholic: to switch from scotch to beer, wine I rum, gin; to drink whiskey only in milk; only post-meridian (standard time!); only in the company of others; only at home; never on an empty stomach; to take more physical exercise, etc. All these may be a great help to temperance for the ordinary person, but not for the individual who is alcoholic, according to those who freely confess they should know, viz., Alcoholics Anonymous. Hence their insistence on total abstinence for those who are by nature irresponsibly allergic to liquor. This physical and even mental predisposition implies no



sometime in August. There's nothing quite like having a quarterly round-up of the 400 to 600 members and their families!

ELIZABETH. The Group added two new members to its roster this month and two wandering lambs returned to the fold ... In the past month there have been two weiner roasts, one lake party that was a wow, one A.A. picnic at the Preakness Pool which was attended by 145 A.A. girls and boys who know how to enjoy their sobriety. Even the rain cannot dampen the spirits of an A.A. picnic.

FLUSHING FLASHES: Thursday night meetings are very well attended despite the torrid weather. Scarcely a week goes by that is not somebody's 1st or 2nd anniversary and before long a group of 3 year olds should come into being. The Flushing Group, 21 strong, visited Montclair early in the month. The exchange was completed by the Montclair Group, July 13th, when they visited Flushing. Closed meetings have been discontinued for the summer but will be resumed in the fall.

FOREST HILLS. For the past two and one half years. Father Griffin, pastor of St. Nicholas of Tolentine Church in Jamaica and Chaplain at Queens General Hospital, has been feeding prospective A.A. to the Forest Hills Group, and, since its inception a year or so ago, to the Flushing Group. It is indeed readily understandable that both groups have met the announcement of Father's transfer to Staten Island with a deep sense of personal loss. Incidentally, secretaries of both groups, Mary C. of Forest Hills and Kitty R. of Flushing, both first heard of A.A. through Father Griffin. However, it's an ill wind that blows no good, and we are sure many alcoholics in Staten Island will be directed to A.A. by this very good friend.

MANHATTAN. Earl O., a member of this group, really went to town in the way of outstandingly fine publicity in his series of three articles which appeared during

June in the N. Y. Telegram. Being one of us. Earl knows his booze and he knows his his  
A.A. And so there were no faux pas, none of those unfortunate slip-ups that the the  
non-alcoholics sometimes make when writing about alcoholism. Earl's articles had had  
bites aplenty--and the nibbling is still going on. The pictures --so sober, sane sane  
and and  
intelligent--accompanying the articles were taken by Bill (Red) F, of the the  
Flushing Flushing  
Group. The Walnut Room of the Capitol Hotel isn't exactly overcrowded these these  
tropical tropical  
Tuesdays, many of our people having retreated to the mountains or the seashore for for  
the summer. Bless their cool hides. With its wide-open windows, its fans and the the  
wellstocked Coca Cola contraption, the 24th Street Clubhouse continues to pack pack  
'em 'em  
in--at the closed meetings Thursdays, the open ones Sundays.

MOUNT VERNON. At every meeting there are always some new faces. They are are  
wondering, wondering,  
hopeful, doubtful, curious. What is here to help them that they have not tried tried  
before? We want them to feel at ease and to know that they become a part of part of  
this this  
great movement as soon as they decide to give the A.A. program a chance. To to  
get get  
the the  
individual and personal contact with new members. Mount Vernon is using using  
"Sponsor Sponsor  
Cards." This card is in two parts. One part has the list of inter-group group  
meetings meetings  
on on  
one side and on the reverse the names, addresses, and phone numbers of three three  
older older  
members. This is given to the new member, he is introduced to his sponsors, sponsors,  
and and  
it is it is  
suggested that he keep in touch with them when he gets that lonesome feeling feeling  
or or  
if if  
the butterflies start fluttering. This begins his address list which we all all  
find find  
so so  
helpful. The other part of the card has the new member's name, address, etc, etc,  
and and  
is is

given to the first sponsor with the instruction that he keep this person under his wing for a few weeks until he has some understanding of the program. This keeps the older members working on the twelfth step, and is a life saver for the new member who has difficulty at first and might drift away hopeless, helpless, and licked. These cards are bringing excellent results, and if other groups are interested in them and will write P.O. Box 328. Grand Central Annex, we will gladly send them a sample.

NASSAU-SUFFOLK GROUP. Bouquets to the Editorial Staff, for the excellent work on edition #2. Comments were most complimentary. Noses of two-year dries recently counted in this group, and--Hurrah, we find that six are entering their third. Visits from other groups are always welcome. Trains leave Flatbush Ave. Station, Brooklyn, or. L.I.R.R. Station, 33rd Street, New York, at 7:23 P.M., arriving at Hempstead. 8:16 P.M. Add two minutes from nation to 177 Jackson Street. Meetings 8:30 P.M., Monday and Friday.

NEW ROCHELLE. As a result of the rapid and constant growth of A.A. in southern Westchester County, a new group, an outgrowth of Mount Vernon, has been formed in New Rochelle. Truly characteristic of A.A., the Mount Vernon members were magnanimous in their wishes for the success of the New Rochelle Group and as an expression of their continued friendship and good-will, presented the new group with an inscribed gavel. At the first meeting held on Sunday, June 4th, there were about seventy persons on hand, with representatives present from Mount Vernon, Yonkers, Pelham, New Rochelle, White Plains, Larchmont, Mamaroneck, Rye, and Greenwich. Regular meetings are held every Sunday at the New Rochelle Y.M.C.A.. 185 Division Street, at 7:30 P.M.

NEW JERSEY NOTES. A comedy-drama written around A.A. was presented on July 25



As Dr. Braceland pointed out, Alcoholics Anonymous claim that they appeal to a man's religious sense but do not interfere with his belief. That distinction is, I think, too fine for practical experiment. It seems to be an impossibility to work in the vague realm of religious sense and still leave a man's faith strictly alone. The thing smacks of Protestant endeavors like the YMCA.

Alcoholics Anonymous say officially that they have no connection with any organized religion, and there is no reason for thinking they are not sincere in this statement. Whether they realize it or not, their methods are shot through with the methods of Buchmanism or the Oxford Peace Movement or whatever you care to call that much publicized revival movement that swept across the country several years ago and finally blew itself out some miles west of Hollywood. Buchmanism, also, appealed to a man's religious sense and did not interfere with his belief - as long as he believed in Buchmanism.

The fact that Alcoholics Anonymous is a group of reformed alcoholics who, without even the reward of publicity, work with others who have fallen victim to this disease, is well known. Their program of rehabilitation is not so well known. When their patient is painfully recovering from his latest spree and when, finally admitting that he has failed to cure himself, he sincerely desires help from this group, the following program is outlined to him.

1. You cannot cure yourself. You must have supreme confidence in some Power greater than yourself. How you define this Power does not matter at all. You must effect a conscious relation with this God, as YOU understand Him, whether it be as a Creative Intelligence or as a Spirit of the Universe or whatever you care to make Him. As soon as you do this you will find that a new power, a new peace and sense of direction will flow into you. You will find this God deep within you, for in the last analysis that is only where He may be found. He will restore you to sanity.
2. You must make a searching and fearless moral inventory of yourself, listing all your faults and grievances.
3. You must admit to God, to yourself, and to another human being the exact nature of your faults, and must humbly ask God to help you remove these defects of character.
4. You must make a list of all persons you have harmed, have the intention of making amends to all, and whenever possible make these amends.
5. You must completely renounce alcohol in any form.
6. You must continue, through prayer and meditation, to improve your contact with God, praying for knowledge and for power to continue carrying out His will.

7. Once reformed, you must work with alcoholics in effecting their renovation.

The priest should be especially wary of the dangers that lie hidden in points 1,3, and 7. They are not insurmountable, but they are very real dangers.

The Catholic who is striving to recover from alcoholism is at a definitely critical point in his career. If, with the help of his religion and the sacraments, he conquers this vice, he is well on the way to becoming a staunch, active Catholic. But if at that critical time he is told again and again, as he will be told by the Alcoholics Anonymous, that it makes absolutely no difference what he believes as long as he believes in some Power greater than himself, and then recovers, he is not going to have a great deal of use for Catholic dogma and what will appear to him to be the Catholic boast of, "we have God's grace on our side."

This difficulty might be obviated if the priest himself, or better yet, a Catholic member of Alcoholics Anonymous, work with the alcoholic, leave out the generalities of "Power greater than himself," and fed him the strong Catholic stuff of "God, the loving Father, Jesus Christ, the God man and model, the Holy Spirit, the source of strengthening grace."

Secondly, the confession required can be a source of grave scandal if made to a private individual or to a group. Here again the Catholic can be offered the Sacrament of Penance and the consequent sacramental grace in addition to psychiatric healing. The danger does not cease once the alcoholic is cured. He is then advised to attend informal meetings of Alcoholics Anonymous, and there discuss quite frankly his former sorry state and consequent vagaries.

Thirdly, the reformed alcoholic's work with patients, while it has proved highly successful in keeping him on the straight and narrow, is for the Catholic bristling with dangers to his faith. No man, even one well grounded in his faith, can argue long and earnestly with an agnostic or a heretic, assuring him constantly that it makes no difference what he believes as long as he puts himself in the hands of one stronger than himself, and still stand fast to the doctrine of the One True Church. Temptations to faith are one of the two temptations where the best defense is hasty flight.

The very essence of the technique of this organization is the surrendering of the will to some Superior Being in order that He or It may direct their whole lives. When the Catholic sees that the Universal Intelligence of the Pantheist or the Inspiration of the Christian Scientist seems to be doing just as good a job as his own God, the doubt will easily arise, "Perhaps it doesn't make any difference just what you believe."

The antidote might be for the priest to recommend Catholics to work with other Catholics. Here he would be up against the organization's recommendation of helping anyone whenever that help is needed, which at first blush looks much like true Christlike charity.



of the  
Bronx Group; Earl S., the Creedmore potentate; and a surprise speaker, the  
very  
popular Stewart (Stony) S. of Jersey.

BROOKLYN REVIVES OLD CUSTOM ... At our closed meetings we have revived an old  
A.A.  
custom: discussing only one step at each meeting. The members know in advance  
which  
step will be under discussion. The result is a highly informative and  
interesting  
evening. We now have in our group about 50 members who have been sober for  
more  
than  
a year. . . . We are happy to report that Tommy M., one of our oldest members,  
has  
recovered from a recent operation and is back in circulation again. . . . Our  
P.  
O.  
is #91, Brooklyn, N. Y.

EAST ORANGE HITS THE NEWS . . . The East Orange Record gave some decidedly  
favorable  
publicity to Alcoholics Anonymous in their August 3rd issue. At the following  
Sunday  
night meeting, 3 prospects appeared for the first time. Bob C. will be host to  
the  
entire membership at Lake Hopatcong over a forthcoming week-end. Doc M. has  
been  
asked by the Kiwanis to talk to their membership on A.A. J. Hudson C., Jr.,  
chairman  
of our group, in addition to his activities at the "Brook," believes his  
efforts  
will  
produce a team of bowlers to join the league now in the making.

FLUSHING SNIFFS OLD CROW . . . The climax of the hilarious Group anniversary  
party at  
Mike D.'s July 22nd, was the minute inspection--and one sniff--of a bottle of  
Old Crow,  
part of the family medicine cabinet. Two of our members, Jimmy S. and Emmet  
F.,  
who  
were ill, are all recovered now.

FOREST HILLS GOES TO PHILADELPHIA ... A number of us went to Philadelphia  
August  
11th, dined there, conducted a meeting in the charming clubhouse of that

group,  
and  
returned home on the 11:30 p.m. train. Altogether a delightful evening. Our  
representatives were Mary C., Henry Z., Earl S., Mel C., Dave R., and Jim Y.  
Soon the  
Philadelphia A.A.s will complete the exchange and come to us for an evening.

MANHATTAN REPORTER PIONEERS FROM THE SEASHORE ... A few weeks ago, no one in  
this  
isolated Long Island village had ever heard of A.A. The villagers had always  
looked  
on drinking as sinful. One day a native discreetly spoke of a former  
vacationer.  
Seems the man had been losing job after job. After much prodding, we learned  
that the  
man . . . drank. Shocking. "Please don't ever mention it to a soul," said the  
woman.  
The man and his wife live in New York. Soon they'll know about A.A. Another  
acquaintance had left her husband, or vice versa. This year their summer home  
was  
vacant. The wife was in a sanitorium because "she had been drinking too much."  
That  
woman has now received A.A. literature. Thinking a little pioneer work  
wouldn't  
be  
amiss, we invited to tea a dozen men and women, some natives, some summer  
residents.  
Some of the natives looked at us wonderingly after that tea. But not the  
summer  
residents. On the beach we were besieged with questions about A.A. No longer  
is  
this  
isolated village ignorant on the subject of alcoholism.

MT. VERNON INTER Group CIRCUITING . . . The closed meetings we are now holding  
every  
Thursday will, we hope, prove helpful. In the Yonkers, Bronxville and Mt.  
Vernon  
sections 3 closed meetings are held each week. Next month we're going to have  
a  
picnic for our members and their families. The soft-ball men are out every  
night  
for  
practice. A new series of Inter-Group meetings was inaugurated at Mt. Vernon  
in  
August. We were host to New Rochelle, While Plains and Greenwich.

NASSAU-SUFFOLK SENDS THANKS . . . As a group We extend to J. M. and T. K. our

sincere

thanks and congratulations for the excellent talk on A.A. given at the Garden City Rotary Club, August 7th, 1944.

NEW ROCHELLE THINKS OF THE RETURNING SOLDIER . . . In September we plan to include in our program one closed meeting a week. Ways of aiding men and women returning from our armed services will be discussed. The accent will be, of course, on the alcoholics among them. In the meantime, each member is to acquaint at least one potential prospect with the benefits of A.A. . . . Aside from the exchange meetings with the other 3 southern Westchester County groups (Greenwich, Mt. Vernon, White Plains), we are looking forward to interchange meetings with the Brooklyn Group in September . . . Bowling teams will soon be exchanging matches . . . Sept. 10th we'll be joint-picnicking with Mt. Vernon and White Plains... Our meeting night is Sunday, 7:30, at the Y.M.C.A. Building, 185 Division Street, New Rochelle--a short walk from the New Haven R. R. station.

NORTH JERSEY MEASURES FOB V-DAYING DRUNKS . . . On V-Day all members of the North Jersey Groups will rush to the Community House in South Orange for a dry but hilarious celebration. The entire building has been engaged for that date. There'll be coffee and cokes and food galore. A practical, preventive measure. Everybody welcome. As a result of persistent plugging by A.A.s, the Newark City Hospital alcoholic wards, male and female, are now open to the organization. Meetings are conducted there 4 evenings a week: Mondays, Montclair Group; Tuesdays, Newark; Wednesdays, East Orange; Thursdays, Irvington. The State Hospital at Greystone Park permits patients to attend A.A. meetings under escort at Morristown. At Essex County's Overbrook Hospital, A.A. meetings are held every Monday night. Dr. Reynolds of the Bonnie Burns Sanitorium in Scotch Plains, N. J., has been approached with the idea of opening an A.A. group in the sanitorium. The South Orange and North



By Daniel M. O'Connell

That the spirit and practice of Alcoholics Anonymous offer a fertile field of Catholic Action to Catholic laymen and women has been the consensus of the letters received in response to two articles of mine on this subject in America (December 6, February 14). Perhaps the most interesting question raised came from an outstandingly zealous member of our clergy. He is pastor of a large parish in a metropolitan city. He tells me that he knows some of the leaders in Alcoholics Anonymous in his city of over a million inhabitants, and has made a study of their work and accomplishments. He inclines to the theory that Alcoholics Anonymous are "particularly interested in the rich and those who have good jobs and who have fallen by the wayside of temperance."

Convinced of the good that can be done by Alcoholics Anonymous, I trust that this observation of my worthy confrere is not countrywide. For men of good will, for Catholics with zeal among them, I can see no reason why Alcoholics Anonymous should be limited to economic royalists; why these A.A.'s could not and should not work for temperance among the less well-to-do. Of course the organization could confine its efforts, if it wished, to the financial upper third of our citizens, and be praised for its good deeds in this limited scope.

But I can find nothing in the literature of Alcoholics Anonymous which even hints at their zeal for promoting temperance being restrained to the well to do. If their field of activity, unfortunately, has been thus narrowed in particular places, it is, I believe, accidental, and can be matched by their work among the two percenters, the \$15 a week people. As for those who average less than fifteen dollars a week in salary and are perhaps in the worse need of ministrations for alcoholism, I grant that there is greater difficulty, even for a follower of the Good Shepherd, in caring for them. No greater difficulty, however, than has been overcome by members of the St. Vincent de Paul Societies in their ministrations for a number of generations, or by a "Brother" Dutton among lepers or a Saint Peter Claver in his ministrations to afflicted slaves.

In fact, here is a challenge to Catholic members of Alcoholics Anonymous; make your work thus distinctive, as is that of the Catholic Total Abstinence Union of America, by dealing principally, or in a fifty-fifty proportion, among the poorer of alcohol's victims.

A Catholic lay member of Alcoholics Anonymous recently wrote to me in zealous words concerning his five years of work in the organization. His silence on the subject of any discrimination against or neglect of persons in the lower brackets of taxpayers gives encouragement to the hope that they are not excluded. I quote him:

"I agree with a prominent priest who is familiar with the results of this organization that Alcoholics Anonymous can be the greatest living force in the

Church for abstinence, if properly guided. Its basic principles are sound, practical Catholicism, and it has been the means of bringing back many fallen away Catholics."

"If properly guided" surely embraces "the poor you always have with you" in this all-out commendation. Accordingly I would stress this point at the moment to him and his Catholic fellows that if the movement is "properly guided" by "basic principles of Catholicism" it will not exclude but, on the contrary, seek out the begger as well as Dives.

Another principle for Catholic workers among the Alcoholics Anonymous ever to hold fast is the old one in the Catholic Total Abstinence Union and similar organizations among Catholics, viz., the complete return of the alcoholic to the practice of the Faith. This is fortunately stated by my correspondent in his testimony that it has been the means of bringing back many fallen away Catholics."

Alcoholics Anonymous have accomplished a striking amount of good. For it they deserve praise and encouragement. The first serious objection to them was that they were tinged with a streak of agnosticism. Without doubt that has been disclaimed in theory and disproved in practice. If the second objection were valid -namely, that their efforts were only for the wealthy - the A.A. would limit their good work.

In the hope that these two reflections on the A.A.'s are not essential to their principles, I have perused carefully their latest bit of literature to reach me. It is a pamphlet published by the Cleveland branch of the A.A.'s, entitled A Way of Life, and republished from articles by Elrick B. Davis in the Cleveland Plain Dealer. The brochure is published at P.O. Box 1638, Station C, Cleveland, Ohio, but there is the request that non-Clevelanders write for information, etc., to The Alcoholic Foundation, Box 658, Church Street Annex Post Office, New York City. I mention this address, as I have received several requests for it.

At the end of the pamphlet, Twelve Essential Steps Leading to a New Way of Life are printed in prominent type. Seven of these refer to "I a Power greater than ourselves," "to the care of God as we understood Him," "Admitted (confessed) to God," "ready to have God remove these defects of character," "humbly asked Him to remove our shortcomings," "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," "having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."

The expressions at times are not those of carefully defined Catholic theological propositions but an ordinary well instructed layman should have no difficulty in translating the Catholic sense into catechetical language. A

Christian could sum them up in Saint Paul's words: "By the grace of God I am what I am." The practices advocated are charitable; one member reported that he "made a list of all persons he had harmed and became willing to make amends to them all." And "made direct amends to such people wherever possible, except when to do so would injure them or others."

But are the A.A.'s exclusive? Do they shun the poor? A statistical reply is difficult. Certainly their general set-up is not such. The A.A.'s rather boast that there is no graft in their organization, no chance for any "muscling-in," no money-making in it. The members pay no dues. It pays no staff. Its meetings are informal; its parties are "Dutch" treats. It makes the statement that hospitalization, the usual first step to a cure, must be paid by the patient either directly or through his family or an advance from his employer or credit from his friends. I can see a difficulty here for a poor patient. It is not insoluble, as arrangements can be made for payments or credit through any Catholic hospital.

At its worst, though, granting that the A.A.'s in the past, through accident I should hope, have confined, their praiseworthy efforts to the class of Dives, rather than to that of the beggar at his table, there is open to the Catholic A.A.'s a distinct field of zeal for Catholic Action. I am sure Catholic A.A.'s will agree with me that they would seek a supernatural as well as a natural reward for their strenuous, self-denying labors. The former, they know, is greater when it is had from doing good to the least of Christ's brethren.

From the pamphlet of the A.A.'s mentioned above, I find the following respectful use of Scripture: "Did you ever hear 'Freely ye have received, freely give?'" To it may I add another question.

Did you ever hear "As long as you did it to the least of My brethren"?

Very similarly to the series of tornadoes which recently roared through six Southern and Midwestern States, alcoholism leaves untold wreckage behind it. In both cases the poor suffer the most. In alleviating misery resulting from "acts of God," American charity knows no distinction between Jew and Gentile, white and black, rich and poor. So when the work of a comparatively new organization, for the rehabilitation of human wrecks due to the abuse of alcohol became known to the American public, especially through the splendid article of Jack Alexander in the Saturday Evening Post, our newspapers and magazines were most generous in their praise and encouragement of the movement. They surely could not envision the poor being excluded from such relief work.

For one, I am at least naive enough to believe that the A.A.'s do not exclude deliberately the least of Christ's brethren. As a young organization, perhaps its forces have not been sufficiently consolidated; its numbers not large enough to open up a new offensive. But its amazing victories to date arouse the hope that it will in due time extend its ministrations wherever possible



Whether this let-down period between first getting truly sober and getting yourself adjusted to life and living. Work like a beaver with an extra spurt of effort in, for and with A.A. That's the solution. I am sure of it. I had to write this because I'm so grateful again to A.A. for seeing me through these "growing pains."

Felicia G.

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October 1944

#### MARTY INTERVIEWED ON COMMITTEE

A new Committee has been formed. It's to be nationwide in scope. Although it's not an A.A. baby, it's to have a lot to do with A.A. The name of it is The National Committee for Education on Alcoholism, and its executive director is Marty Mann, one of our leading A.A.s in the New York Group, and one of our finest speakers. Marty plans to go all over the country lecturing on alcoholism, and more than this she hopes to help get local committees started wherever she goes. These local committees in turn will educate their communities on the problem of the alcoholic, and teach the whole public, throughout the country, what we in A.A. already know. That alcoholism is a disease, and a public health problem. That the alcoholic needs to be brought out in the open and helped, not hidden away in shame.

As you see by this article, Marty has shed her anonymity. She talked it over with a great many other A.A.s, and they all felt that in view of this larger non-alcoholic field she was entering, she'd have to.

As Marty said in an interview with us yesterday: "I'm going to lecture to non-alcoholics about alcoholism. I could be much more convincing, and give them much more understanding, by speaking as an alcoholic from the inside and they would be much more likely to listen and believe. That left me with two choices. To say that I was an alcoholic and had recovered, period. And not mention A.A. Or to give A.A. full credit for my recovery and break the anonymity rule. I couldn't conceive of not publicly giving A.A. all the credit."

We then started to ask Marty questions. Our first question as an A.A. was: "How much has A.A. got to do with all this?"

Marty answered that this way: "In the five and a half years I've been in A.A., I know that a lot of us have wondered and worried about this idea of general education of the public, that goes beyond A.A.'s specific job. "I'll talk about myself for a minute, and that'll show what I mean. In the last five years of my drinking, before I came into A.A., I didn't know what was wrong with me. And neither did anyone else. No one knew what had happened to me, why

the quality of my drinking had changed. I thought I was having a nervous breakdown, and that that was making me drink too much. I didn't know what an alcoholic was. I didn't find out until I came into A.A. And all of us A.A.s have found the same thing, over and over: that people, on the whole, still don't know anything about alcoholism. Although A.A. has been in existence ten years, and although many authorities on this subject, including doctors, have told me we've done the best education job of all to date, still our first job isn't education of the public. It's work with individual alcoholics.

For a long time, I've felt the way lots of us older members feel. Namely, that there was a need for a wider program of education. To teach not only individuals, who've hit bottom and come to us in desperation—but to teach everybody in the whole country that this is not a moral issue, but a health problem. By the way, it's Public Health Problem No. 4. Did you know that?"

"Yes," we said, "But it's true that most people don't. Tell us how you got into all this." "An old friend of mine deserves the credit for that," Marty said. "Grace Bangs. She's director of the Club Service Bureau of the Herald-Tribune, That means she has one of the top jobs dealing with clubwomen all over the country. Some time ago I ran into her, and she hadn't seen me, since my drinking days. She didn't recognize me. I told her about A.A. and what had happened to me. She asked me and several of us to help her with a relative of hers, a young man. Well, he's just, not ready for us yet. But she was terribly impressed with A.A. She felt that more people ought to know about it. She felt they ought to know about alcoholism as a disease. She said, 'Marty, there are lots of women all over the country, mothers who've unwittingly helped make their children alcoholics, who invariably did all the wrong things about them, and who don't know what to do for them now. Wives who don't know what to do about their husbands. Even women alcoholics themselves, who are often harder to reach than men, because they feel guiltier than the men do. Now can't you do something for them? Can't you think of some way to reach these women? I'll back you up and help you any way I can.' She kept after me, and finally I worked out a plan, based on going out and speaking to organized women's groups all over the country."

Ques. "What did you do then?"

Ans.. "Well, we knew we needed scientific backing. We went to Dr. Jellinek. A lot of you know who he is: Director of the Section on Alcohol Studies at Yale University. Now I want to stop and explain a little. Doctor Haggard is director of the Laboratory of Applied Physiology at Yale. For years he's been studying the physiological problems of alcohol. He realized that was only part of the picture, and he started Dr. Jellinek's department to go into all phases of the problem. What interests us A.A.s as much as anything they're doing are the Yale Plan Clinics. Because these clinics are working on alcoholism in the individual. And they're also sending a lot of new A.A.s to their nearby groups. "Now to go back to Dr. Jellinek. He read the plan. He seemed to like it. He said he thought it would work. He said that educating the country on

alcoholism is the next step. All the research that's been done, all that Yale is doing, all that A.A. is doing, adds up to this: now there are plenty of real facts to tell people. Perhaps most valuable of all these, from the human point of view, is A.A. For A.A. has proved that great numbers of alcoholics can get well.

"When we started talking about the National Committee, we discovered that interest was more widespread than we had dared to hope. Grace Bangs found it very easy to form her Women's Organizing Committee — many women, each one important in her field, were immediately interested. When we formed the Advisory Board, it went the same way. And I found an A.A. in the New York Group, Marian M., to be my secretary.

Ques. "Can you tell us now, exactly what your job is, what the Committee's job is, and what A.A.s can do in all this?"

Ans. "My first job is to lecture on alcoholism in general. I'll try to arouse enough interest so that people will want to form a local committee. This committee should include representatives of all groups who have to struggle with this problem. People like doctors, ministers, social workers, magistrates, and above all, A.A.s."

Ques. "What is this local committee going to do?"

Ans. "It's going to carry on the work of education. We'll do everything to help them. (By we I mean the National Committee.) We'll give them plenty of literature, and it will cover every phase of alcoholism. That includes our A.A., pamphlets. When they're ready, we'll help them set up an information center or a clinic."

Ques. "How are you going to do that?"

Ans. "We'll train anyone this local committee selects to run their information center. They'll go to the Yale Clinics for this training. If they want to set up a clinic, we'll send an expert organizer to help them."

Ques. "But how are you going to get your speaking engagements in the first place?"

Ans. "Grace Bangs and her Women's Committee will handle most of that."

Ques. "Why, Marty, what about us A.A.s helping? I should think that a special open meeting would be just the place. We ask all the people you mentioned to our big open meetings anyway. I should think that any A.A. group that has open meetings, and is interested in this idea, would be a natural — I mean a starting point for a local committee."

Ans. "There's no reason why they shouldn't be. It's my hope that they will,



recently.

The masculine element predominates. "More women," says Joe. "We need more women at our meetings." Meeting night is Wednesday at 8:15. Beginning October 4th, our meetings will be at 2500 Marion Avenue, Bronx, just off East Fordham Rd. The building is a school, with an auditorium for big get-togethers and kitchen facilities available for parties. . . . Ed T., the Manhattan member who assisted at the opening meeting, was erroneously reported as having joined the Bronx Group.

**BROOKLYN CLOSED MEETINGS GROWING . . .** Because of constantly increasing membership, our Wednesday closed meetings are now held at the Hotel St. George, 51 Clark Street, Brooklyn--same place as the Friday open meetings. Hour: 8:30 P.M. . . . Our Group exchanges visits with New Rochelle the first week in October. . . . Mail address; G.P.O., Box 91, Brooklyn, N. Y.

**EAST ORANGE INVITES CIRCUITING . . .** The meeting room at 507 Main Street is henceforth unavailable every second Wednesday. Therefore, on those Wednesdays, we shall be glad to send speakers to other New Jersey groups.. . . **THE KEARNEY GROUP** will in future conduct its meetings at the Odd Fellows Hall, 30-32 Beech Street, Arlington, N. J.

**FLUSHING RESUMES CLOSED SESSIONS . . .** At a recent business meeting it was decided to resume closed meetings, to be held on the second second Friday of each month at the Good Citizens League, corner of Union Street and Sanford Avenue, Flushing, L. I . . . .  
. Nowadays all Flushing meetings close at 10 P.M. sharp so that visitors desiring to leave early may do so. Those wishing to remain for coffee are always welcome.

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Many members attended the funeral of Tom C., who died recently.

FOREST HILLS MEMBER CELEBRATES 2ND YEAR IN A.A. . . . Mel C. was chairman of the September 18th meeting. On that date he was two years old--according to the A.A. calendar. . . . Closed meetings, heretofore held at the Forest Hills Inn, are now taking place at the various members' homes. . . . The Thursday A.A. meetings at Creedmore State Hospital, instituted by Earl S., are having an increasingly large attendance.

MANHATTAN MEMBER 12TH-STEPS ON CORNER . . . John B. can be found every Sunday around noon at the corner of 207th Street and Broadway. Hard by are several gin mills. In his own words, John was for years "one of the worst rummies" of that 95 per cent Irish district. He knows everybody, everybody knows him and that he is now sober because he is in A.A. John stands and waits. He never approaches any of the jittery men waiting for the bars to open at I P.M. He waits for them to come to him. They do. Many of them. Result: John gets all the 12th-step work he can handle--right there on that corner. . . . Jack N., listed on the Y.M.C.A. bulletin board as "John Doe," recently spoke before a large audience at Sloane House on West 34th Street. The subject of his lecture was A.A. . . . The hurricane that hit Manhattan September 14th flooded home early those dauntless members who had come to the West 24th Street clubhouse for the Thursday closed meeting.

MOUNT VERNON SLIGHTLY BRUISED . . . The soft ball game for the championship of Westchester County was won by us. There were lame backs and sore arms--but no hangovers. Our first annual picnic a few Sundays ago was a terrific success. Not so long ago none of us would have believed it was possible to have that much fun sober.

NASSAU-SUFFOLK HAS WEDDING . . . The night following the "big wind," undaunted by blocked roads, fallen wires, no lights, etc., 21 showed up at the open Friday meeting--at 177 Jackson Street, Hempstead, L. I. . . . We had a recent A.A. wedding. Isabel is the bride and Hurry D. the groom.

NEWARK AND ENVIRONS AID SERVICE MEN . . . The proceeds from the Irvington Group dance held at the Service Men's Club, October 1st, were turned over to the service men-- whose plan it is to buy the building and convert it into a combination clubhouse and hospital. Ted F. and Elmer K., in charge of the dance arrangements, did a bang up job of it. . . . The Elizabeth Group moved on October 1st to larger quarters at the Masonic Hall in Elizabeth. . . . Tom M. and Captain John Stephans, the latter a member of the Elizabeth police force, are working with the authorities of several New Jersey hospitals to receive permission for A.A. to send alcoholics into the hospitals. It's a job that necessitates a lot of talk with persuasive power behind it.

NEW ROCHELLE PLANS MORE SOLDIER AID . . . Our Group, which branched off from Mount Vernon, is now over three months old and growing constantly. Meetings are held every Sunday at 7:45 P.M., at the Y.M.C.A., 185 Division Street. Plans to aid the alcoholics among the returning military forces are going forward.

NORTH JERSEY CONSIDERS BIG CLUBHOUSE . . . We are strongly considering the purchase of the Roseville Athletic Association clubhouse, 7th Street and 7th Avenue, Newark, as general headquarters for all Jerseyites. The four-story building, where we have been holding our meetings for three years, is equipped with bowling alleys, billiard tables and what-have-you. The main room seats 400. If this deal goes through, we'll be settled--and very comfortably--for years to come.

WHITE PLAINS BRAVES HURRICANE . . . The second Westchester-Greenwich Inter-Group



thumbed over a pamphlet enumerating the 12 steps. I had read over the 12 steps many times, and had marveled at their economy of means, their adherence to essentials. But suddenly I saw their higher and wider significance.

Those 12 steps really are a masterful abridgment of the only possible ultimate international peace program. It has often been said the highest and clearest truth is given men only when they are at the brink of an abyss of final despair. The splendid truth given to a half-crazed drunk who fell to his knees and asked God for light may some day deliver all mankind from chaos just as it delivered him. The mustard seed may become the tree.

Just as this truth came to one man only when long and acute suffering had made him ready to receive it, so it may come to nations of men when all are crazed with suffering to a point of such mad confusion that statesmen will fall on their knees and beg a forgotten God for light toward a true peace.

Let me set down the 12 steps of the Alcoholics Anonymous program of recovery, asking that you substitute the word materialism for the word alcohol in considering the 1st. step, and the word materialists for the word alcoholics in pondering the 12th.

Also, remember that drunks meet in the Alcoholics Anonymous groups to help one another. They remodel their lives cooperatively. They could not do it alone. Note that the word we is used and not the word I in the steps:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. We 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. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove these defects of -character.
7. Humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.



understanding which is indescribably wonderful. We are like the passengers of a great liner the moment after rescue from shipwreck, when camaraderie, joyousness and democracy pervade the vessel from steerage to captain's table.

Highly competent psychiatrists have sometimes found it impossible to persuade an alcoholic to discuss his situation without reserve. Strangely enough, we are usually more unapproachable to wives, parents and intimate friends than to doctors.

But the ex-alcoholic who has found our solution, who is properly armed with facts about himself, can generally win the entire confidence of another alcoholic in a few hours. Until such an understanding is reached, little or nothing can be accomplished.

That the man who is making the approach has had the same difficulty, that he obviously knows what he is talking about, that his whole deportment shouts at the new prospect that he is a man with a real answer, that he has no attitude of holier than thou, nothing whatever except the sincere desire to be helpful; that there are no fees to pay, no axes to grind, no people to please, no lectures to be endured - these are the conditions we found most effective.

Moderate drinkers have little trouble in giving up liquor entirely if they have a good reason. They can take it or leave it alone.

Then we have a certain type of hard drinker. He may have the habit badly enough to gradually impair him physically and mentally. It may cause him to die a few years before his time. If a sufficiently strong reason - ill health, falling in love, change of environment, or the warning of a doctor - becomes operative, this man can also stop or moderate, although he may find it difficult or troublesome and may even need medical attention.

But what about the real alcoholic? He may start off as a moderate drinker; he may or may not become a continuous hard drinker; but at some stage of his drinking career he begins to lose all control of his liquor consumption, once he starts to drink.

Here is the fellow who has been puzzling you, especially in his lack of control. He does absurd, incredible, tragic things while drinking. He is a real Dr. Jekyll and Mr. Hyde. He is seldom mildly intoxicated. He is always more or less insanely drunk. His disposition while drinking resembles his normal nature but little. He may be one of the finest fellows in the world. Yet let him drink for a day, and he frequently becomes disgustingly, and even dangerously, antisocial. He has a positive genius for getting tight at exactly the wrong moment, particularly when some important decision must be made or engagement kept. He is often perfectly sensibly and well balanced concerning everything except liquor, but in that respect is incredibly dishonest and selfish. He often possesses special abilities, skills, and aptitudes, and has a promising career ahead of him. He uses his gifts to build up a bright

outlook for his family and himself, then pulls the structure down on his head by a senseless series of sprees. He is the fellow who goes to bed so intoxicated he ought to sleep the clock around. Yet, early next morning he searches madly for the bottle he misplaced the night before. If he can afford it, he may have liquor concealed all over his house to be certain no one gets his entire supply from him. As matters grow worse, he begins to use a combination of high-powered sedative and liquor to quiet his nerves so he can get to work. Then comes the day when he simply cannot make it and gets drunk all over again. Perhaps he goes to a doctor, who gives him morphine or some sedative with which to taper off. Then he begins to appear at hospitals and sanitariums.

The idea that somehow, some day he will control and enjoy his liquor drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it through the gates of insanity and death.

We of Alcoholics Anonymous have learned that we had to fully concede to our innermost selves that we were alcoholics. This is the first step in recovery: the delusion that we are like other people has to be smashed.

We alcoholics are men and women who have lost the ability to control our drinking. We know that no real drinking ever recovered control. All of us felt at times that we were regaining control, but such intervals, usually brief, were inevitably followed by still less control, which led in time to pitiful and

incomprehensible demoralization. We are convinced to a man that alcoholics of our type are in the grip of a progressive illness. Over any considerable period we get worse, never better.

We are like men who have lost their legs; they never grow new ones. Neither does there appear to be any treatment which will make alcoholics of our kind become like other men. We have tried every imaginable remedy. In some instances there have been brief recovery, followed always by still worse relapse. Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. Science may one day accomplish this, but it has not done so yet.

Despite all we can say, many who are real alcoholics are not going to believe they are in that class. By every form of self-deception and experimentation, they will try to prove themselves exceptions to the rule, therefore non-alcoholic. If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. Heaven knows, we have tried hard enough and long enough to drink like other people!

Here are some of the methods we have tried: drinking beer only, limiting the

number of drinks, never drinking alone, never drinking in the morning, drinking only at home, never having it in the house, never drinking during business hours, drinking only at parties, drinking only natural wines, agreeing to resign if ever drunk on the job, taking a trip, not taking a trip, swearing off forever (with and without solemn oath), taking more physical exercise, reading inspirational books, going to health farms and sanitariums, accepting voluntary commitment to asylums - we could increase the list ad infinitum.

For one who is unable to drink moderately, the question is how to stop altogether - assuming, of course, he desires to stop. Whether such a person can quit on a nonspiritual basis, depends upon the extent to which he has already lost the power to choose whether he will drink or not. Many of us felt that we had plenty of character. There was a tremendous urge to cease forever. Yet we found it impossible. This is the baffling feature of alcoholism as we know it: this utter inability to leave it alone, no matter how great the necessity or the wish.

But there was always the curious mental phenomenon that parallel with our sound reasoning there inevitably ran some insanely trivial excuse for taking that first drink. Our sound reasoning failed to hold us in check. The insane idea won out. The next day we would ask ourselves, in all earnestness and sincerity, how it could have happened.

In some circumstances we have gone out deliberately to get drunk, feeling ourselves justified by nervousness, anger, worry, depression, jealousy or the like. But even in this type of beginning we are obliged to admit that our justification for a spree was insanely insufficient in the light of what always happened. We now see that when we began to drink deliberately, instead of casually, there was little serious or effective thought during the period of premeditation of what the terrific consequences might be.

Our behavior is as absurd and incomprehensible with respect to the first drink, as that of an individual with a passion, say, for jaywalking. He gets a thrill out of skipping in front of fast moving vehicles. He enjoys himself a few years in spite of friendly warnings. Up to this point you would label him as a foolish chap having queer ideas of fun. Luck then deserts him and he is slightly injured several times in succession. You would expect him, if he were normal, to cut it out. Presently he is hit again and this time gets a fractured skull. Within a week after leaving the hospital a fast-moving trolley car breaks his arm. He tells you he has decided to stop jaywalking for good, but in a few weeks he breaks both legs.

On through the years this conduct continues, accompanied by his continual promises to be careful or to keep off the streets altogether. Finally he can no longer work, his wife gets a divorce, he is held up to ridicule. He tries every known means to get the jaywalking idea out of his head. He shuts himself up in an asylum, hoping to mend his ways. But the day he comes out he races in

front of a fire engine, which breaks his back. Such a man would be crazy, wouldn't he?

You may think our illustration is too ridiculous. But is it? We, who have been through the ringer, must admit that, if we substituted alcoholism for jaywalking, the illustration would fit us exactly. However intelligent we may have been in other respects, where alcohol has been involved, we have been strangely insane. This is strong language; but isn't it true?

Some of you are thinking: "Yes, what you tell us is true, but it doesn't fully apply. We admit we have some of these symptoms, but we have not gone to the extremes you fellows did, nor are we likely to, for we understand ourselves so well after what you have told us that such things cannot happen again. We have not lost everything in life through drinking and we certainly do not intend to. "

That may be true of certain nonalcoholics who, though drinking foolishly and heavily at present, are able to stop or moderate, because their brains and bodies have not been damaged as ours were. But the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge. This is a point we wish to emphasize and re-emphasize, to smash home upon our alcoholic readers as it has been revealed to us out of bitter experience. Let us take another illustration.

Fred is a partner in a well-known accounting firm. His income is good, he has a fine home, is happily married and the father of promising children of college age. He has so attractive a personality that he makes friends with everyone. If ever there was a successful business man, it is Fred. To all appearances he is a stable, well-balanced individual. Yet, he is an alcoholic. We first saw Fred about a year ago in a hospital where he had gone to recover from a bad case of jitters. It was his first experience of this kind, and he was much ashamed of it. Far from admitting he was an alcoholic, he told himself he came to the hospital to rest his nerves. The doctor intimated strongly that he might be worse than he realized. For a few days he was depressed about his condition. He made up his mind to quit drinking altogether. It never occurred to him that perhaps he could not do so, in spite of his character and standing. Fred would not believe himself an alcoholic, much less accept a spiritual remedy for his problem. We told him what we knew about alcoholism. He was interested, and conceded that he had some of the symptoms, but he was a long way from admitting that he could do nothing about it himself. He was positive that this humiliating experience, plus the knowledge he had acquired, would keep him sober the rest of his life. Self-knowledge would fix it.

We heard no more of Fred for a while. One day we were told that he was back in the hospital. This time he was quite shaky. He soon indicated he was anxious to see us. The story he told us is most instructive for here was a chap absolutely convinced he had to stop drinking, who had no excuse for drinking,

and who exhibited splendid judgement and determination in all his other concerns, yet he was flat on his back.

Let him tell you about it: "I was much impressed with what you fellows had to say about alcoholism, but I frankly did not believe it would be possible for me to drink again. I somewhat appreciated your ideas about the subtle insanity which precedes the first drink, but I was confident it could not happen to me after what I had learned. I reasoned I was not so far advanced as most of you fellows, that I had been usually successful in licking my other personal problems, that I would therefore be successful where you men had failed. I felt I had every right to be self-confident, that it would be only a matter of exercising my will power and keeping on guard.

"In this frame of mind, I went about my business and for a time all was well. I had no trouble refusing drinks, and began to wonder if I had not been making too hard work of a simple matter. One day I went to Washington to present some accounting evidence to a government bureau. I had been out of town before this particular dry spell, so there was nothing new about that. Physically, I felt excellent. Neither did I have any pressing problems or worries. My business came off well, I was pleased and knew my partners would be, too.

"I went to my hotel and leisurely dressed for dinner. As I crossed the threshold of the dining room, the thought came to mind it would be nice to have a couple of cocktails with dinner. That was all. Nothing more. I ordered a cocktail and my meal. Then I ordered another cocktail. After dinner I decided to take a walk. When I returned to the hotel it struck me that a highball would be fine before going to bed, so I stepped into the bar and had one. I remember having several more that night and plenty the next morning. I have a shadowy recollection of being in an airplane bound for New York, of finding a friendly taxicab driver at the landing field instead of my wife. The driver escorted me about for several days. I know little of where I went, or what I said and did. Then came the hospital with unbearable mental and physical suffering.

"As soon as I regained my ability to think, I went carefully over that evening in Washington. Not only had I been off guard, but I had made no fight whatever against that first drink. This time I had not thought of the consequences at all. I had commenced to drink as carelessly as though the cocktails were ginger ale. I now remember what my alcoholic friends had told me, how they prophesied that if I had an alcoholic mind, the time and place would come: I would drink again. They had said that though I did raise a defense, it would one day give way before some trivial reason for having a drink. Well, just that did happen, and more. What I had learned of alcoholism did not occur to me at all. I knew from that moment that I had an alcoholic mind. I saw that will power and self-knowledge would not help in those mental blank spots.

"Two of the members of Alcoholics Anonymous came to see me. They grinned, which I didn't like so much, and then asked me if I thought myself alcoholic

and if I were really licked this time. I had to concede both propositions. They piled on me heaps of evidence to the effect that an alcoholic mentality, such as I had exhibited in Washington, was a hopeless condition. They cited cases out of their own experience by the dozen. This process snuffed out the last flicker of conviction that I could do the job myself.

"Then they outlined the spiritual answer and program of action which one hundred of them had followed successfully. Though I had only nominally connected with religion, their propositions were not, intellectually, hard to follow. But the program of action, though entirely sensible, was pretty drastic. It meant I would have to throw several lifelong conceptions out of the window. That was not easy. But the moment I made up my mind to go through with the process, I had the feeling that my alcoholic condition was relieved, as in fact it proved to be.

"Quite as important was the discovery that spiritual principles would solve all my problems. I have since been brought into a way of living infinitely more satisfying and, I hope, more useful than the life I lived before."

Fred's story speaks for itself. We hope it strikes home to thousands like him. He had felt only the first nip of the wringer. Most alcoholics have to be pretty badly mangled before they really begin to solve their problems.

Many doctors and psychiatrists agree with our conclusions. One of these men, staff member of a world-renowned hospital, recently made this statement to some of us, "What you say about the general hopelessness of the average alcoholic's plight is, in my opinion, correct. As to two of you men, whose stories I have heard, there is no doubt in my mind that you were 100% hopeless, apart from divine help. Though not a religious person, I have profound respect for the spiritual approach in such cases as yours. For most cases there is virtually no other solution."

Once more: the alcoholic at certain times has no effective mental defense against the first drink. Except in a few rare cases, neither he nor any other human being can provide such a defense. His defense must come from a higher Power.

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+++Message 1196. . . . . More by or about Felicia Gizycka from the Grapevine  
From: NMOlson@aol.com . . . . . 8/7/2003 9:47:00 AM

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Courtesy Tony C., here is another article by Felicia and an article written for the Grapevine by her daughter.

Nancy

December 1945 Grapevine:

No Double Standard In Alcoholism or A.A.

I sat jittering in Bill's office. My psychiatrist had sent me to see Bill.

I had said to her: "Good. I'd like to meet him. Wouldn't it be fun to get him to take a drink?"

She laughed a nice easy laugh. She said, "You couldn't get him to take a drink."

I heard that. It stayed with me. You couldn't get him to take a drink.

So I, the girl who was going to get Bill to take a drink, now sat here, talking to Bill.

He told me a few things, the fundamentals. I heard all of those things, too. Then he made a phone call. He wrote a name and an address on a slip of paper.

"Here is an alcoholic girl, " he said. "Why don't you go and see her? Now?"

I fell for that. I said, "Is she still drinking?"

"No, " he said, "but she will always be an alcoholic just the same. Just as I am; just as you say you are."

I didn't know where I was going, or what to expect. I didn't expect an attractive apartment.

I didn't expect the girl who answered the door — Helen, a friend of Marty's — to be like that. [Note: This may be an attempt at protecting anonymity. The woman was not named "Helen" but "Priscilla." Priscilla was Marty's lesbian partner. Nancy] I was a sight and a mess. She didn't notice it. She talked, to me as though I were an acquaintance who had dropped in. Time passed. Marty came in.

"I spent six months in Bellevue and a year in Blythewood, " she announced. "I used to go to cheap bars on Third Avenue, when my money ran out. If I had no money, I could always 'borrow' drinks from men. "

Marty had sized me up. To another newcomer, she might have talked gently, asking questions. She knew that for me this would be wrong. She talked and talked. She didn't stop. I, who had feared to speak, couldn't get a word in edgewise. I tried a couple of times. No soap. She was a girl with my sort of background. She and Helen both had my tastes and interests (that is, what I

still fondly considered my tastes and interests. I really had none but liquor and self abasement).

I sat there and listened. Two women like myself. They were like me. They drank the way I did. Especially Marty. Marty, who like me, had gone to cheap bars. At last, someone else who was as "horrible" as I was. And she was horrible no longer.

I heard every word Marty and Helen said. In that short hour something was lifted from my heart, never to return. Three psychiatrists had failed to do it over a long period of years.

"You are sick," Marty and Helen said. "You are sick, not wicked. See, it is a pattern. You have followed this pattern. We, too, behaved in just this way. It is a pattern and you are not alone. You are not the only woman who has been like this. Thousands and thousands of men and women have been like this. And now they are sober. See, it is an illness, a disease--with symptoms that we all have. Not a private sin that you alone have invented."

And so this is the end of my story and the beginning of it.

For years I thought I was the only one. The only "nice" woman who behaved this way. The worse I felt, the worse I got. One doctor said to me: "Remorse has contained within it the intention to do it again." This was a brilliant and wise saying. But I could not quit being remorseful. I could not stop doing it again, getting drunk again and again. It's a progressive disease. Hut I didn't know that. I just thought I was becoming a worse and worse person. I avoided my "respectable" friends more and more. My "unrespectable" friends, with whom I had cast my lot (in order to drink all I wanted to in company)â€"even these friends criticized me more and more. They, who had thought at first that I was such fun, now avoided me. They told me not to come around when I was drinking. And I was always drinking.

I, who, like most neurotics, had a high ideal, an unattainable ideal of the person I should be, now found myself unwanted everywhere. I, who had meant to be the wittiest, the prettiest, the most desirable of women. The woman whom everybody would he just crazy to have around. (You note here that I wanted to be liked and loved, but didn't want to like or love anybody in return. )

I was now reduced to going to a cheap bar for my social life, I happen to have a small income. I never cadged drinks from strangers because I didn't have to. I never was robbed, assaulted, beaten up. But I might have been. The difference between the "protected" woman alcoholic (even the woman who drinks secretly in her room and never goes out) and the panhandler on the Bowery is economic. Are you shocked? But this is so. A drunk, man or woman, will do anything to get a drink. Anythingâ€"eventually. Perhaps the men, more than the women, know that this is true.

I didn't hit the gutter economically, but in spirit I was there. I spent every night in that cheap bar. I was able to drink there "safely" but I was despised by everyone.

Lots of people think that anything goes in a gin mill, that you can get as drunk as you like and behave any way you like. Not so. Women, especially, are expected to behave. A lady lush creates disturbances. Men are bound to want to pick her up. If she doesn't want to be annoyed, as the saying goes, the bartender has to protect her. If, on the other hand, she encourages advances from men, there may be trouble with the police.

The little bar I frequented was what is known as a family bar. There was a little group that dropped in regularly. They were as gossipy and moralistic as a country club set. They were not alcoholics.

So I, who planned to be the most beautiful, witty, charming and sought-after woman in all New York, was spending my evenings annoying the customers in a gin mill. The customers moved their barstools when they saw me coming.

But this place was my last refuge. Here was the last spot on earth to search for "It." The joy of living. Fulfillment. I called it pleasure. I went there every night looking for pleasure, the pink balloon. Something sick and hungry in me set up an inquiry for this elusive thing. "I will drink, and It will come," I said. "This thing I have never had, and never found anywhere in all my life. A few drinks, and I'll get it." But during the disappointment of those first drinks, I knew I didn't have It. This was a boring gin mill. Sordid. What could I find here? And I would drink more to overcome this terrible emptiness. I did not know that the lack was in myself. That joy, fulfillment, pleasure and love were chronically absent from me; that all the pleasure I had from my drinking was anticipatory.

I was so sick mentally, now, that I was afraid to drink alone. I was going toward my death, and somehow I knew this. I stayed in that bar till it closed.

"Remorse has contained within It the intention to do it again. "

Yes, Every morning (or afternoon) I'd swear never to do It again. I must stop, I'd say. I must taper off. I must swear off. It was not only the hangovers that bothered me, I did not have the ordinary remorse of someone who has merely gotten drunk. It was as though I had some inner skin disease, something awful and sore, eating away at the fabric of myself. And then, at night, this fabric would reverse itself into the bright, joyful excitement, the anticipation. I would think, I'm going to the bar tonight. I'm going to get drunk. Not too drunk. Just enough.

This is a common experience. In A.A. you hear this story told over and over. But I know how all the women in the world feel who have had, and are having this grief and misery; and shame and guilt. More and more women are coming

into A.A. But there are still countless women who are afraid to come. They are afraid to admit they need help. Sometimes they won't admit it to themselves. They have applied the double standard to themselves. They think that they are worse than men.

And they do not know that they are just sick people who need help. A woman who has TB doesn't think she is worse than a man who has TB. It's the same thing.

Many people all over this country, indeed all over the world, still think the same way. They think all drunks are a disgrace. They think women are doubly disgraceful. But now, at last, through the press, through the more widespread knowledge of A.A. and of alcoholism generally, these old witcheries and taboos are breaking down.

More and more people are understanding that alcoholism is a disease; that the alcoholic, whether man or woman, can be helped and is worth helping.

And as for me, who felt so terrible, I now feel wonderful. I am getting well as a person. I, who did not believe in anything except myself, and who cared for no one but myself — I think that, a Higher Power must have sent my psychiatrist to hear Bill talk just at that time. It was around the time that my last chance was at hand. I was very near death. And I, who was going to get Bill to take a drink, I have learned what the word humility means. I have learned what the words love and understanding mean. I have a long way to go, but A.A. is like that. You keep going. You never stop. A.A. is a constant restatement of a few simple things that we must all have if we are to keep sober, to be happy or to live at all.

— Felicia G., Manhattan

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### The Children Say What AA Means To Them

#### I Hate to Think Where Mother Would Be . . .

The first time I encountered Mother under the influence of liquor (and I do mean influence), I was rather taken aback by the surprised shock I received at discovering her in such a stew. I had heard vaguely of people getting drunk, but never had I dreamt of my sweet Mother in such disgrace. I soon found this first shock to be only the beginning of the end. After a while, I became shockproof, and my Mother drunk was second nature to me. Without her so, life and the home would have been extremely dull, and out of place. One fine day, Mother announced that never again would she hit the bottle. I laughed up my sleeve at her and said, "Really, Mother, and just where have I heard that before?" But she insisted firmly that I was just to wait and see if she didn't. Well, I waited and I see that she didn't, all right. Ah me! I do hate to think where Mother would be now, had she not discovered A.A. (or A.A. had



East Fordhum Road. P. O. Box 19, Morris Heights Sta., Bronx, N. Y.

EAST ORANGE ET AL INVADE VERMONT . . . Ruth and Joe F., and Francis M., of the Morrystown Group, along with Hal R. of East Orange, lately did some New England

A.A.

pioneering. As a result of their talks before local organizations in Montpelier

and

Burlington, Vermont, groups were created in both towns. With continued cooperation of

A.A.ers generally, it is expected that these newly established groups will soon be

thriving.

FLUSHING CORRECTS WQXR ... A guest speaker on Charlotte Adams' WQXR program, "The Run

of the House," stated that there was no help for alcoholics. Mrs. Frank L., non-alcoholic wife of our member Frank L., immediately wrote to Mrs. Adams, enclosing

our A.A. pamphlet and the reprint of nonalcoholic Jack Alexander's excellent Saturday

Evening Post article. Over a later broadcast Mrs. Adams very graciously corrected the

erroneous impression she had given to her listeners: she read over the air excerpts

from Mrs. L.'s clarifying letter. . . . We'll be exchanging meetings with the Patterson Group, Nov. 14th. . . Johnny W. has recovered from his recent appendectomy.

. . . We have three new members--all men.

FOREST HILLS ALSO MOURNS GEORGE T. . . . We, too, greatly feel the loss of George T.,

who was originally a member of our Group. . . . The Jim Y.'s have a new baby boy. . .

. Charlie S., from Buffalo, now living in Jamaica, N. Y., is one of our newest acquisitions. . . . Mount Vernon conducted a splendid meeting for us in October.

..

. With guests from eight neighboring groups, our Monday night attendance has been

between 100-160 . . . in the fountainless "Fountain Room" of the Forest Hills Inn. We

begin promptly at 8:30.

MANHATTAN CLUBHOUSE STIRRING . . . We go to press before a report can be given on the

last business meeting held at the 24th Street clubhouse in late October. But

at  
the  
previous turbulent meeting in September it was voted that three committees  
should be  
formed, participants to be chosen by Chairman Ernest M. On the Club-Searching  
committee are Dan C., Eugene K., Thomas C., and Jack N. On the Hospital  
committee are  
Marty M., Jack N., and Bert T. In the next issue we'll report on their  
findings.  
Astrid L. is in charge of the new entertainment committee which has evolved an  
already popular program: three nights a week, Monday, Wednesday, Friday, hosts  
and  
hostesses are now at the clubhouse to welcome new and old members alike. Every  
Saturday is open-house night, with other groups invited to take over whenever  
they  
wish--as did the Brooklyn Group so delightfully in October. . . . The  
Hallowe'en  
party  
was tremendously successful, thanks to Astrid L. and her assistants, including  
our  
cooperative custodian, Tom M. It means a lot of extra work for Tom, and we are  
grateful to him for his excellent assistance. . . . Our hot-trumpet player,  
best  
known as "Muggsy," is dedicating at Nick's Greenwich Village nightclub a song  
entitled "The A.A. Blues." . . . The newly-weds, Mr. and Mrs. Reginald McH.,  
and  
Henry M., were recent visitors from the Baltimore Group.

MONTCLAIR REORGANIZES . . . Unable to operate effectively without committees,  
we  
have  
finally come around to having some. One of the most active, which includes Ed  
S.  
and  
Harry T., is the entertainment committee. Our hilarious Hallowe'en party was  
the  
first of a series to be given at Thanksgiving, Christmas, the New Year, etc.  
We  
are  
also planning to have dances, dinners, and various sorts of entertainment the  
last  
Saturday in every month.... We have a new Secretary--DAVE R.

MOUNT VERNON HAS TWO ADDRESSES . . . Welcome to our Saturday Open House in our  
new  
Club Rooms at 4 Fourth Avenue. Cards, checkers and chess in the afternoon and  
plenty  
of fun at night. Each week a host and hostess will be delegated to arrange the

program for the evening. No chance for the Saturday night gremlins these days.

.  
..

We will also hold a closed meeting in the rooms every Thursday at 8:30 P.M. .

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. But

the open meetings on Monday night continue to be held at the Westchester Women's Club, as before. . . . Secretary Nobby is arranging for one exchange meeting every month.

NEWARK STORY, PAGE 1 ... On that page you will read an account of the new clubhouse recently bought by various members of a number of North Jersey groups. We're so busy with last-minute details that all other news must wait for the next Grapevine issue.

As stated in the article, our Group will continue to hold meetings there.

NORTH JERSEY STORY, PAGE 1 . . . The above applies to us also. In one week's time we formed the corporation, put up a neat sum of cash as option on the clubhouse, and got the deal well under way. It keeps us hopping--those of us members involved in the proceedings. Members of all groups throughout the United States who happen to be visiting in this area are invited to come and see us in our new home.

WHITE PLAINS SALUTE . . . Greetings to The Grapevine and our fellow groups!

We,  
in

central Westchester, are just muddling happily along in typical A.A. fashion--one slip

last week, while two newer members graduated to the speaking stage. So it goes--with

one step backward we take at least two forward. . . . The latch-string is out every

Wednesday night at the Westchester Republican Headquarters (party affiliation unnecessary), corner of Martine and Mamaroneck Avenues, at 8:30. We heartily welcome

all visitors, whether they are of the A.A. variety or interested friends.

INTER GROUP MEETING IN MANHATTAN; Capitol Hotel, 51st Street and 8th Avenue, Walnut Room; every Tuesday evening at 8:30. Room open from 5:30. For all other meeting



difficult or troublesome and may even need medical attention.

But what about the real alcoholic? He may start off as a moderate drinker; he may or may not become a continuous hard drinker; but at some stage of his drinking career he begins to lose all control of his liquor consumption, once he starts to drink.

Here is the fellow who has been puzzling you, especially in his lack of control. He does absurd, incredible, tragic things while drinking. He is a real Dr. Jekyll and Mr. Hyde. He is seldom mildly intoxicated. He is always more or less insanely drunk. His disposition while drinking resembles his normal nature but little. He may be one of the finest fellows in the world. Yet let him drink for a day, and he frequently becomes disgustingly, and even dangerously, antisocial. He has a positive genius for getting tight at exactly the wrong moment, particularly when some important decision must be made or engagement kept. He is often perfectly sensibly and well balanced concerning everything except liquor, but in that respect is incredibly dishonest and selfish. He often possesses special abilities, skills, and aptitudes, and has a promising career ahead of him. He uses his gifts to build up a bright outlook for his family and himself, then pulls the structure down on his head by a senseless series of sprees. He is the fellow who goes to bed so intoxicated he ought to sleep the clock around. Yet, early next morning he searches madly for the bottle he misplaced the night before. If he can afford it, he may have liquor concealed all over his house to be certain no one gets his entire supply from him. As matters grow worse, he begins to use a combination of high-powered sedative and liquor to quiet his nerves so he can get to work. Then comes the day when he simply cannot make it and gets drunk all over again. Perhaps he goes to a doctor, who gives him morphine or some sedative with which to taper off. Then he begins to appear at hospitals and sanitariums.

The idea that somehow, some day he will control and enjoy his liquor drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it through the gates of insanity and death.

We of Alcoholics Anonymous have learned that we had to fully concede to our innermost selves that we were alcoholics. This is the first step in recovery: the delusion that we are like other people has to be smashed.

We alcoholics are men and women who have lost the ability to control our drinking. We know that no real drinking ever recovered control. All of us felt at times that we were regaining control, but such intervals, usually brief, were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization. We are convinced to a man that alcoholics of our type are in the grip of a progressive illness. Over any considerable period we get worse, never better.

We are like men who have lost their legs; they never grow new ones. Neither does there appear to be any treatment which will make alcoholics of our kind become like other men. We have tried every imaginable remedy. In some instances there have been brief recovery, followed always by still worse relapse. Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. Science may one day accomplish this, but it has not done so yet.

Despite all we can say, many who are real alcoholics are not going to believe they are in that class. By every form of self-deception and experimentation, they will try to prove themselves exceptions to the rule, therefore non-alcoholic. If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. Heaven knows, we have tried hard enough and long enough to drink like other people!

Here are some of the methods we have tried: drinking beer only, limiting the number of drinks, never drinking alone, never drinking in the morning, drinking only at home, never having it in the house, never drinking during business hours, drinking only at parties, drinking only natural wines, agreeing to resign if ever drunk on the job, taking a trip, not taking a trip, swearing off forever (with and without solemn oath), taking more physical exercise, reading inspirational books, going to health farms and sanitariums, accepting voluntary commitment to asylums - we could increase the list ad infinitum.

For one who is unable to drink moderately, the question is how to stop altogether - assuming, of course, he desires to stop. Whether such a person can quit on a nonspiritual basis, depends upon the extent to which he has already lost the power to choose whether he will drink or not. Many of us felt that we had plenty of character. There was a tremendous urge to cease forever. Yet we found it impossible. This is the baffling feature of alcoholism as we know it: this utter inability to leave it alone, no matter how great the necessity or the wish.

But there was always the curious mental phenomenon that parallel with our sound reasoning there inevitably ran some insanely trivial excuse for taking that first drink. Our sound reasoning failed to hold us in check. The insane idea won out. The next day we would ask ourselves, in all earnestness and sincerity, how it could have happened.

In some circumstances we have gone out deliberately to get drunk, feeling ourselves justified by nervousness, anger, worry, depression, jealousy or the like. But even in this type of beginning we are obliged to admit that our justification for a spree was insanely insufficient in the light of what always happened. We now see that when we began to drink deliberately, instead of casually, there was little serious or effective thought during the period of premeditation of what the terrific consequences might be.

Our behavior is as absurd and incomprehensible with respect to the first drink, as that of an individual with a passion, say, for jaywalking. He gets a thrill out of skipping in front of fast moving vehicles. He enjoys himself a few years in spite of friendly warnings. Up to this point you would label him as a foolish chap having queer ideas of fun. Luck then deserts him and he is slightly injured several times in succession. You would expect him, if he were normal, to cut it out. Presently he is hit again and this time gets a fractured skull. Within a week after leaving the hospital a fast-moving trolley car breaks his arm. He tells you he has decided to stop jaywalking for good, but in a few weeks he breaks both legs.

On through the years this conduct continues, accompanied by his continual promises to be careful or to keep off the streets altogether. Finally he can no longer work, his wife gets a divorce, he is held up to ridicule. He tries every known means to get the jaywalking idea out of his head. He shuts himself up in an asylum, hoping to mend his ways. But the day he comes out he races in front of a fire engine, which breaks his back. Such a man would be crazy, wouldn't he?

You may think our illustration is too ridiculous. But is it? We, who have been through the ringer, must admit that, if we substituted alcoholism for jaywalking, the illustration would fit us exactly. However intelligent we may have been in other respects, where alcohol has been involved, we have been strangely insane. This is strong language; but isn't it true?

Some of you are thinking: "Yes, what you tell us is true, but it doesn't fully apply. We admit we have some of these symptoms, but we have not gone to the extremes you fellows did, nor are we likely to, for we understand ourselves so well after what you have told us that such things cannot happen again. We have not lost everything in life through drinking and we certainly do not intend to. "

That may be true of certain nonalcoholics who, though drinking foolishly and heavily at present, are able to stop or moderate, because their brains and bodies have not been damaged as ours were. But the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge. This is a point we wish to emphasize and re-emphasize, to smash home upon our alcoholic readers as it has been revealed to us out of bitter experience. Let us take another illustration.

Fred is a partner in a well-known accounting firm. His income is good, he has a fine home, is happily married and the father of promising children of college age. He has so attractive a personality that he makes friends with everyone. If ever there was a successful business man, it is Fred. To all appearances he is a stable, well-balanced individual. Yet, he is an alcoholic. We first saw Fred about a year ago in a hospital where he had gone to recover from a bad case of jitters. It was his first experience of this kind, and he

was much ashamed of it. Far from admitting he was an alcoholic, he told himself he came to the hospital to rest his nerves. The doctor intimated strongly that he might be worse than he realized. For a few days he was depressed about his condition. He made up his mind to quit drinking altogether. It never occurred to him that perhaps he could not do so, in spite of his character and standing. Fred would not believe himself an alcoholic, much less accept a spiritual remedy for his problem. We told him what we knew about alcoholism. He was interested, and conceded that he had some of the symptoms, but he was a long way from admitting that he could do nothing about it himself. He was positive that this humiliating experience, plus the knowledge he had acquired, would keep him sober the rest of his life. Self-knowledge would fix it.

We heard no more of Fred for a while. One day we were told that he was back in the hospital. This time he was quite shaky. He soon indicated he was anxious to see us. The story he told us is most instructive for here was a chap absolutely convinced he had to stop drinking, who had no excuse for drinking, and who exhibited splendid judgement and determination in all his other concerns, yet he was flat on his back.

Let him tell you about it: "I was much impressed with what you fellows had to say about alcoholism, but I frankly did not believe it would be possible for me to drink again. I somewhat appreciated your ideas about the subtle insanity which precedes the first drink, but I was confident it could not happen to me after what I had learned. I reasoned I was not so far advanced as most of you fellows, that I had been usually successful in licking my other personal problems, that I would therefore be successful where you men had failed. I felt I had every right to be self-confident, that it would be only a matter of exercising my will power and keeping on guard.

"In this frame of mind, I went about my business and for a time all was well. I had no trouble refusing drinks, and began to wonder if I had not been making too hard work of a simple matter. One day I went to Washington to present some accounting evidence to a government bureau. I had been out of town before this particular dry spell, so there was nothing new about that. Physically, I felt excellent. Neither did I have any pressing problems or worries. My business came off well, I was pleased and knew my partners would be, too.

"I went to my hotel and leisurely dressed for dinner. As I crossed the threshold of the dining room, the thought came to mind it would be nice to have a couple of cocktails with dinner. That was all. Nothing more. I ordered a cocktail and my meal. Then I ordered another cocktail. After dinner I decided to take a walk. When I returned to the hotel it struck me that a highball would be fine before going to bed, so I stepped into the bar and had one. I remember having several more that night and plenty the next morning. I have a shadowy recollection of being in an airplane bound for New York, of finding a friendly taxicab driver at the landing field instead of my wife. The driver escorted me about for several days. I know little of where I went, or

what I said and did. Then came the hospital with unbearable mental and physical suffering.

"As soon as I regained my ability to think, I went carefully over that evening in Washington. Not only had I been off guard, but I had made no fight whatever against that first drink. This time I had not thought of the consequences at all. I had commenced to drink as carelessly as though the cocktails were ginger ale. I now remember what my alcoholic friends had told me, how they prophesied that if I had an alcoholic mind, the time and place would come: I would drink again. They had said that though I did raise a defense, it would one day give way before some trivial reason for having a drink. Well, just that did happen, and more. What I had learned of alcoholism did not occur to me at all. I knew from that moment that I had an alcoholic mind. I saw that will power and self-knowledge would not help in those mental blank spots.

"Two of the members of Alcoholics Anonymous came to see me. They grinned, which I didn't like so much, and then asked me if I thought myself alcoholic and if I were really licked this time. I had to concede both propositions. They piled on me heaps of evidence to the effect that an alcoholic mentality, such as I had exhibited in Washington, was a hopeless condition. They cited cases out of their own experience by the dozen. This process snuffed out the last flicker of conviction that I could do the job myself.

"Then they outlined the spiritual answer and program of action which one hundred of them had followed successfully. Though I had only nominally connected with religion, their propositions were not, intellectually, hard to follow. But the program of action, though entirely sensible, was pretty drastic. It meant I would have to throw several lifelong conceptions out of the window. That was not easy. But the moment I made up my mind to go through with the process, I had the feeling that my alcoholic condition was relieved, as in fact it proved to be.

"Quite as important was the discovery that spiritual principles would solve all my problems. I have since been brought into a way of living infinitely more satisfying and, I hope, more useful than the life I lived before."

Fred's story speaks for itself. We hope it strikes home to thousands like him. He had felt only the first nip of the wringer. Most alcoholics have to be pretty badly mangled before they really begin to solve their problems.

Many doctors and psychiatrists agree with our conclusions. One of these men, staff member of a world-renowned hospital, recently made this statement to some of us, "What you say about the general hopelessness of the average alcoholic's plight is, in my opinion, correct. As to two of you men, whose stories I have heard, there is no doubt in my mind that you were 100% hopeless, apart from divine help. Though not a religious person, I have profound respect for the spiritual approach in such cases as yours. For most cases there is virtually no other solution."



In  
this  
way the new members quickly learn the method of working with prospects; in no  
time at  
all the older members are sitting back and listening to the newer ones take  
over. Our  
"combat teams" are bringing great results, for our membership is growing by  
leaps and  
bounds. . . . Also, recent publicity of our Group activity in The Bronx Home  
News has  
brought in quite a number of new people. . . . We meet Wednesdays, 8:15 p.m.,  
at  
2500  
Marion Avenue, Bronx, just off East Fordham Road.

EAST ORANGE GOES CHINESE . . . Our meeting room at 507 Main Street being  
unavailable  
the second Wednesday of each month, we are having dinner, followed by a  
meeting,  
at  
the local Cantonese on those evenings. . . . Hal R.'s role as Financial  
Secretary of  
the new clubhouse in Newark, N. J. is keeping him so busy that he doesn't have  
much  
time left for extra-curricular activity.

FLUSHING IS HOST TO MANY . . . Our Group was host to over 100 A.A.s at the  
Manhattan  
clubhouse, 334½ W. 24th Street, November 11th. It was quite a jam-session but  
lots of  
fun, besides serving to get people acquainted with each other. . . . We were  
guests  
at Paterson, N. J., November 14th, where we conducted a well-attended meeting.

.  
. .  
New members are coming in in droves.

FOREST HILLS SPEAKS AT FORUM . . . Upon the request of the pastor of "All  
Angels"  
Church, West 80th Street, several of our Group recently spoke at a Sunday  
Forum  
there  
thus spreading to non-alcoholics the word of A.A. and an understanding of the  
disease, alcoholism. . . . We agree entirely with the newspapermen who, in  
writing of  
the 10th Anniversary A.A. dinner, spoke of our member, Mary C., as a young  
woman  
of

"great charm and wit." . . . Maybelle G., attending a meeting of the Norwalk, Conn. Group a short while ago, was delighted to note a big jump in membership. . . . Bob M., who used to be a constructive part of our Forest Hills Group and now is a member of Mount Vernon, gave us a very enlightening talk, shortly after his first A.A. anniversary.

IRVINGTON SENDS GREETINGS . . . As a fairly new group in New Jersey one of many such springing up all around us we wish to send our best wishes for the New Year to all A.A.s everywhere. . . . Two members who strayed away for a time are now back with us, and this time we think they're here to stay. So do they.

MANHATTAN HAPPENINGS?! ... At a recent Manhattan business meeting there was talk of the Manhattan Group renting or buying a new clubhouse of its own. Some of the outlying groups seemed to want to share as co-owners of said clubhouse, whenever rented or purchased. But the consensus among the Manhattanites was that their group should be the sole owner, thus avoiding entanglements in policy, etc., that might very likely ensue, if the as yet hypothetical new clubhouse were owned by other groups as well. Of course, when the Manhattan Group does get a clubhouse of its own, every A. A., regardless of what group he belongs to, shall be welcome at all times. . . . Charlie H., who was appointed to head a Program Committee, has already begun closed meetings for newcomers only upstairs in the club, at 7:45 p.m. Thursdays. These new members descend to the larger closed meeting downstairs, beginning at 8:30. . . . Olive O., lying ill with a cardiac disturbance in St. Luke's Hospital, was responsible for the furtherance of A.A. among doctors. Olive talked so much and so

well to Dr. Dwight Griswold of the hospital staff about A.A. that he gladly accepted an invitation to the 10th Anniversary A.A. dinner at the Commodore Hotel, November 8th. Dr. Griswold was so tremendously impressed that he chose A.A. as the subject of the paper he was going to read before the New York County Medical Association.

MOUNT VERNON INVITES DOCTORS . . . By having as our guests several doctors from the Westchester County Psychiatric Hospital at the 10th Anniversary A.A. dinner, we are increasing the interest, respect, and cooperation of the public authorities toward A.A. This is an important step in our endeavor to impart to the authorities a better knowledge of alcoholism, and of the treatment of alcoholics especially the police court cases.

MONTCLAIR BOOMING ... In line with other changes in organization, we have a new treasurer, Van V. Van replaces Harry C., who did a swell job for us during his 8 months in office. . . . Harold S., in his travels last month, went to an A.A. meeting in Chicago, where he encountered, along with old-timers he has known, flocks of new people. . . . Plainfield (N.J.) gave us a pair of fine speakers and a generous delegation of visitors on November 12th, a return engagement being kept by our Group the following week. . . . We are going great guns in Montclair nowadays.

NORTH JERSEY GROUPS . . . Don L. and Ed E., from the Orange Group, visited our new A.A. clubhouse in Newark last month and brought with them subscriptions to the club from over 90 per cent of its members. That's what we call cooperation. . . . On November 29th the Elizabeth Group, having outgrown its former meeting place, had its first meeting in its new quarters at the Elizabeth Country Club. They are planning for the near future a get-together with all the civic leaders and welfare





Neither liquor nor the liquor business is new. In fact, they are probably as old as man. One of the keenest insights into the whole alcohol problem - an insight just now receiving due appreciation - comes to us from a sixteenth century reformer named Sebastian Franck.

Franck lived in a small Bavarian town. He was a historian, a philosopher, a folklorist, a minister and a religious writer. And since none of these occupations provided much in the way of worldly income, he was also a soap maker. He knew his people. In 1531 he published a book entitled *The Horrible Vice of Drunkenness*. Although he expressed the opinion that "Bacchus has killed more men than Mars" and that "more men get drowned in the glass than in the sea," he was not as concerned as most temperance advocates of that day with the bodily effects of drinking. He deplored the physical effects of intemperance, but he realized that the real significance of drinking lay elsewhere. He concluded:

"Much has been tried against drinking among Germans, but nothing much has been achieved. The legislators have failed, although they have made promises...It (drinking) is too deeply rooted and sin has become a habit. All would have to be reborn and receive new heads. Yes, a new world would have to come."

"All would have to be reborn and receive new heads." Although it was written more than three hundred years ago, this is true in the best modern scientific sense. For today doctors and psychiatrists alike agree that the only salvation for the alcoholic is to be reborn - to "receive a new head." There is little or nothing that medicine can do for him - a new world will have to come! We are not going to make much progress against the Fortress Bacchus until we realize this and reorient our temperance education to take account of it. Fortunately, there are abundant signs that we are doing this.

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We are beginning to see more clearly than ever that the problem of the alcoholic is a religious problem, that is, a problem of the whole personality. And we are beginning to see, too, that our approach to the problem of the alcoholic has not been as Christlike as it might have been. Our greatest mistake has been in condemning the alcoholic as a sinner and treating him as an outcast. The truth, as Dwight Anderson has said in the *Quarterly Journal of Studies on Alcohol*, is that alcoholism is a result "not of sin but of sickness... not a sign of moral degradation but the pathological expression of an inner need, a deeper lying mental trouble which requires professional treatment like any physical disease."

Alcoholism is not a sin, for the essence of morality is choice and the alcoholic has no choice in the matter. He has to drink. It is a psychological necessity. He cannot be healed by treating him as an outcast, for what he most needs is to feel himself a part of the community. Would we throw a diabetic or a tubercular person into jail? Of course not. Instead of treating the

alcoholic as an outcast and differentiating between him and other people, we should identify ourselves with him in the realization that we and all men bear some measure of responsibility for the maladjustment of which his condition is so appalling a symptom.

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As Franck realized, the effect of alcohol on the body is not nearly so important as the motive for drinking. It is why a man drinks that matters, not how or what or how much. In other words, the drinking is a symptom of some kind of personality trouble, some kind of inner inadequacy. "Most men," says Thoreau, "live lives of quiet desperation." That is true, as every minister knows, and as long as it is there will be an alcohol problem with which the church, as well as other social agencies, must reckon.

In his classic *Varieties of Religious Experience*, William James puts it this way: "Not through mere perversity do men run after it (liquor). To the poor and unlettered it stands in the place of symphony concerts and literature; and it is a part of the deeper mystery and tragedy of life that whiffs and gleams of something that we immediately recognize as excellent should be vouchsafed to so many of us only in the fleeting earlier phases of what in its totality is so degrading a poisoning. The drunken consciousness is one bit of the mystic consciousness, and our total opinion of it must find its place in our opinion of that larger whole."

"Not through mere perversity do men run after it!" If we have fallen down in our temperance program in the past, it is at this point. We have not tried to understand why people drink or what liquor does for them to make them keep on drinking. We have not realized that drinking is a symptom.

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First, it seems to me, the church can exert itself to the utmost to end the fatal tensions in modern society, tensions which are at the bottom of much of the maladjustment of which alcoholism is the symptom. "A new world would have to come," says Franck. We help the new world to come when we fight injustice, unemployment, poverty, war, racism. The church helps the alcoholic when it seeks first the Kingdom of God on earth.

Second, the church can give men faith in God. "God" says Tolstoy, "is he without whom we cannot live." This is true for all men, but it is especially true for the alcoholic. He cannot win his fight without God. Medicine has about given up on him. God never gives up on anybody. The church can show the alcoholic the "expulsive power of a new affection." Here is a conversation between Dr. Jung, the famous psychiatrist, and an alcoholic patient, which E. Stanley Jones quotes in his *Abundant Living*:

Dr. Jung: You are suffering from a loss of faith in God and in a future life.

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Dr. Jung: That is no business of mine. I am a doctor, not a priest. I can only tell you that if you recover your faith you will get well. If you don't, you won't.

Truly, for the alcoholic, faith is the victory that overcomes.

Third, the church can help in a practical way by setting up body, mind and soul clinics for as many churches as can be staffed with trained psychiatric-ministerial personnel. Church-related hospitals can set up alcoholic clinics, working closely with the Research Council on Problems of Alcohol of the American Association for the Advancement of Science. Church-related colleges and universities can follow the example of Yale and set up schools of alcohol studies, and perhaps clinics in conjunction with them, as is now being done at Yale.

Fourth, the church can build the inner disciplines that hold a life together and keep it from flying apart beneath the centrifugal pressure of the modern world. Here is where religion is vital.

#### CONTINUE PRESENT PROGRAM

And it goes without saying that the church can continue the kind of educational and legislative program now promoted by its official temperance organization.

The alcohol problem will not be solved easily or by superficial methods. It will not be solved by hysteria, either wet or dry, by deceptive advertising, by quack "cures" or by legal fiat. It can and will be solved by men of good



hundred and fifty new men during the summer. Retaining his delightful sense of humor,  
Nate said just before returning to his home in North Carolina, "But Ah told 'em they needn't expect me to make an example out of myself every spring. "

NORTH HOLLYWOOD A. A. s are going to build a clubhouse of their own. They already have the blueprints, and are underwriting their venture through the sale of "Sobriety Bonds. " . . . Peter J. Hampton, Associate Professor of Psychology at Western College, in his study on alcoholism during the past year, has conducted hundreds of personality tests on alcoholics. In a big public meeting in CINCINNATI, Prof. Hampton recently discussed "the wonderful organization that is Alcoholics Anonymous, " and told something of the series of tests he is at present making in conjunction with members of the Cincinnati A. A. group . . . . A PHILADELPHIA newspaper, commenting on the forthcoming film, "The Lost Week-End, " makes this statement: "Strangely enough, the W. C. T. U. has damned the picture, while A. A. believes it will have a good effect on behavior of cinema addicts in general. "

Veterans' hospitals all over the country are writing into the New York Central Office for A. A. literature, and in quite a few hospitals groups have already been formed. WASHINGTON, in fact, is looking more and more to A. A. as a way to aiding alcoholic men and women of our Armed Forces, both at home and abroad. Letters of inquiry are pouring in from all over the world--from France, Ireland, Scotland, Cuba, the Aleutians, etc. Some of these are from the Red Cross and other organizations, some from the G. I. s themselves. No wonder that in one month alone the Central Office sent out 3,385 letters. A feature of the program celebrating the second anniversary of the SCHENECTADY (N. Y. ) A. A. s in late November was the playing of a transcription of the State Health Department's "Health Hunters" radio program, previously heard over a number of stations, dealing with the work of A. A.

Columnist William P. Frank of the Wilmington, DELAWARE, Journal is typical of the favorable reaction of most newspapermen to A. A. He writes: "If the drink problem worries you--and you want to know something about kicking Old Man Alcoholism in the face, why not attend the public meeting of A. A. tonight in the Delaware Academy of Medicine. And if you have friends who are all tangled up with alcohol and can't get rid of the old devil, you ought to go there, too--and learn for yourself what this organization is doing. " Frank comments on the members' sense of humor as one of the interesting features of A. A.

Examining the jurors for a trial coming up in MIAMI, Fla., the D. A. asked if any of them ever belonged to a temperance organization or had been members of A. A. None had. What, we wonder, would have happened if they had? . . . Los ANGELES now has a Central Office, functioning as a clearing house for all the A. A. groups in that area, with a paid secretary . . . . Speaking of paid secretaries, Bill made mention the other day of what is erroneously referred to as "professional A. A. s. " He emphasized the fact that these people are not being paid to be A. A. s but to work in various secretarial and executive capacities.

High Watch Farm at Kent, Conn., has undergone a transformation in organization and is now being run by an Operating Board which has representatives from the CONNECTICUT A. A. groups and Yale. An increasing number of alcoholics are availing themselves of the good food and comfortable home surroundings at the farm, also the beautiful Connecticut countryside.

From MICHIGAN comes word that the conclusion of a survey assembled for the American Hospital Association by the Committee on Hospital Treatment of Alcoholism was that hospital facilities for the care and treatment of alcoholics in the United States are scanty and inadequate. In Russia, the survey states, all alcoholics are registered and their personal and social histories filed in accordance with a comprehensive scheme of control which has been developed by the State. Acutely intoxicated persons are taken to the regional sobering-up stations. Persons suffering from alcoholic psychoses, etc., are committed to psychiatric hospitals where treatment is carried out under the supervision of skilled specialists.

An audience comprised chiefly of East Bay physicians listened intently at the SAN FRANCISCO Century Club as members of A. A. spoke before them at a recent meeting.

Among subjects discussed were the psychological phases of alcoholism, and its spiritual and family repercussions.... The Moline, ILLINOIS, Dispatch says that

a number of persons have called Magistrate Ralph Stephenson and Geneva Dunderberg, Moline policewoman, to express interest in their suggestions, published previously in the Dispatch, that a chapter of A. A. be organized in Moline. Stephenson said some who called him were alcoholics and some were persons having close friends or relatives victimized by alcohol. "I believe we may get somewhere with this, " Magistrate Stephenson remarked, "and I should like to reiterate the belief that such an organization is needed in Moline. " . . . Not only doctors and magistrates but clergymen of all denominations are coming nationally to recognize the benefits of A.

A. A short time ago, in Richmond, VIRGINIA, the Catholic Father T. E. O'Connell was guest speaker at the monthly public meeting of the Richmond group. He had been designated by Bishop Peter L. Ireton, who has approved the principles of A. A.

"Not to bore you good people who have, never been tempted by the cup that



drunk in the past, before; whom I behaved badly, and be able to say: Look. I am an alcoholic. That's why I acted the way I did. Now I don't have, to act that way any more. For this load is now lifted. This awful load of shame, fear and guilt. Instead of avoiding people's eyes, instead of wondering what they think of me, instead of crossing the street when I see them coming, I can keep on walking down the street, say hello, shake hands, and smile.

My other reasons stem from this one, and yet they are more important reasons. For I feel that my own unembarrassed attitude, my own frankness and freedom in the matter, affects everyone with whom I come in contact, and with whom I talk. Freedom from guilt and embarrassment is the only attitude that we alcoholics can have. If we want to "forget" about our drinking and conceal our past and pretend or wish we weren't, in A.A., then we have not yet forgiven ourselves. It is highly important that we forgive ourselves, utterly, or others won't forgive us. They will continue to sense in us shame and fear. Then they in turn will feel uneasy. They will continue to think of the subject as a moral issue, censurable, objectionable. We must be ready to say to people what we say to ourselves. That our past is our sick behavior, and that our present and our future is our convalescent and our well behavior. That we are living from day to day, in our new present, which is our strong secure future, forever. Herein lies all the hope of our lives.

I think that this altitude within ourselves is most contagious. Over and over I have heard from other A.A.s how they have, gone to a frightening boss, and talked to him, only to find him friendly and helpful. How they have won over stiff-necked relatives, or a narrow-minded community, in the most magical and wonderful way. For seldom does anyone, lose a job, a friend, the esteem of his neighbors because of not drinking. It is drinking and getting drunk that bothers friends, relatives, neighbors. And even this is being looked on with more and more understanding, thanks to the frank attitude of the average A.A. For the more people learn about A.A., the more they understand what alcoholism is, the more lenient they become toward the alcoholic and his problems. And the easier it is for the alcoholic to shed his fears, and face himself.

[But] there are plenty of people around these United States (not to say a few in Europe) who ... wish I were pushing up buttercups this very minute. I have not gotten them all to forgive me. I'll be doing well if I get half of them to do so before I'm through. Yet I think that as I progress in A.A., I will be able to get a few of them to realize that I'm not responsible for what I did then. That I am trying, to the best of my ability, to make amends, through 12th step work, and in all other possible ways, and that I, like everybody else who is working at A.A., have undergone a change that is a miracle.

This brings me to my last reason for telling the world. When I say to friends and strangers, I'm an alcoholic, I belong to Alcoholics Anonymous, I am saying something wonderful, something good. I am saying: Look at me now. Look at what I was. Maybe I'm not much now. But I am well. I am happy. Happier than I've ever been in my life. ... I can work. I can love people. I have hundreds of



sense. For today doctors and psychiatrists alike agree that the only salvation for the alcoholic is to be reborn - to "receive a new head." There is little or nothing that medicine can do for him - a new world will have to come! We are not going to make much progress against the Fortress Bacchus until we realize this and reorient our temperance education to take account of it. Fortunately, there are abundant signs that we are doing this.

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observed:

"We are not failing to treat the alcoholic as he should be treated because we do not have time, nor because there aren't enough psychiatrists, but because we don't know how." A second doctor remarked that there is still a slight moral stigma attached to drinking and society doesn't want the alcoholic treated as a sick man, it wants him punished. A third doctor agreed that, in the eyes of society, the alcoholic, like the person who acquires a venereal disease, is somehow "having fun."

Society will pour out millions to treat cancer and infantile paralysis because the victims are obviously not "having fun," nor is their disease sort of a just price they are paying for fun previously had. As Dr. Myerson put it, the key word for science is research; the key word for the public is education--chiefly in the idea that the alcoholic is not enjoying himself and deserves to be treated seriously.

The final conclusion of the symposium was that the key word for the alcoholic himself is "will"--will rooted in a positive belief that he can win his fight, and that the fight is worth winning. . . . A.A.s, we t h i n k , are apt to question strongly that word "will"--when the enemy is alcohol.

The Monday and Thursday luncheons at the Cafe Loyale on New York's Fifth Avenue are beginning to take on a national aspect, with A.A.s, both men and women, from all parts of the country dropping in from time to time. Mount Vernon, which recently celebrated its second anniversary with a dinner, has given birth to its second off-spring, Yonkers, N. Y.

Two old friends met by accident the other evening, the first time in 35 years. One was Frank L. of Flushing,, the other, John M. of the A.A. Seamen's Group. Both were attending a meeting at t h e Seamen's Club.

The Hartford, Connecticut, group broadcast three times over the radio:  
December  
20  
and 27, and January 3; on each program there was a prominent guest and several  
A.A.s.

The New York clubhouse, 405 W. 41st St., was the scene of a rousing business  
meeting  
in January, ending in a new charter and election of officers: President,  
Charlie  
H.  
of the Manhattan Group; Vice-President, Dave R. of Forest Hills; Treasurer,  
Bob  
W. of  
Manhattan; Secretary, Cesar T. of Flushing. Including these officers, the  
Board  
of  
Directors are: Tom M. and George R. of Brooklyn; Horace C. of Bergen County;  
Joe  
H.  
of the Bronx; Bob D. of Hempstead; Marion M., Jack N., Dick AT., and John D.  
of  
Manhattan. . . . A couple of lawyers, leaving the meeting, shrugged their  
shoulders  
eloquently. One looked at the other. "Astonishing!" he said to his colleague  
and  
fellow A.A. The second lawyer, his eyes questioning, replied, "You said it,  
brother!"  
Could their cryptic words refer to the wonderful facility with which A.A.s  
outflank  
the knotty legal technicalities that drive non-A.A. barristers to drink?

The Cleveland groups--there are many of them--go in for sponsorship in a big  
way, as  
evidenced by a late issue of their Central Bulletin : "The book on sponsorship  
should  
be studied and fully understood by every member of A.A. . . if everyone reads  
it  
and  
applies what he reads the prospect is successful and happy and so is the  
sponsor."

The A.A. Tribune, from Des Moines, Iowa, refers to a former member of their  
group,  
now manager of a radio station in Chicago: ". . . that kid sure does a lot of  
A.A.  
work and, funny thing, the call of the station is THE VOICE OF SERVICE."

In The Viewpoint, an excellent bi-monthly review written by the inmates of the New Jersey State Prison in Trenton, a member of the prison's A.A. wrote an inspiring article in which he told of the splendid work being done not only in Trenton but in San Quentin, Chini, and Folsom, where the authorities are cooperating fully with the A.A. groups.

Referring to Bob Benchley's famous crack that the only cure for a hangover is death, a New York columnist writes that this is no longer true "now that A.A. is with us and going strong." Which reminds us that Dr. Bob S., in his short talk at the New Year party given by the Akron, Ohio, group (with over 400 present), pointed out that four out of the five who attended the first A.A. meeting in Akron, nine years ago were present.

A small boy in grammar school, after listening to a moralizing teacher hold forth on the horrors of drink, rose to his feet and said he didn't agree. "My papa is a member of A.A." The child proceeded to define alcoholism as a disease and in an easy, natural manner, without any sense of shame, told how sick his father used to be, pre-A.A. And, "If any of you other kids have papas or mamas who are drunks, you just come and see me after school."

If the human race thinks it has sole claim to alcoholism, guess again. Increasingly the animal kingdom is becoming addicted to the disease. But with a difference. Theirs is an enforced addiction--man-enforced. Not long ago, in the scientist's search for an understanding of alcoholism, rabbits were made to reel around. Now it's cats. In his



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## A LOOK AT ALCOHOLICS ANONYMOUS

By a Catholic Member of the Eau Claire, Wis., Group of A.A.

What is an alcoholic, Catholic or otherwise? How does one know whether he is a victim of the disease of alcoholism? The simplest definition of an alcoholic is an uncontrolled drinker. A man knows well when he is an uncontrolled drinker, on the incontrovertible evidences of his own actions. And the voice of conscience speaking awesomely in the darkness of his remorse tells him clearly that he is a victim of a self-imposed madness. Alcoholism is not a matter of the amount one drinks, but of what that amount does to one's personality and character. Some alcoholics drink two quarts of liquor a day; some do not drink that in a month. Both are equally gripped by the disease and obsession. Then there are those who can drink every day without becoming alcoholic. An honest personal diagnosis will inerrantly reveal the disease.

An alcoholic is a person who is allergic, physically and mentally, to alcohol. The allergy is manifested in a pattern of drinking opposed to one's experience and common sense and opposed to his deepest instincts of right. If a man can go into a bar, have two or three drinks, then willingly stop, and do this day after day; if he can willingly stop drinking any time he desires, he is not an alcoholic. But if, intending to take only two or three drinks, he usually remains to take a dozen, he is alcoholic. If he drinks for sociability and conviviality, he is not alcoholic. If he drinks to get drunk, he is.

To a large extent the motive, the reason why a man drinks, determines whether he is an actual or potential alcoholic. If a man drinks in the morning; if he drinks at any time when it is folly beyond question, he is alcoholic. If he is shy, cunning and furtive about his drinking; if he lies to his wife, friends, employer about his drinking, he is obsessed. If he drinks because he feels the need of alcohol either to excite his brain or quiet his nerves; if he spends more than a nominal part of his income for booze which he drinks himself; if he loses any time from his employment, work or obligations because of liquor, definitely he is alcoholic.

A man's alcoholic obsession becomes manifest when he takes the first drink. Gone then is control, even desire for moderation. Because of his peculiar physical and psychical make-up, all of the defenses which the nonalcoholic drinker possesses are useless in him. That is so because he is different, physically, mentally, and emotionally, from the controlled drinker. Yet, despite his certain knowledge that he cannot stop after taking the first drink, the alcoholic, five minutes after giving his solemn word not to drink that day, is banging on a bar demanding whisky! Why does he do this in the very teeth of repeated disaster? Because he will not honestly face his problems and seek the only menu under heaven for its solution.

He says, "Not my will, but Thine be done." But does he mean it? He does not. Not so far as liquor is concerned. Not so long as he continues to drink. What he asks in effect when he prays is that in his behalf the laws of compensation be suspended; that God arrest the dicta of nature, and rescind the natural and spiritual law so that he may indulge in what he will not admit is defiance of God's will, for him.

But God is always deaf to the dumb. He made us all eloquent in the language of the heart, and He hears only its honest pleadings. Is the Catholic alcoholic who continues to drink while he petitions God for help conscious of the duality of his nature and the duplicity of his prayers? He is. He knows, where another may not, that he cannot touch the hand of God so long as he retains the bottle. He knows by spiritual instinct and by religious training that there is no compromise with God.

He will do anything, anything to solve his drinking problem, but stop drinking! He flatly refuses to accept the fact, for fact it is, that this and this alone is the price God demands for his release from the hell of alcoholism; for his restoration to physical, mental, and spiritual health; and for restoring to him his courage and self-respect.

This one simple act of unconditional surrender will spark into action all the surging power of the miracle of release. The very instant a man unconditionally surrenders his alcoholic problem to God, in that very moment, God puts into his hands the weapons of victory. How quickly he will experience the exhilaration of complete freedom depends, in my opinion, upon the degree of faith with which he makes his surrender. We of Alcoholics Anonymous believe that a man must crave a spiritual experience if he is to be rid of his obsession and disease. To the Catholic with his rich background of spirituality, religious heritage, and intimate knowledge of the love and mercy of Christ, this vitalizing, transforming experience should not be difficult to realize. It can be astoundingly easy. As for myself; first having admitted that I could not drink as others, that I could never again drink anything, I went to my knees in unconditional surrender, for the first time in my life. Then with instantaneous clarity I saw the almost incredibly simple method wherein I could find the power to convert my utter defeat to magnificent victory. This method, this technique is so utterly simple that many, I fear, will refuse to believe that anything so obvious can produce it. Yet it did for me. It did for many I know.

In our colossal conceit, many of us scornfully reject the simple. But God's law in the Ten Commandments and Christ's teachings in the Gospels, the profoundest truths under heaven, are expressed in the simplest of terms. One needs not an educated mind, but an uneducated heart, to comprehend the promises of God. The greatest mind on earth cannot read into Christ's invitation and guarantee more than the most illiterate can take out of it. "Come to Me, all you that labor, and are burdened, and I will refresh you." This is Christ's promise.



discussed the alcoholic problem and A.A. openly, in one of the "soap-operas."  
The  
drunken heroine of the story, sorely in need of help to patch up her  
emotionally  
ragged home, was informed of A.A. by her doctor and advised to try it. She  
did; she  
got sober--and of course she lived happily ever after.

Here's another date to remember: St. Patrick's day, March 17. Rudy P., French  
horn  
player of the New York Philharmonic, together with some of his  
generous-spirited  
symphonic friends, will give on St. Patrick's day at the A.A. Cosmopolitan  
clubhouse,  
405 W. 41st St., New York City, a program of chamber music, to begin at 8:45  
P.M.  
Beethoven's septette and some woodwind quintettes will be played.

The Middle West has two new, thriving groups--with a Before and After sound --  
one in  
Painsville, Ohio, and the other in Blissfield, Michigan. . . . Among Los  
Angeles'  
more than 20 groups is one that probably rates as the most exclusive of any in  
the U.  
S. A. Only the alumni of Skidrow and jail are eligible. . . . The smallest  
group  
in  
the country is in Casanovia, New York, a suburb of Syracuse, with only two  
members.  
Some time ago a drunk airplaned to New York for a visit with Bill; he then  
returned  
home and soon sobered up another drunk; then he had a slip himself and was in  
turn  
sobered up by his neophyte. Now they're both dry and intent on recruiting more  
members in the Syracuse area. Their address: Box E, Casanovia, New York. . . .  
A.A.s  
of the lush, bayou country of Baton Rouge, Louisiana, wisely stress the lack  
of  
"moral lecturing" in their publicity.

. . . A columnist of the Atlanta, Georgia, Journal says that once in a great  
while a  
newspapermen happens upon a group of sincere people, and that once makes up  
for  
all  
the "uplift" organizations which have plagued his journalistic life. "Such a  
group is  
Alcoholics Anonymous, who the other night appeared before 103 chronic

alcoholics  
at  
the Atlanta City Jail to explain the A.A. program--to give them hope for the  
day  
of  
their release". . . . Tulsa, Oklahoma, will soon welcome a new member--an  
inmate  
of  
McAlester Prison, who has been corresponding with Tulsa A.A.s.

This country at large seems to be delightfully astonished by the St. Louis  
dinner  
given Marty Mann, executive director of the National Committee for Education  
on  
Alcoholism, and A.A.'s First Lady, judging by the reprints in countless  
newspapers,  
which unanimously refer to the evening as "the strangest ever." The hosts were  
the  
combined A.A. groups of Greater St. Louis, the guests prominent St. Louisans.  
While  
the guests--all except Marty--drank Scotch, bourbon, and gin, the hosts slaked  
their  
thirsts with soft drinks and gayly watched the guests being transformed into  
many  
stages of hilarity. . . . Latest highlight of the Montpelier, Vermont, group  
was  
the  
150-mile plane and bus trip through a blizzard, taken by several members to  
meet  
Marty and hear her talk in Montreal.

Walter Winchell lately devoted his entire Broadway column to current folklore  
about  
Manhattan's bars, of which he contends there are more than street corners. The  
Lost  
Weekend, which, according to Winchell, has bestsold a nation into cautionary  
drinking, caused "a lot more pity than the real sight usually does." The  
smash-hit  
Harvey makes "drinking a good deal funnier than it always is." And "Alcoholics  
Anonymous, who've been shouting so loud they are fast becoming as familiar as  
a  
hangover, have been there before". . . . Apropos of hangovers, here's one to  
pass on  
to your non-A.A.-needing pals. A marvellously simple cure for a hangover is  
reported  
by people doing much transatlantic hopping these days. The victim of an  
allnight  
party has only to board a long-distance plane and put on an oxygen mask. Four

hours

later, arriving in, say, Newfoundland, he feels fine.

"The Water Wagon Gets New Stall" is one of the titles of a series of six wonderfully instructive, sometimes uproariously funny stories, with accompanying cartoons, by Elgar Brown of Chicago's Herald-American. Beginning with the fictitiously-named

J.

Buffington Nutmeg as a lush-about-town, then putting him through his paces as a drunk desperately wanting to stop drinking, Mr. Brown shows Nutmeg being introduced to

A.A.

But Nutmeg has tried to "swear off" so many times and has sought help from so many sources that he is plagued by recurrent doubts. We see him reading the book, going to meetings, doing 12th step work. In the last of the series Nutmeg is entering his ninth month of sobriety, whereas never previously in the past decade of his fruity career had the old boy laid off the liquor for one consecutive week, He went on the wagon once in 1931 and it was the dreariest day of his life. Clinging to the 24-hour system of operating, Nutmeg today ventures no predictions as to the dry spell's duration. He hopes it's permanent, but all he knows, for sure, is that he is sober this day.

The A.A. seamen's group is doing a fine job with their weekly meeting at the New York

Seamen's Institute (the dog house), 25 South St., and new members are constantly coming to their clubhouse at 334½ W. 24th St., Manhattan. . . . The Kansas City,

Kansas, group has bought and moved into a 12-room clubhouse. . . . The Hollywood

A.A.s have just leased new headquarters at 2560 North Beechwood Drive, complete with large hall, club rooms, and kitchen.



stop kidding yourself and admit that you are at the end of your tether; alcohol has become your master. Then you have to hand over your situation to a power greater than yourself. You let that power manage your life, knowing that yourself cannot. Last of all, when you receive help, you automatically assume responsibility to help someone else. It is understood that you will try to make amends for any wrong you have done.

A refreshing thing about this fellowship is its freedom from glumness, cocksureness and cant. The reinforcement of being active in the group is indispensable, a little like the agape of early Christians. Many find themselves needing to pray, naturally and sincerely.

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++++Message 1210. . . . . Gv April 1945 - News Circuit  
From: t . . . . . 8/13/2003 5:08:00 AM

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Grapevine, April 1945

A.A.'s Country-Wide News Circuit

The role which A.A. can take in curbing absenteeism in industrial plants due to excessive drinking was recently outlined before the Chattanooga, Tennessee, Industrial Personnel Club. Stanley Davis of Cincinnati, analyst of the Ohio Personnel Testing Laboratories, displayed personnel tests showing the qualifications of a normal worker and the marked deviation by alcoholics from the norm. He also showed how alcoholics "come back," even passing the norm, after joining A. A. The program was arranged by a prominent businessman, who is a member of the non-alcoholic advisory board for the Chattanooga A. A. g r o u p . . . . Can anything be done for the valuable employee whose drinking is out of control? To some employers this is still a baffling question. The Delaware A. A. groups have distributed a booklet, "What About the Alcoholic Employees?" to personnel directors in organizations throughout the state. The booklet contains a reprint of the chapter in the A. A. book describing the experiences of an employer in dealing with alcoholism.

Norwalk is the latest to join the A. A. ranks in Ohio. At their first open meeting were Judge Edgar Martin of the Common Pleas Court, Judge Luther Van Horn of Probate Court, Prosecuting Attorney Herbert K. Freeman and County Welfare Chairman George W. Lawrence.

Another new group has been formed in Stockton, California, and Pennsylvania has a new one in Uniontown. As for Iowa, you may take the word of its members that A. A. is ticking there. They have watched it grow from a meager beginning with five members in October, 1943, to nine groups with a present total membership of more than 260 persons. So far, there have been few women members: two in the Ottumwa group, two in Des Moines, and one at Waterloo. With the Tampa A. A. s as the sponsoring body, there's now another group in Florida, in the town of St. Petersburg . . . . Oklahoma's expanding A. A. has now reached to McAlester.

Judge Karl V. King of Salt Lake City, Utah, has recommended to the city commission the establishment of a clinic for alcoholics. The judge would then commit alcoholics who have been arrested four or five consecutive times to the care of the clinic for a period not to exceed six months. They would receive the necessary medical care, and services of psychiatric workers. When released they would be paroled to A. A. It is proposed that this clinic be financed through the federal, state, county and city governments. Which reminds us that Austin R., author and member of the Eau Claire, Wisconsin A. A. group, recently spoke on A. A. before the Eau Claire State Teachers College.... According to the Chicago Municipal Court records, the sex ratio of alcoholic addicts has changed from one female to four or five males in 1931, to one female to two males in 1943, as reported by Dr. D. B. Totman, director of the psychiatric institute of the Municipal Court of Chicago in a late issue of the

Journal of the American Medical Association.

Our school system is gradually being instructed in A. A. Paul C. Young of the Louisiana State University faculty was recently quoted in the state newspapers for his enthusiastic support of our program.... Dr. Charles L. Outland, medical director of Richmond Public Schools, was the principal speaker at a meeting of the Richmond, Virginia group . . . . Adhering to wartime needs, A. A. s throughout the country are establishing swing shift groups, some meeting in the morning, some in the afternoon. Flint, Michigan is flourishing on its new swing shift basis.

A. A. groups of Westchester County, New York, are beginning a plan of co-operation with Grasslands Hospital authorities, under which volunteer attendants will be supplied for night duty in the hospital's psychiatric building. The announcement was made in connection with the organization of a Yonkers (N. Y. ) group at a recent open meeting. Other participating groups are Mount Vernon, New Rochelle, White Plains and Peekskill. The emergency plan, by which the A. A. members will meet a serious manpower shortage, was worked out in a conference with Dr. John G. Lynn, chief psychiatrist at Grasslands, and Mrs. Blanche P. Mack of Scarsdale (N. Y. ), director of volunteer service at the hospital. Effective since the latter part of March, the Westchester groups are supplying three volunteers a night to serve as attendants at the psychiatric building. The plan is an outgrowth of a continuing program of cooperation between Grasslands and A. A. in helping alcoholics in Westchester to recover.

Here are some more statistics, not the usual boring kind but dynamically alive.... 600,000 chronic alcoholics were institutionalized last year, of whom New York's Bellevue Hospital took care of 8,562.

An overseas letter from Lt. Don Aho of Fairport Harbor, Ohio, reprinted in the

Fairport Harbor Beacon, with favorable editorial comment, says "I have been reading about the Alcoholics Anonymous in various periodicals with keen interest. I am really glad to see it branch out. It uses the best psychology of education and leadership that I have ever seen applied.... A. A. is setting a fine example for our educators to follow. Perhaps the day will come when all graduates will emerge from school trained and prepared to meet life's problems without fear of failure."

Lunching in the Senate dining room the other noon with Dr. E. M. Jellinek, director of the Section on Alcohol Studies of the Laboratory of Applied Physiology at Yale, were a significant collection of people. Discussing with Dr. Jellinek the establishment of clinics for alcoholics in Washington, D. C., were Senators Arthur Capper and Theodore G. Bilbo of the Senate District Committee; Representatives Jennings Randolph, chairman of the House District Committee; and Representative Karl Stefan, member of the House Appropriations Committee for the District.... A step toward co-operation with A. A. is being taken at Washington's District Jail, Howard B. Gill, superintendent, announced a few days ago, with a Committee from the Washington A. A. group visiting the jail regularly. Statistics show a majority of the 12, 000 alcoholics passing through the District Jail each year are old offenders. Most frequent visitor is a man now on his 157th sentence.

Ted Le B., a member of one of the many groups on Long Island, New York, gave a talk in Buffalo a while ago that has been widely written up in newspapers throughout the country. Ted said that "these 12 A. A. steps really are a masterful abridgement of the only possible ultimate international peace program . . . . The splendid truth given to a halfcrazed drunk who fell to his knees and asked God for light may some day deliver all mankind from chaos just as it delivered him. The mustard seed may



all that they are drunks, who can't handle their liquor. Then they are advised to analyze their own personalities and find out what made them that way; adjust their personal relations to normal life; depend upon some power outside themselves to help them stay sober; work with other alcoholics, to help cure the latter and help stabilize themselves.

This matter of depending upon some outside power, that gets some of them down; it sounds like religious evangelism. But it isn't anything of the kind. These are not religious fanatics nor zealots. They are men and women of the world for the greater part, some of whom had been much too blase. They know the score.

There isn't anybody around the joint sprouting wings. The "testimonials" that are given are intended only to add point to the A.A. program, to show that it really works. And there is no doubt that it does.

Social workers speak highly of the movement. The section on neurology and psychiatry of the New York State Medical society has run articles in its official journal about the work of A.A. Prominent psychiatrists have given it their endorsement. And, of course, religious leaders have blessed it. All have agreed that Alcoholics Anonymous is the McCoy.

There are more than 300 branches all over the country, about 30 in the New York metropolitan area alone, and a headquarters in Hollywood, too. At the 41st St. clubhouse there are billiard and card rooms, a library and a writing room where members can relax, good fellowship, and all the appurtenances of any good club, except a bar. For one thing is insisted upon by A.A.: don't come to the club drunk or with liquor on your breath. A.A. knows that some of the members slip some times; these are helped to get back to 'dryness again. But they may not come to the club until they have stopped drinking, no matter how recently.

The evening spent with the A.A. was exhilarating. You wonder: would these people care to have you talk about their work? You decide to ask the secretary. A woman near by, an actress hears the inquiry. The secretary let her answer: "Yes, do talk about our work. Show people will read it in Variety. They'll know we're neither crackpots nor zealots, but just people, including people from show business who have licked an important personal problem, and want to help others."

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+++Message 1212. . . . . Gv May 1945 - News Circuit  
From: t . . . . . 8/14/2003 12:04:00 AM

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Grapevine, May 1945

## A.A.'s Country-Wide News Circuit

It may be that women fear their anonymity will not be respected, and therefore they are more reluctant than men to come into A.A. Society is more scathing in its condemnation of a woman alcoholic. No doubt about that. Nor is there, any doubt that, whatever the reason, there are proportionately few women in A.A. A coast-to-coast review brings out this salient fact: it isn't until about four years after the inception of a group that women begin arriving in any numbers, and even then the process is slow and painful for quite a while.

In a huge impersonal city like New York-- which leads the nation in the number of A.A. women--anonymity doesn't play the big bugaboo role that it does in the small towns where usually everybody from the kids on the street corner to the town dowager is either thinking or saying--"My dear, did you see Mrs. Smith today? Disgusting! . . . "It's just criminal the way she neglects her poor little children!"... "Why, they say she's drunk all the time!" And on and on. And yet that same Mrs. Smith is afraid to go to A.A. for fear people might learn she is having difficulty with alcohol!

But it is encouraging to note that everywhere in the country, paralleling the steady increase in general knowledge that alcoholism is a health problem, not a moral one, women from smaller communities as well as large are beginning to come into A.A. a little less spasmodically and haltingly. In these past years, women have been largely responsible for the establishment of groups--to name only a few -- in Chicago, Dallas, Fort Worth, San Antonio and it was a woman who first brought A.A. to the Pacific Coast, in 1940. Many of our women are in the WACS, WAVES and Nurses Corps, while

others are contributing to the war effort by working as Nurse's Aides,  
director  
of  
blood banks, etc.... Enterprising Nancy S., lone A.A. member wintering in Palm  
Beach,  
Florida, who ran a bookshop, ordered five copies of the A.A. book, listed them  
under  
several headings in her catalogue (Psychiatry, Medicine, Biography, etc. ) and  
put  
them in a window display under "Health, " "How to Relax, " and "Be Glad You're  
Neurotic. " They went like hot-cakes. She ordered twenty-five more, hasn't  
been  
able  
to keep up with the demand. Curious fact about the buyers--the books were  
always  
for  
"somebody else. " . . .

Another A.A. woman who had recently moved to Springfield, Missouri, and hadn't  
yet  
found a way to start a group, one day read in a Springfield paper a story  
about  
Marty  
Mann and her work with the NCEA (National Committee for Education on  
Alcoholism). The  
woman promptly took a P. O. box and wrote a letter to that same paper saying  
she  
was  
an A.A. and would be glad to help anyone interested. Within a week she had  
nine  
prospects.

Apropos of Marty, who in private life is an A.A. member and in public life is  
paid by  
the NCEA to teach the general public the facts about alcoholism and to try to  
awaken  
their interest in doing something about this great public-health problem, we  
see  
from  
many newspaper stories all over the country that, aside from her regular NCEA  
lectures, she often takes time out from her strenuous work schedule to speak  
before  
A.A. groups wherever she may be. The full story of the NCEA and its aims was  
published in the October, 1944 issue of The Grapevine, and the NCEA office at  
2  
E.  
103rd Street, New York, will gladly forward copies of that issue upon request  
.

. . .

Since we're on the subject of women and their work, we must mention, at least in

passing, the splendid and consistent work of Bobby B., five years in A.A.

Though

Bobby works--and how!--here in Manhattan, she is perhaps even better known to the

thousands with whom she corresponds all over the country, in her capacity as National

Secretary of the Central (A.A. ) Office in New York, since 1942. Before that she

was

secretary of the Manhattan Group, and before that, as Bobby herself puts it,

"I

was

just a drunk."

Station WTIC of Hartford, Connecticut, has been awarded a 1944 "Variety" plaque

for

"Contributing to the Public Health of the Community. " The competition, which

was

open to all the radio stations in the United States and Canada, was won by

WTIC

for

the Alcoholics Anonymous series originated over the station last year. The

"Variety"

citation reads: "WTIC learned that alcoholism was health problem No 4 and particularly aggravated in wartime. Not a moral depravity but a disease. WTIC

decided

to awaken and educate its listeners to its causes and cures . . . . " These

programs

are continuing, and the Hartford Group has notified The Grapevine that they

have

had

tremendous response, most of it from women in the interest of husbands and brothers.

Ruth H. T. of Scotia, New York, a volunteer Red Cross worker, was delighted the

other

day when a returned veteran, "with a drink problem, " was sent by the Red

Cross

to

the Scotia A.A. Group. This was the group's first experience with a veteran,

and

it

is Ruth's suggestion that every A.A. group in the nation call on the nearest

Red

Cross Chapter with some A.A. literature and offer their services....

The House of Representatives recently debated a bill to construct a \$200,000 hospital

for alcoholics. "I don't think we should build a mansion for a bunch of drunks,

"

said Rep. Carl Gibson, while Rep. Hugh Caserne commented, "We just sober up our

ordinary drunks in three or four days in jail down in Marion County, " and

Rep.

Charlie Higgins reported: "The people who contribute millions in liquor taxes ought

to get a little something back."

A.A. has come to Broadway. Leading off with "Alcoholics Anonymous Doing Great Job in

Its New Times Sq. Clubhouse," the entertainment world's weekly paper Variety, of

March 28, says that A.A. pulls no punches, and that "honesty is the quality that

stands out among these people.... These are not religious zealots. These are sensible

people, men and women of the world for the greater part . . . . They know the score.

They're hep. They don't try to tell you what God to worship, or how--they don't

really

care whether you worship any.... There isn't anybody sprouting wings around the

joint

. . . . The evening spent with A.A. was exhilarating.... "

M a n h a t t a n and surrounding groups have bought out the 48th Street Theatre

for

"Harvey" the night of June 15.... A resident of North Little Rock, Arkansas, charged

with cashing a Federal check, who was placed on temporary probation, after pleading

guilty, was placed on two years probation by Federal Judge Trimble. The defendant

joined A.A. in the meantime and the report made on his conduct was favorable.

"You

come of a good family and you committed this crime of illegally cashing the check

while drunk, " Judge Trimble admonished the defendant. "In giving you



way

April

1. At that time 8 beds were assigned to alcoholics. The hospital was so pleased with the service that on May 1 they increased the number to 12.

The charge is \$10 per day, plus an overall doctor's fee of \$10. Those who have hospital insurance are covered thereby and pay only the doctor's fee. The alcoholics at Knickerbocker are under the expert supervision of Dr. W. D. Silkworth, for many years an enthusiastic supporter of A.A.

Here's the procedure for hospitalizing an alcoholic: Phone Knickerbocker to make certain a bed is available, then haul your patient up there--or down or over, as the case may be. Only members of A.A. may hospitalize an alcoholic.

The A.A. Rehabilitation Fund lends to responsible sponsors the wherewithal to hospitalize a patient who is broke. If you are 12th stepping with such a patient, call the Manhattan Clubhouse, 405 W. 41st St., and the secretary will put you in touch with a member of the A.A. Hospital Committee who will determine if the loan is to be made. Besides Manhattan, the secretaries of Brooklyn, Bronx, Flushing and Forest Hills, which groups are represented on the Committee, will do likewise for you.

In addition to availing themselves of Knickerbocker's splendid facilities when working with on alcoholic in need of hospitalization, A.A.s are invited to visit the alcoholics at any time from 9 a.m. to 9 p.m. Jack N., Chairman of the Hospital Committee, urges that more A.A. women make a point of calling on the women patients at Knickerbocker. The men have been doing a bang-up 12th-step job, with frequent calls on the men patients.

It isn't necessary to know the name of an alcoholic under hospitalization when you are planning a visit.

Since every alcoholic bedded at Knickerbocker is sponsored by an A.A., obviously he or she is interested in A.A., and both wants and needs visits from our members. Out-of-towners, too, are welcomed as callers. As patients, too, if necessary.

Indiana's latest A.A. venture, a clinic for alcoholics, also appears to be headed for success. The newly instituted Indiana Home, in Muncie, with an 18-bed capacity, had 6 patients during its first week of operation. Managed by A.A., the clinic not only gives alcoholics a six-day treatment but, like the Knickerbocker Hospital in New York, serves as a focal point for A.A. members to do 12th-step work, via visits to the patients who are being relieved of the jitters, and interesting them in the philosophy of A.A.

Over Station WWJ -- The Detroit News, a series of A.A. stories is being voiced from Detroit, little dramas written from the real life stories of A.A. members. The program is scheduled for each Saturday at 7 p.m. The series began as an experiment several weeks ago with the dramas programmed for every other Saturday at 11:15 p.m. WWJ has now moved the program forward to its present early evening spot, every Saturday. . . . The March of Time recently broadcast dramatized excerpts from Eliot Taintor's book, September Remember. . . As further evidence that A.A. is becoming increasingly known in the educational field, Willard Waller, Professor of Sociology at Barnard, the women's college of Columbia University, recently gave to his students an illuminating and comprehensive lecture on Alcoholics Anonymous. . . . Reporting on the progress of the group in Montreal, Canada, a Buffalo member who led the first open meeting, writes that Montreal has two meetings a week, one closed and one open, the latter being for "members and their wives." What!--no women alcoholics in Montreal?

Regular A.A. meetings are held by the alcoholic patients at Howard State Hospital, Howard, R. I., since members of the Boston Group visited the hospital several months ago, and received the encouragement of Drs. Vera and Friz Berhendt. . . . A new group in Providence, R. I., an outgrowth of the Akron, Ohio, group, is receiving the cooperation not only of the doctors of Howard State Hospital but of the State Welfare Department, social workers and clergy alike.

Judge E. J. Shea, as guest-speaker at a recent meeting of the Springfield (Vermont) group, spoke about the number of highway accidents in which the contributing factor was intoxication. He said the increase in arrests in the past few years for drunkenness has brought out more and more the interest of the people in the A.A. movement.

The latest of the new groups in this hemisphere is in Rio de Janeiro, Brazil.

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..

Under a Massachusetts legislative recess-commission recommendation made in May, the state's liquor drinkers would pay \$2 a year for a "personal license" and a state hospital would be established with the money to treat alcoholics. A 448-page report declared that crime, mental illness and charity costs from inebriety in the state totaled \$60,000,000 annually, compared with liquor revenues of \$13,139,266 in 1943. Licenses would be revoked for abuse. The commission also recommended labeling liquor with "directions" for moderation and a warning against over-indulgence.

Dr. Laurence L. Cross, a clergyman of Berkeley, California, as guest-speaker at the fourth anniversary meeting of the East Bay Group in Oakland last month, praised the group for "not only wanting to cure itself, but knowing how to do it." Dr. Cross declared he "wouldn't want to improve on your Twelve Steps of recovery any

more  
than

I would want to improve on the Ten Commandments." Over 350 people attended the meeting of the East Bay Group, which includes members from Alameda, Albany, Berkeley, El Cerrito, Hayward, Oakland and San Leandro.

In Marshalltown, Iowa, the A.A.s are starting a library of their own. . . . At the 5th annual banquet of the Little Rock, Arkansas Group, with over 350 present, a clergyman member told his interesting story The Glendale-Burbank, California, women's group which began with four women seven months ago now numbers 20. . . . Of 18 talks on miscellaneous topics at the Springfield, Mass. Speakers Club, one of the two chosen as best by a guest critic was on Alcoholics Anonymous.

Webster gives the definition of "lovelorn" as "forsaken by one's love." So it's not surprising to find alcoholics discussed every now and then in the Beatrice Fairfax syndicated column "Lovelorn," always accompanied by a lucid exposition of some phase of A.A. A late column cites Edgar Allan Poe as one tragic case of an alcoholic who was also a genius. And Stephen Foster, who wrote "Way Down Upon the Swanee River," and many of our cherished songs, drank up a fortune and died in a Broadway flophouse. A realist, the writer of "Lovelorn" doesn't fail to mention, along with the geniuses and near-geniuses, us common mortals who make up the majority of alcoholics--among whom are many returning veterans taking the short cut of alcoholic relief from battle fatigue and bomb neurosis; and the home-keeping men and women who have rushed to drink to blunt the raw anguish of the death of loved ones.

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+++Message 1215. . . . . Gv July 1945 - News Circuit  
From: t . . . . . 8/16/2003 5:20:00 AM

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Grapevine, July 1945

A.A. 's Country-Wide News Circuit

It was a big night at New York's 48th Street Theatre, June 15, when A. A. s  
bought  
out the house and intermittently laughed with delight or felt strangely  
nostalgic, as  
Frank Fay of "Harvey" fame subtly put one Elwood P. Dowd through his teetering  
paces.

Frank Fay read his lines like an angel, imbuing every word he spoke with the  
magic of  
an artist. And he pantomimed so vividly his physically non-existent friend  
Harvey  
that we felt the presence of the six-foot-tall rabbit with ears that big,  
right  
there  
on the stage before us. Together with the ebullient Josephine Hull, Frank Fay  
makes  
"Harvey" the fascinating, amusing play it is.

We, a member of A. A., went to see a play about a drunk--or in the polite  
language of  
medicine, an alcoholic--and his imaginary animal, Harvey. We saw instead a  
lovable,  
divinely wistful tippler who might be a potential, but he's far from being an  
actual  
alcoholic. And as for Harvey, well, if we alcoholics could have conjured up  
such  
a  
wonderfully understanding pal as Harvey, we'd probably still be at the bottle.

Elwood P. Dowd's life hasn't at all become unmanageable from alcohol, though  
the  
lives of his sister and niece do grow hilariously complicated. The road that  
lies  
between the peaceloving Elwood and an honest-to-goodness drunk is long and  
laborious,  
to put it mildly. And by the time the end of that road is reached an alcoholic  
is far  
from having fun with his drinking.

"No one ever brings small things into a bar," Elwood says in a chef d'oeuvre  
of  
a  
scene where the A. A. audience sat and breathed and lived Frank Fay's

soft-spoken  
words, communicating as they did a very real sensation of the nostalgic  
yearning  
that  
floats along with the transcending of reality, the fleeing beyond reality into  
a  
beautiful world of one's own imagining. This is something every alcoholic has  
experienced, to the depth of his being. It is a state of mind which we  
alcoholics  
longed in vain to achieve and to sustain, and failed. Only the Elwood P. Dowds  
of  
fiction can do it.

In his witty curtain speech Frank Fay, who is off the stuff these days, made  
it  
quite  
clear that Elwood's antics are all in fun, whereas too much booze is in  
reality  
no  
fun at all. "If I could have been as nice as Elwood P. Dowd," Frank Fay said,  
"I  
don't know as I would ever have given it up."

We don't know what sort of a fellow Frank Fay was in his drinking days, but he  
impressed this reporter, in a backstage chat after the show, as being quite as  
nice  
as Elwood ever was. "The A.A. s were a swell audience, you tell them for me, "  
he  
said, grinning happily.

The 25 "squads, " which the groups in Minneapolis, Minn, are called, keep  
track  
of  
each other's activities via their printed news bulletin Hi and Dri.... The Des  
Moines, Iowa, A.A.s display an admirable confidence, as evidenced by this item  
in  
their news bulletin AA Tribune: "In the event that anyone is downtown at any  
hour the  
club isn't open, you can always get the key at the Travelers' Aid Society next  
door,  
by asking them, and, being sober. "

Also from Iowa, as reported in the Marshalltown group's Camel Club Chronicle,  
comes  
this story. A drunk who had just lost his home, waiting for a trolley in St.  
Louis,  
Mo., picked up a stray alley cat, took it aboard the trolley, and sold it as a  
pedigreed animal to a fellow seated next to him who also had one too many.

Moral: The  
cat got a home and the drunk got plastered.

Raymond J. McCarthy, field investigator of the Yale Plan Clinic, was guest speaker at a meeting of the Ansonia, Conn., group at the Veteran's Memorial Home in that city .

. . . There'll soon be a new group in Mt. Morris, N. Y., where a Rochester A. A. has been doing some speaking at various clubs, aided by Dr. Kirby Collier, psychiatrist of Rochester.

Mississippi has a brand new group in Greenwood. The flourishing Jackson group was formed five months ago . . . . The Saginaw, Michigan, A.A.s have grown sufficiently numerous to branch out on their own, independent of the Bay City group of which they are an offshoot . . . . Wisconsin is another state that is rapidly expanding, with its latest group in Kenosha. A. A. s from Milwaukee, Racine, Evanston and Chicago have been cooperating to get the Kenoshians started . . . . The South Shore members of New York's Nassau County group now hold their closed meetings apart from the Mineola, N. Y., group, due to growth in attendance.

Decatur, Illinois, reports that its growth is slow but sure, and the same goes for Springfield.... The Toss Pot, an inter-group news bulletin of Charleston, Virginia, reporting also for Huntington, Parkersburg, Logan, Wheeling, Beckley, and Gauley Bridge, salutes two members who commute regularly to Huntingdon meetings from Ohio, one from Gallipolis, the other from Sciotoville.

Municipal Judge William Shane, of Ashtabula, Ohio, who long has been active in promoting A. A., spoke at a meeting in Conneaut, Ohio, with members attending from Meadville, Erie and Ashlabula g r o u p s . . . . Adelaide Hawley's radio program from Manhattan lately featured a talk by Marty Mann on the work of the NCEA, Marty,

as always, announcing herself as a member of A. A.

No Repeaters!

To avoid possible disadvantage to the hospital, New York's Knickerbocker Hospital service for A.A. -sponsored alcoholics (The Grapevine, June, 1945) provides for acceptance of an alcoholic patient only once. No repeaters.

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+++Message 1216. . . . . Rel. & AA - The Sign, July 1946

From: Jim Blair . . . . . 8/16/2003 8:40:00 AM

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The Sign, Vo1.25: 14-16, July 1946.

ALCOHOLICS ANONYMOUS

By James P. Timmins

It was Fred who, nearly three years ago, introduced me to the Alcoholics Anonymous, one of the greatest social movements of modern times, a movement whose implications have not even begun to be realized by the world at large.

In the early evening of that far-off day, the doorbell of St. Bridget's Rectory rang. I didn't know that something new was entering into my life. I didn't even know it when I opened the door and found there a old friend, but a friend in what a state! He was bedraggled, down-at-the-heels, clothed in a ancient sweater and a pair of pants which had long ago seen their best days. And he was drunk. Not stupidly or staggering, but excitedly drunk. More than that, in the midst of his drunkenness he was ashamed. I could sense the thought passing through his mind. For five years I had not seen him or even heard of him, save rarely, and now, down and out, he was in the sorry position of standing on my doorstep seeking help. Fred who, a few years back, had often welcomed me into his pleasant home.

I could hardly believe my eyes. Was this friend the clean-cut, affable, ambitions young businessman whom I once had known? I knew that he drank in the old days, but not, to my knowledge, to excess, I knew too, that he had never been and was not now anything like the classical conception of the weak-willed, heedless, and irresponsible drunkard. He loved his home, his lovely wife, and their child, a bright, intelligent boy. He was ambitious and able, diplomatic and efficient in his work of selling. But something had happened to him in the years during which we had lost contact, in the years when he drifted away not only from me but from every friend that he ever knew. Something had torn him loose from everything bright and beautiful in life and

dropped him into an abyss where all was sordid and mean and ugly. What was it?

Fred himself didn't know. He came into my rectory, sat down with me in the office, and poured into my ears such a tale of bewilderment, confusion, and utter despair as I have never before heard. That night I looked into the mind of a man in hell. For two hours, in broken, stumbling words, he poured out his story of the wracking, futile, hopeless struggle with the demon of alcohol that possessed him and drove him further and further into the dark and devastating loneliness of the pit. Now he was nearly at the end. He could no longer stand the utter desolation, the panic fear that alcohol itself was not capable of taking from him save in the hours of complete unconsciousness. With tears streaming down his face, this drunk begged of me to give him the answer. Was it death? Or was there some secret which I possessed, some lifeline which I could throw to him by which he could lift himself out of the monstrous inferno in which he found himself. I had to answer him that I did not know. I assured him that suicide was not the solution. Beyond that I had nothing to offer. Before my friend, who I would have given anything to help, I sat troubled and helpless.

All that I might have suggested he had already done. A good Catholic, with a well-founded and strong faith, he told me of wild prayers before the altar, begging God to take away this devil that drove him to drink against his will, this devil that was robbing him of everything that he held dear in life. He told me of the business he had wrecked, of the final job from which he had resigned before he was fired. He told me of the shame and misery of 'dependence on his wife, compelled to work to support him and hold their home together. All meant nothing. Week after week after week, and month after month, he drank with only the intervals of nauseating physical sickness and shaky recovery to interrupt. He told me, among other things, one of the saddest stories of futile appeal to the better self of an alcohol addict that I have ever heard.

His mother-in-law lay dying. She knew that her end was near, but, forgetful of herself, good, religious woman that she was, she thought this was the opportunity to bring back Fred to his senses and to restore him to a normal life. She summoned him to her sick chamber, and there, in the presence of his wife, she asked him to kneel by her bedside, put his two hands in hers, and promise, before God, that he would reform his life and be the husband and father that he should. Shocked and moved as he had never been before, he knelt beside the dying woman, and with his hands in hers, promised with all the sincerity in his soul that he would never touch another drop of liquor, and he walked out of her presence, and with her words and his own promise ringing in his ears, got drunk.

To this man, my friend, I could give nothing. All that I could think of was, "This is no ordinary drunk. This man is abnormal. Maybe he is crazy." I thought an able psychiatrist might be able to tell Fred what was the matter with him. If it were a mental illness, maybe it might be curable by some

therapy which a layman would not know.

The next day I saw his wife and heard from her the usual story of worry, uncertainty, insecurity, and anger at her husband for his apparently willfully senseless course, and a gnawing fear of what the future might bring. She was willing to do anything. Fred himself had not come back. Following what she said was a regular custom, he had disappeared, moved by some vague desire of not annoying his family by his drinking. But he had come back late that night. She called me and told me he, too, was willing to do anything. An appointment with a Hartford psychiatrist was arranged for the following Monday afternoon, by which time Fred, it was hoped, would be reasonably sane and sober. The three of us went in, and the able doctor, an unsuspected angel in disguise, examined my friend alone for a long time. Afterward, he sat down with the three of us and told us in plain, blunt terms, "This man is physically all right, and he is mentally all right; he is not crazy, but he has a disease. He is an alcohol addict. As far as I am concerned, the case is hopeless."

Thank God that was not final. It might have been except for what the doctor added: "There is, perhaps, one chance for him. Here in Hartford, there is a group of people called the Alcoholics Anonymous, alcohol addicts who are trying to help each other to stay sober. In some cases they have been quite successful. I have the telephone number of one of them here. I suggest that you get in touch with him." Right there and then, in the doctor's office, we did. This man urged Fred to waste no time, to attend the meeting that night at the Blue Plate Restaurant on Farmington Avenue in West Hartford. Fred went, but not without the company of his wife, who was afraid to trust him out of her sight. At that, he had to fortify himself with a couple of drinks before venturing into the strange, unknown territory of an A.A. meeting; and here comes the marvel, the joyous, unbelievable marvel. Those were the last drinks that Fred, the hopeless, irreclaimable drunk, has had from that day to this. I was confronted by the miracle of the A.A.

Oh, I was incredulous enough at first. A week went by, and Fred stayed sober. But anyone, even an alcoholic addict, might be able to do that by strenuous effort. Then other weeks went by, stretching into months, and Fred still was sober. I began to ask myself, "What is this thing called Alcoholics Anonymous? What is its secret?" There must be some very powerful remedy in it when it could halt a hopeless drunkard in his tracks and put him on the road to reason and a new life. I got the book and read it, and I went to a meeting to see, and I was conquered.

Now, subject to the proviso that all I say is my own opinion, I will try to trace the A.A. pathway to success.

When Fred came to me, he was, even in his drunkenness, battered and beaten down until he had reached his bottom. There was no more pride, no more egotistical self-reliance left in him.

He was willing to accept help from anybody or anything. He had acquired what I consider the basic virtue necessary for any man who wants to work the A.A. program successfully, the virtue of humility.

It is neither an abject nor a crawling virtue. It is, as the word itself from the Latin humus, the earth, signifies, a down-to-earth, realistic view of one's self, not as the center of the universe and the lord of the world, but as a very small and insignificant unit in the vast sea of humanity. When one looks at the matter objectively, and not through the veils of self-deceit with which the alcohol addict beclouds reality, he sees that humility is an active, common-sense admission of the hard fact that nobody can shape the world to his liking or ever walk the ways of the world successfully in lonely independence. But the alcoholic, isolated by his terrible pride, must try it, and he is hurt, deeply hurt, when the world rolls on, indifferent to his needs and his demands, careless of his independence, rubbing raw his self-esteem. No wonder he seeks the solace of the anesthetic, alcohol, to him release from the painful proddings of his own intelligence constantly reminding of his actual inadequacy, of his failure to live up to the lofty concepts of his egotistical self-appraisal. With his intellect deadened, plunged into the realms of alcoholic illusion, he can set up a dream world where, paraphrasing the words of Henley, he can be the imaginary master of his fate and the pretended captain of his soul. But the real world forever crumbles the dream, and the illusion is harder to seize as the years go on. And finally there is little left but wrath and horror and degradation, and the refuge of oblivion. Yet, even at that stage, when the anesthetic has lost its power to give anything but a living death, there are alcoholics who cling with devilish persistence to their pride, who will not admit to themselves " I am powerless over alcohol - my life has become unmanageable, and I need help."

Who can depict that soul-searing loneliness of the alcoholic? He lives in the bosom of his family; he eats and drinks with them; but he is as removed from them as the inhabitant of another planet. They do not understand him, nor he them. They look upon him as a heedless and irresponsible destroyer of their peace, a shirker of duty, and a willful devotee of the dreadful vice of drunkenness. They argue with him. They reproach him. They strive in every way possible to get him to stop drinking. To them, it seems a simple matter of using his common sense and will power, but the alcoholic knows it is not. He knows that he is driven by some incomprehensible compulsion, so his sensitive soul shrinks into itself. He lies and evades and cheats to protect it from the painful wounds inflicted on it not only by his family, but by his friends and his associates in the business or social world. Even in the midst of those who love him, he lives alone with no remedy against the stark terrors of isolation save the old enemy, the anesthetic, alcohol.

In the companionship of the A.A. what a remedy for loneliness the alcoholic finds! He cannot deceive these people. He cannot evade them. They know him through and through. They have endured his sufferings, borne his terrors, and felt his remorse. In short, they talk his language.

With humility and hope, Fred proceeded on his road into the A.A. By example he learned the value of relaxation. "Easy does it," he heard repeated again and again. He learned to narrow his problem down to manageable proportions. He learned, in the words of Sir William Osler, "The load of tomorrow added to that of yesterday, carried today, makes the strongest falter."

He came to the core of the Alcoholics Anonymous way of life, the religious element. That, for him, was not too difficult. Born and brought up a good Catholic, holding on to his faith even in the worst days of his addiction, he believed in God and the necessity of God's grace if he was to live soundly and sanely. Not all alcoholics have as much when they enter the A.A. Self-centered as they are, making idols of themselves, they shy like frightened horses at the bare mention of a higher Power. How many times the addict has said, "I like the Alcoholics Anonymous; but this God business, I will have none of it." Yet there it is. Seven of twelve steps in the A.A. way of life refer to God. How can one get around that fact? All that I can say is that the higher Power in those seven steps of the A.A. grows upon the alcoholic, even if he has little religion or no religion at all. I have seen it grow, even in Catholics. For they, too, by their addiction, withdraw themselves from the God in whom they believe, from the Church which is their mother. It is as if, even against the father of the family of the Faith they build for themselves the same wall which separates them from their wives, their children, and their friends. In rare cases like that of the holy and devout Matt Talbot, potential saint of the alcoholic, the battering ram of a great and all-absorbing devotion breaks down the wall and frees the alcoholic from the domination of his obsession, but not too often.

A single instance will suffice to show what I mean by the growth of faith in a Catholic member of the A.A. A Catholic member who is a resident of a city not far from Hartford, sober now and happy in his sobriety, went to a church to pray. "I had no particular thought in doing so," he said, "save to make a visit to the Blessed Sacrament. Yet as I knelt before the altar, there came over me a peace which passes understanding, and I felt the presence of God as I never felt it before. I found myself praying, not for any gifts from God, but that He would walk with me and direct my will and my life so that I might continue in this way of happiness I had found. And I thought of myself as I was a year ago, kneeling in front of that same altar, praying wildly that God would get me out of this drunken debauch, that He would not let me lose my job, that I wouldn't have the jitters too bad, that He would keep my wife from bawling me out when I came home. That was not a prayer. That was the screaming of a soul in torment, as remote from God as the devil in hell. I thank God that through the A.A. my faith has been restored to me to be my solace and my strength instead of my reproach."

In the A.A., if the addict does his work well and sincerely, something happens. The self-god is toppled from its pedestal, and in its place a new image begins to take form. It is the shape of a Power beyond himself, whose

nature he may not even be able to formulate in words, but which, nevertheless, becomes an ever-increasing reality in his life. I can put that remarkable and beautiful experience into no better words than those said to me by a one-time suspicious, cynical, self-centered alcoholic. "Father, I can hardly believe what has come over me. You know that less than a year ago, I told you that I could take everything in A.A. except its spiritual angle. I simply didn't and couldn't believe in any kind of a God. This morning, by the Lord Harry, I find myself driving through the sunlight, looking at the grass and the trees, and the blue sky like a sentimental sap, happy as a lark, and feeling, mind you, feeling that in back of it all was Someone or Something bigger than I am, and that I needn't worry about anything as long as that Someone or Something was with me. I must be nuts but it is a nice way to be nuts." There, put crudely, is the spiritual experience of the A.A., the experience of the birth of a living faith.

Out of faith and hope in the heart of the addict are born charity, not John Boyle O'Reilly's "organized charity, scrimped and iced, in the name of a cautious, statistical Christ," but rather the virtue of which St. Paul tells: "Charity is patient, is kind: charity envieth not, dealeth not perversely; is not puffed up, is not ambitious, seeketh not her own, is not provoked to anger, thinketh no evil; rejoiceth not in iniquity, but rejoiceth with the truth; beareth all things, believeth all things, hopeth all things, endureth all things." With that charity, which is essentially nothing but the love of God and the love of neighbor, the whole way of a man in the A.A. becomes easy, and not only easy I but happy. If he has true charity, how can he help searching out his own defects and with the aid of God, trying to remove them? How can he help making amends for wrongs done? How can he help praying that he may conform with the will of God who has become his rod and his staff? God and my neighbor are now the watchwords of his life. In those watchwords is a challenge to the world.

The A.A. itself challenges nobody, has no quarrel with anybody. Its sole aim, its single purpose, is to give the alcohol addict the tools with which, if he wants to use them, he may rise from the slough of addiction, become sober, and be happy about it.

Its seed was formed a decade ago in the mind of a despairing drunk whose black shell of isolation was shattered into bits by an actual grace of God, and whose hope was reborn in the sunlight of God's presence. The seed germinated in the warmth of companionship between that drunk and another, sitting in a room together, talking of their problem. Out of the seed has grown a strong tree made up of the approximately twenty thousand addicts who have attained sobriety through the A.A. It will continue to grow without diversion and toward one end only, the salvation of the alcoholic addict. Yet, still I say the A.A. offers a challenge to the whole modern world.

The Church, of course, always has and always will preach a way of life which is opposed to the way of the world. She must forever teach that the true



of  
renovating it for their clubhouse--and "we are going to be very proud of our  
new  
home. " The address is 1925 North 11th Street.

And the first A.A. clubhouse, as such, is to be built by the North Hollywood  
group.  
Ground has already been broken on the Chandler Boulevard property that is now  
theirs,  
and a modern one-story \$10, 000 building, with lots of windows for sunlight  
and  
fresh  
air, will soon be erected.

The wilds of Alaska have been penetrated by A.A. Well, not exactly the wilds,  
for  
Alaska's first group is in Skagway--a town known historically as the landing  
place of  
large quantities of supplies and thousands of people during the 1897-98  
"Klondike  
Rush" to reach the gold mines in the upper (Canadian) Yukon . . . .  
Australia's  
first  
group, in Sydney, reports good progress--and another one is now under way 50  
miles  
distant . . . . The Hawaiian A.A.s, in Honolulu, are going strong, their  
numbers  
ever  
increasing.

An out-of-town member, addressing his fellow alcoholics in Memphis, Tenn.,  
explains  
A.A.'s success this way: "A psychiatrist talks to a hopelessly afflicted  
alcoholic at  
one time, and does him good. A physician attends to him at another time, and  
does him  
good. A minister talks with him at still another time, and does him good. The  
assistance each of these three agencies offers is needed deeply. But they come  
at  
different times. In A.A. I have found all three influences exerted in the same  
program. " . . . In Fargo, N. D., a pastor speaking before a businessmen's  
club,  
said  
the basis for A.A.'s effectiveness was "spiritual. "

Over a year ago Eleanor L. started a daytime group in the Los Angeles area for  
housewives and mothers, or just men and women who for various reasons couldn't  
get to

night meetings. On May 3, 1944, Eleanor "presided" over an attendance of 1. Today she is presiding over an attendance of about 30 each week. She sees significance in the fact that women predominate the membership--women who are not employed outside their homes. There are also some working women and a few swingshift men. But the influx of A.A. women from the homes has convinced Eleanor that soon there'll be need of a group for them exclusively, a group pointed to deal more specifically with their distinct problems. She is preparing to meet this need as it becomes more apparent.

The Atlanta, Ga., Group has been successful in sobering up a home-town lad stationed in China--writing him long letters, sending him the A.A. book, the reprint of Jack Alexander's Saturday Evening Post article of 1941, and pamphlets. This achievement brought much spontaneous publicity. Result: the group is being flooded with mail from eligibles, friends and relatives who think if A.A. s in the U. S. A. can sober up a drunk in China, maybe they've really got something.

In a late issue of The Christian Science Monitor, on the editorial page, speaks a man who doesn't mind letting the world know he has a drinking problem. John C. of Boston, Mass., writes of his inability to stay sober by himself, but since he "connected with A.A. and with God's help" he hasn't had a drop. "Strangest thing of all for one who loved his drink, I have no desire for it. "

A recent fourth-birthday party in Dallas, Texas, was widely commented on by nonalcoholics as "the strangest party ever held in Dallas. " It was the fourth year of dryness for Esther, the "New Orleans drunk, " as she is affectionately called by



Whence this saga of salvaged soaks? The A.A. answer included:

1. The program.
2. The A.A. book, and other literature including a well edited and cartooned monthly magazine, "Grapevine."
3. The group.

#### The Program

The program consists of twelve suggested steps:

1. We admitted we were powerless over alcohol, that our lives have 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 short comings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

All twelve steps are suggestions only. None is told which steps to work first, nor at what rate of progression. The sole requirement for A.A. membership is a desire to attain sobriety as the result of having a drinking problem.

### The A.A. Book

The A.A. book is the four hundred page Bible of the ex-drinking class. The first half has eleven chapters on the disease of alcoholism. Here is the "distilled" wisdom of many bottle scarred veterans with years of combat duty against John Barleycorn. Come ye of the early morning shakes, the palsied hand, the throbbing aspirin-defying noggin, the "reverse-english" digestive system: read these pages and the twenty-six thumbnail biographies of A.A. case history lusher in the book's second section. Even within the compass of these "jagiographies" tis clear that alcoholism is no respecter of I persons. They are rich and poor, young and old, Catholic and Protestant and agnostic, all giving testimony how A.A. brought them out of the hard-sauce fog back to sanity.

### The Drunkard's Dilemma

Comes a time when the alcoholic is faced with a terrible dilemma: to attain permanent abstinence, or go along with the progressive deterioration of alcoholism. For an alcoholic, there is no regaining the status of sociable drinker. Once an alcoholic always an alcoholic. A.A. groups instruct and re-instruct in this harsh truth, which kills the self-deception of the alcoholic that he will some time, some how be a controlled drinker. This is a very cruel truth, akin to the no sugar edict to diabetics or the physical exertion taboo of the tubercular. Most A.A.'s are beaten into A.A. by booze. No alcoholic welcomes his classification "alcoholic." Nor does e a life sentence to sobriety. But the A.A. group shows an alcoholic how he can attain sobriety twenty-four hours at a time, in a pleasant, sociable, useful way.

### The A.A. Group

The A.A. group is an enormous ingredient in the A.A. recoveries. Groups meet at least once a week and vary in size from three persons to forty or fifty. They include young and old, men and women. Meetings last an hour or two, located in homes, stores, rectories, community houses, hotel rooms, lodge halls. The meeting opens with a brief quiet time of recollection or silent prayer. The theme of the meeting varies, but usually includes personal histories of drunks, illustrative taproom dramas, elucidation on some of the twelve steps, and considerable advice to the novices. Though fundamentally serious, the dialogue supplies a full quota of laughs and banter. The A.A. fellowship is not grim but very mirthful. When the Tyro abstainer realizes he is surrounded with his own kind he overcomes his feelings of guilt and shyness and after a meeting or two gives forth uninhibitedly his past and present struggles for sobriety. A secret of the fine fellowship of A.A. is that each

is both teacher and student, both speaker and listener. Education is blended with self-expression. Talk is releasing and creative. The weekly meeting which in the beginning seems an obligatory measure soon becomes a gladly anticipated opportunity for growth and friendship. Everybody is both patient and doctor; meetings conclude with the group recitation of the Lord's Prayer.

#### Other A.A. Weapons

Besides the three major weapons of the twelve steps, the group meetings and the A.A. book, there are other items of defense against the next drunk. Each A.A. has an A.A. sponsor, as Catholics do in Confirmation. Any day the going is rough and the craving tortuous, the member phones or visits his sponsor. A heart to heart talk generally kills the compulsive urge to drink. New members are urged to carry candy bars because chocolate cuts the whiskey yen. Various A.A. literature is procurable; short pamphlets; reprints of A.A. speeches; and a monthly magazine, "The Grapevine." In some cities there are A.A. clubs to which members may go; they sit in for cards, talk, or absorb a few coffees and cokes and take recess from the pressure of daily life. Many members, long years drunks, resume their religious affiliations when on the path to sobriety. Catholics, of course, enjoy profound and rich advantages on the spiritual steps of the program because we have all the sacraments, masses, and prayers of the Church to use in maintaining sobriety. Religious differences are never stressed in A.A. The common desperate need for sobriety is the heart and soul of A.A. We Catholics supply our full share of alcoholics in the U.S.A. and are also a sizeable fraction of the A.A. membership. Through A.A. any Catholic alcoholic can attain sobriety and in good time help others now in alcoholic drunkenness and despair. Let it be understood, A.A. is not a "cure." No alcoholic is cured in a final sense any more than any Christian is "saved" in a final sense while alive. A.A. is a way of life whereby sobriety for alcoholics is made possible, and palatable. Every twenty-four hours (or oftener) the A.A. man or woman re-dedicating himself or herself to one more day of sobriety, with God's help. This daily rededication should be very familiar to, and easy for Catholics who practice it in all walks of ordinary life as well as in the strictest monastic orders. A.A. like the good life is only for those who sincerely desire it. For an alcoholic, A.A. may well be the instrument of his salvation in this life and the next. In A.A. an alcoholic's recovery chance is better than 50-50. Outside A.A. the individual alcoholic is generally a poor risk, a long shot, a casualty with a slim chance of permanent recovery.

The address nationally is:

The Alcoholic Foundation

Grand Central Annex, Box 459,

New York City 17.



Mitchell, S. D.; Spirit Lake, Iowa; Rapid City, S. D., and Pender, Neb.

The Ohio towns of Sandusky, Fremont, Bellevue, Monroeville, Norwalk, Milan and Wakeman were represented at a dinner of the Bellevue and Norwalk groups in Norwalk.

Among the guests were clergymen, city, industrial and police officials.

The Northwest is rapidly expanding, with, Washington stepping out in the foreground.

Seattle now has two groups; Spokane is developing so swiftly that the members are now

seeking a large home suitable for a permanent clubhouse; and Everett A.A. s

are

the

latest to join the ranks and hold their own meetings.

Gov. Chauncey Sparks of Alabama has appointed members of a state commission "for

education on alcoholism," which was created by the 1945 legislature under the sponsorship of A.A. The commission is charged "with the power to prepare and administer a program for the rehabilitation of alcoholics and the education of the

public with respect to dealing with alcoholism as a disease."

Speaking before the year-old Orlando, Fla., group, Lt. Col. John N. Cotton, chief of

neuropsychiatry, Welsh Convalescent Hospital, Daytona Beach, accented A.A.'s contribution to individual communities and thus to the nation as a whole, from

a

sociological point of view.

The Kansas press has been having some good-natured fun writing about the Topeka

A. A.

group and its new clubhouse. The Sunflower state has been legally dry since 1880.

Today, the only legal beverages have no more than 3.2 per cent alcoholic voltage

to

induce consumption. Topeka, home of 67, 833 persons, bastion of state dry laws

and

lawmakers, has had an A.A. group since 1943 and, says one journalist, "Adding to

doubts of Topekans who have seen whiskey bottles tossed on the statehouse grounds and

lying along Kansas Avenue, A.A. has now moved into the finest clubrooms in the city.

" The newsmen carefully mention the fact that A. A. isn't at all interested in whiskey from a prohibition angle, that it is dedicated to the rehabilitation of alcoholics who honestly want to recover.

Kansas City, Kan., is another of the groups to buy its own clubhouse. Located at 1925 North Eleventh Street, the former mansion has had partitions ripped out downstairs, reducing the once many-roomed house into a meeting hall, while upstairs four rooms remain for general use.

Last month the Rome-Utica (N. Y. ) group with 31 regular members was 18 months old and fittingly celebrated the occasion with a dinner and meeting at the Hotel Utica which drew an attendance of about 75. As reported by Jim C., chairman of the event, 14 groups were represented among the people attending, with guests from as far as Cleveland and Louisville. Dick S., Cleveland, was the principal speaker. Commenting editorially on the meeting, the Utica Observer-Dispatch said in part: "That gathering of Alcoholics Anonymous in Utica is significant. Members of the organization are against alcohol but unlike most campaigns against the beverage, the opposition is wholly an individual problem. The member aims to help himself and to assist others only as they desire to be helped on a purely voluntary basis. This movement is widespread, for members came from two states and a dozen or more cities."

In Tonawanda, N. Y., the non-alcoholic wives of A.A. s have organized under the name of Alcoholics Anonymous Auxiliary; these A.A.A.s are proving of tremendous help to nervous wives of new A.A. members . . . After representatives of New England A.A.s had talked with him, Mayor Albert W. Glynn of Haverhill, Mass., stated that the "splendid success of A.A. these past 10 years prompts me to offer every encouragement to the group now forming in Haverhill"... "Their Work and Ours" was the title

of  
an  
address given by a Jacksonville, Fla., member before the Council of Social  
Agencies.

The Des Moines, Iowa, A.A.s are making preparations for their second  
anniversary  
meeting to be held Oct. 28. Marty M. is scheduled as principal guest speaker.  
But,  
according to the A.A. Tribune., written by "Hildagarde; " there's one cause  
for  
worry. Scaling capacity of the place where the speaking program will be held  
is  
800,  
and that may not be enough . . . . A recent issue of the Camel Club Chronicle,  
printed in Marshalltown, Iowa, was given over to quotes from a talk by one of  
the  
members of the Waterloo group, including these words : . . . "I like to feel  
that . .  
. we A.A. s are the individuals chosen by God to learn all the symptoms of the  
disease so that we have the personal knowledge to successfully apply the  
remedy  
for  
the many thousands who will need our assistance in the future. It's been a  
long  
and  
tough course, and it all will have been worthwhile only if we go forth to  
apply  
its  
principles just as the doctor, the lawyer, the minister or the priest would do  
in his  
own field . . . . " Says The Toss Pot, printed in Charleston, W. Va., "What we  
need is  
more brain and less brayin'. " From the same publication, the reader learns  
that  
Charleston is now booming along with several closed group meetings and one  
central  
group open meeting a week, with still another new group about to get started.

During the war, A.A. meetings were held in many industrial plants; trade  
journals  
wrote about the thousands of man-hours salvaged through A.A. At one of the  
Henry  
Kaiser shipyards on the West coast one A.A. alone was responsible for saving  
8,  
000  
man-hours per ship by suggesting improved methods of doing work. Three-fourths  
of the



Meanwhile his family suffered the privations of a fatherless and poverty-stricken home. Joe's wife with a brood of young children made heroic efforts to be breadwinner and mother and father and housekeeper. As the children grew up they did their part to keep the home together. Difficult as it was, all managed to finish high school and some went on to college. They were a family any father could be proud of.

This brief glimpse of Joe's background is not by way of biography. It is the necessary preface toward understanding a mistake I made in trying to help him. While he was on the way to making good, though not yet united with his wife and children, I wrote a letter, pointing out all he had to gain by keeping sober and all he had to lose by crashing. His reply was a succinct explanation of Alcoholics Anonymous philosophy, which showed how unrealistic and dangerous my ideas had been. For this I was grateful. But I was no less astonished at the apologetic attitude Joe took toward the motive of keeping sober for one's own sake.

"Speaking of Alcoholics Anonymous philosophy," Joe wrote, "I reminded James yesterday of one of its first and foremost precepts: that is, to stay sober for ourselves and ourselves alone. It was always for someone else and I always failed in the end. The theory has been proved time and again that when an alcoholic stops drinking for his wife's sake or for the children or in order to get a job or gain someone's favor, it never succeeded permanently. When the family's good will was restored, the job secured or favors received, invariably the person returned to the habit.

"As you know Alcoholics Anonymous is not a pressure plan; in fact, pressure is like emery in its smooth design. We promise nothing, we take each day as it comes and resolve simply to avoid that first drink that day, never anticipating tomorrow's trials, much less next week's, month's or year's. I am sober today for myself, not because I might disappoint James or anyone else, and although I am fully aware of how many chips are at stake, I am not to consider the risk, but leave the whole matter in God's hands when I commit my will and desire to avoid drink that day.

"There is no doubt that pressure from the outside works inversely on the alcoholic. To remind him constantly of his tremendous undertaking (which is really nothing more difficult than avoiding the first drink for one day) and continue to point the terrible consequence of failure, is like having a man walk across a mine shaft over a six inch timber and let him see the certain destruction which awaits below if he falls. Whereas if he can be distracted from the danger by even some flimsy covering to hide the specter below he is more apt to retain his balance and cross successfully.

"When I remain sober for myself I risk nothing and have everything to gain. That is a pleasing, comfortable thought, and puts me completely at ease. But when I consider I am doing it for James, for you and others, for my job, I find I am risking everything with nothing to gain and everything to lose. Soon

I am teetering precariously, with a tight apprehensive feeling and a constant specter of defeat. I am robbed of my easy comfort and begin to look around for some distraction, finally winding up perhaps by getting drunk again, the very thing to make my fears materialize.

"So as I told James, if you think that reminding me of the consequences is to strengthen my resolve, don't believe it. That could be as bad as sympathy. Rather accept my daily program for what it is worth, and believe that I will succeed that day at least, and tomorrow - well, tomorrow is another day.... I am convinced that the Almighty is lending aid to this movement, but there are no natural or spiritual laws being violated, and a man still has to be willing to do his part in the age-old way. It works simply because it is extremely practical and because God is a friend."

I was happy to have such a helpful exposition of Joe's philosophy. However his statement that keeping sober simply for oneself was harsh rather astonished me. Discussing it with him later on I got the impression that such a motivation needed an apology. This seemed likewise to be the attitude of the organization. The psychology seemed correct in the sense that it worked. But apparently many members were a bit ashamed of it as being on the selfish side, and thought it needed an apology. Emphatically it does not.

The reason for this attitude is not hard to find. It stems from the false altruism which characterized many earnest and unselfish thinkers and writers of the nineteenth century and which has carried over into our own day.

An instance of this occurred not so long ago. To the question of whether it was right or wrong for a man to drink to intoxication in his own room without hurting anybody else, an astonishing number of students thought it was all right. They reasoned that as long as the man hurt no one but himself his conduct was not evil.

It need not be emphasized that to love one's neighbor, to do good to him, to aid him in his physical and material and intellectual and spiritual needs, to think and speak well of him certainly is virtuous. But the pro-social character of the conduct is not the sum total of virtue.

Contrariwise, to hurt one's neighbour in his property or person or good name or in his family is evil and vicious - but the anti-social aspect of the crimes is not the essence of their moral evil. In other words, moral goodness and moral evil are not simply factors of the loving or unloving character of a man's dealings with his fellow man.

In the last analysis the motive for a man's leading a good life must be sought in his personal relation with the ultimate goal of his existence.

Man's destiny is not just to serve as a tool for social betterment in general nor for the welfare and happiness of some human beings in particular. He has

the obligation of self-fulfillment untainted by selfishness.

Selfishness is not self-love. The two are opposed as vice and virtue. For a man to give his life for his friend is self-love. For him to benefit himself to the injury of his neighbor is the vice of selfishness. Self-love is the obligation a man has to conduct himself relative to himself and to his neighbor in such a way that his conduct will conform to his destiny, which is his inherent and over-all perfection measured in terms of his highest and most truly human ideals.

If a man strives for these ideals, he is bound to fit into the social pattern. For by his nature man is a personal as well as a social being - not two things artificially sandwiched together, but one thing with an intricate dual aspect. True human perfection implies development along all truly human lines.

Consequently man's first duty is to provide for that development which can not be divorced from himself. True self-love means that he will strive to attach himself to such things and conduct as will advance him along the path of his truest good. Unlike selfishness which draws man away from his perfection, self-love urges a man toward true and complete personal moral goodness and his ultimate goal, a share .in God's infinite goodness.

Man's destiny, then, is personal-not, of course, in the sense that it is exclusively centered in himself, but in the sense that it is primarily related to his own person. There is absolutely no reason for a man's feeling apologetic about clinging to sobriety for his own sake. It accords perfectly with a reasonable view of life.

If along with reason, revelation is appealed to, it is evident that Jesus Christ never condemned self-love in its proper meaning as opposed to selfishness. Far from castigating self-love or subordinating it to love of neighbor, even if the neighbor be wife or husband, son or daughter, friend, acquaintance or enemy. Christ made self-love the standard of loving others. Love thy neighbor as thyself is the way the Savior put it.

No one, certainly, can accuse Christ of favoring a selfish way of life or of encouraging His followers not to love and to do good to their fellow human beings. Rather He was simply expressing the due order which should characterize love of self and love of neighbor. What does it profit a man to gain the whole world and suffer the loss of his own soul? is another expression of the Savior's message, that salvation is personal. And to want to be saved means to love oneself properly. The Brotherhood of Man is a profound reality. But all the reality it has comes as the consequence of the Fatherhood of God.

From a practical point of view the best argument for the motive of keeping sober for one's own sake is that it works. This is not to suggest that it works alone or that it is something which all by itself can bring a man or

woman to forgo that first drink day after day. In no instance does the motive of self-love stand solitary. Clustered about it with more or less clarity are any number of motives. The important thing about this motive of keeping sober for one's own sake is that being dominant it fits into the psychological needs of the alcoholic.

To agree with Joe's analysis of the alcoholic's state of mind is not in the least to minimize the terrific importance of motive. It is merely to select the motive which experience has proved to be the most helpful and involving the least risk and which should be cultivated most carefully.

Joe's example of a man walking a narrow plank over a deep mine shaft illustrates the psychological situation perfectly. Now add to the facts of self-consciousness the special problems of the alcoholic who is trying to reform. He knows with all the sharpness of heartbreaking memories what a fall will involve. He remembers what it is to lose the respect and perhaps love of wife and children, to lose his job and home. He knows as the non-alcoholic can never know the semi-conscious existence of alcohol-sodden days and weeks. He knows the misery of coming to and finding himself dirty and hungry and sick and alone - with the damning knowledge of what he has done to those he loves. That memory with the thought of its possible repetition is the abyss the alcoholic is crossing on the narrow plank of his not taking a drink. To remind him of the chasm is to weaken him and invite disaster.

All this is clear to me now as it was not when I wrote Joe that letter. The motive of self-love has philosophy and theology as well as solid empirical and psychological considerations in its favor. For all things which it does not need is an apology. But of all things that it does need and most needs is humility. Self-love is not selfishness. It is not pride. It is a just appraisal of a difficult situation and on one's own worth and weakness. All this involves humility.

Humility is not weakness any more than pride is strength. It is not weakness which leads a man to a just estimate of his own resources before he begins building a house or meeting an opponent on the golf course or challenging an expert bridge player or meeting the disastrous attraction of drink. Humility is just plain honest common sense.

As such it plays a tremendous influence in the program of Alcoholics Anonymous. Most alcoholics have tried to recover but for the most part it has been on the assumption that they were not alcoholics, that they were men who "could take it or leave it alone." Until they are prepared to admit that they are not men who can take it or leave it alone, there is not much hope for them. Hope begins to shine when they admit they cannot meet the challenge of alcohol, when they admit they are not as other men, when they confess they have drunk up their privilege to drink and are sick and weak and cannot cure themselves. It is the truth; it is humility. Humility is one of the consequences of truest self-love.





numbers

an

even dozen active members. The group was founded last February . . . . The

Troy,

N.

Y., Group will be host Oct. 14 to the inter-city meeting of the Albany,

Schenectady,

Glen Falls, Utica and Troy Groups. The program now being arranged will include

both

local and downstate speakers.

Members of the Philadelphia Group have opened up a new outlet for diffusing

information about A.A. by enlisting the interest of E. G. Budd, Jr., of the

Edward G.

Budd Manufacturing Co. As the result of a letter to Mr. Budd, from an A.A.

employe

(F. H. C. ), a series of articles on A. A. has been appearing in the company's

magazine, Buddgette.

Another new A. A. clubhouse has been opened, this one in Schenectady, N. Y . .

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Twenty-five members from Barre, Stowe and Waterbury, their cars also rolling

once

more, attended a meeting of the Montpelier, Vt., group.

One of Manhattan's newer gatherings is a dinner-discussion meeting held every

other

Wednesday night at 135 Broadway by business and professional men. These

meetings

are

serving to acquaint key business men in New York with A.A. and thus widen our

sphere

of influence. . . . Besides a talk by Marty M., a big social evening and a

banquet,

Des Moines, Iowa, A.A.s will feature on their second anniversary program Oct.

27

and

28 a discussion meeting for all Iowa groups. "Propositions" to be hashed over

will

include sponsorship, "sliperoo department, " publicity, and club management.

The Archbishop of Boston, His Excellency, Most Reverend Richard J. Gushing,

was

principal speaker at the first anniversary meeting of the original Dorchester

Group.

Since the founding of this group, two others have been started in Dorchester,

giving

this large residential section of the city of Boston three A. A. units in operation.

New Jerseyites' band made its debut on V-J Day at the big A. A. clubhouse in Newark while 500 dancing, singing, rumless revelers consumed 2,500 bottles of soft drinks, 40 gallons of ice-cream and an unmeasured quantity of coffee. The celebrants came from Irvington, Trenton, Morristown, Maplewood, East Orange, Plainfield and other groups representing Essex, Morris and Union counties . . . . The Newark Group also recently conducted a unique meeting titled "Information Please. " A. A. questions were fired at a panel of experts made up of four older A. A. members with a fifth playing the role of Clifton Fadiman.... A New Jersey member recently outlined the A. A. program before the Summit Rotary Club, as did a Massachusetts member in Salem, with A.A.s and Rotarians alike attending from Beverly, Danvers, Ipswich, Lynn, Marblehead, Peabody, Somerville, Waltham and North Adams . . . . And a Burlington, Vt. A.A. addressed the congregation of the Congregational Church in Waterbury.

The growing Peekskill, N. Y. Group, outgrowth of the flourishing one in White Plains, was told by guest speaker, City Judge Thomas C. Macpherson, that courts for the most part consider alcoholics as "sick men and not as criminals, " that he could see no help for alcoholics by sending them to jail, and that "A. A; is doing a splendid job by providing the law enforcing agencies and the penal institutions with such an organization. " . . . The young man who started the Albuquerque, N. M. Group which includes many ranchers as well as business and professional men and women, says a sponsor from Denver, Colo., showed him how to start the ball rolling . . . . A Greenwood, Miss., member reports that for a year he and another man made the 95-mile trip to Memphis meetings, as did others from the neighboring countryside,



emaciated to start the cycle all over again.

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Joe's example of a man walking a narrow plank over a deep mine shaft illustrates the psychological situation perfectly. Now add to the facts of self-consciousness the special problems of the alcoholic who is trying to reform. He knows with all the sharpness of heartbreaking memories what a fall will involve. He remembers what it is to lose the respect and perhaps love of wife and children, to lose his job and home. He knows as the non-alcoholic can never know the semi-conscious existence of alcohol-sodden days and weeks. He knows the misery of coming to and finding himself dirty and hungry and sick and alone - with the damning knowledge of what he has done to those he loves. That memory with the thought of its possible repetition is the abyss the alcoholic is crossing on the narrow plank of his not taking a drink. To remind him of the chasm is to weaken him and invite disaster.

All this is clear to me now as it was not when I wrote Joe that letter. The motive of self-love has philosophy and theology as well as solid empirical and psychological considerations in its favor. For all things which it does not need is an apology. But of all things that it does need and most needs is humility. Self-love is not selfishness. It is not pride. It is a just appraisal of a difficult situation and on one's own worth and weakness. All this involves humility.

Humility is not weakness any more than pride is strength. It is not weakness which leads a man to a just estimate of his own resources before he begins building a house or meeting an opponent on the golf course or challenging an expert bridge player or meeting the disastrous attraction of drink. Humility is just plain honest common sense.

As such it plays a tremendous influence in the program of Alcoholics Anonymous. Most alcoholics have tried to recover but for the most part it has been on the assumption that they were not alcoholics, that they were men who "could take it or leave it alone." Until they are prepared to admit that they are not men who can take it or leave it alone, there is not much hope for them. Hope begins to shine when they admit they cannot meet the challenge of alcohol, when they admit they are not as other men, when they confess they have drunk up their privilege to drink and are sick and weak and cannot cure



## A.A.'s Country-Wide News Circuit

Expanding its activities, the San Bernadino Valley group, which got under way five years ago and now includes residents of Colton, Riverside, Fontana and Redlands, held a large open meeting recently which was attended by several hundred A.A.s from various Southern California sections.... Out in Hollywood, where the group owns a brand new clubhouse, the press agent of a movie actress who paints her dog to match her clothes, wrote in his publicity blurb: "It's a matter of record that this actress converted three men to A.A. when she walked down Vine Street with her green dog."

. . . Boise is the first town in Idaho to start a group. And Seattle sends in a Can-You-Top-This report: Their membership has grown from 32 to nearly 100 in the past two months! . . . Besides Boise, other new groups are now going in Livingston, N. J., an outgrowth of Morristown's which started barely a year ago with 8 members and now has over 70, with attendance often reaching 100; Mt. Kisco, N. Y.; Redona Beach, Cal.; Lynn and Woburn, Mass.

The story of a man who wanted sobriety so much that he made a round trip of 200 miles twice a week for six months was told at the testimonial dinner and meeting of tribute held Sept. 5 in Springfield, Mass., for Dr. D., founder of the Springfield group. Before starting the group, Dr. D. drove twice a week to the meetings in Boston. Attending the testimonial dinner were 66 A.A.s and friends from Hartford and Manchester, Conn., and Boston.

Wilmington, Del., A.A.s had the largest crowd yet at the open meeting in the DuPont Community Y. M. C. A., with borough officials, representatives of several churches, and executives of the DuPont plants attending . . . . Speakers from Wilmington and Philadelphia addressed the new Perms Grove, N. J., group at their first open

meeting

. . . . The Binghamton, N. Y., group will celebrate its first anniversary this month

. . . . Both Uphams Corner, Dorchester, Mass., and Upper Darby, Pa., new groups,

are

beginning their open meetings.... Staten Island, N. Y., A.A.s are rapidly increasing

in numbers.... Establishment of a clinic for alcoholics in Erie County, N. Y., is

under discussion by A.A. groups, the county Medical Society, the Board of Health, and

other social agencies.

The Portland, Ore., A.A.s now have their own club rooms in the heart of the city.

Although the first Portland group was founded less than two years ago, two active

groups are now functioning there and holding regular bi-weekly sessions. In a note

from one of the members, headed "Handshake across the Rockies, " it is reported

that

the groups have rented 2,000 square feet of space on the second floor of a building

directly across the street from the public library.

"The Saga of the Fish," favorite drinking anecdote of a member of the Louisville,

Ky., Group, given its initial boost by an Indianapolis, Ind., traveling A.A. in

1941,

tells of his leaving the office one afternoon for his home in the country.

Already

considerably soused as a result of nips from a desk-drawer bottle, he stopped at

a

seafood market and bought a tremendous fish, with an oldfashioned fishfry in mind. It

occurred to him that his purchase might meet with disfavor on his customary bus

ride,

so he took a taxi. He soon found the taxi had a distinct advantage over busses;

it

could be ordered to stop at bars en route. He promptly availed himself of this service at every tavern, storing the three-foot marine specimen in the proprietor's

refrigerator wherever he stopped. Along his dazed itinerary he often forgot the fish, and had to taxi back for it, which naturally meant another snifter. "It took me two days to get home 10 miles, and cost \$100 in cab fares. When I finally arrived, the fish was as bad off as I was," he grins when telling the story. "We both reeked, and I was only slightly more alive."

Two Chicago members were instrumental in starting the group in Minneapolis during the blizzard of November, 1940. Marooned in Minneapolis, they succeeded in sobering up one man. From that humble beginning A.A. has spread in Minnesota to St. Paul, Duluth, Hibbing, Rochester, Stillwater, and to Eau Claire, Wis . . . . In future alcoholics placed on probation in Ramsey County, Minnesota, will be advised by Frank Valesh, deputy probation officer, who attended the Yale Summer School of Alcohol Studies, to get in touch with A.A. He reports that 65 per cent of the persons who appear in probation court in the county are there because of drinking . . . . South Bend, Ind., A.A.s are preparing to establish a group in Culver . . . . A.A.s from all over the Midwest were present in Des Moines, Iowa to help that group celebrate its second anniversary.... At the fourth anniversary meeting of the Palo Alto, Cal., group a San Francisco physician, Dr. Frederick Niemand, described many people as "psychic suicides" in that they refuse to face life and its problems squarely. A.A.s, he pointed out, who have found rehabilitation through the 12 Steps have faced the biggest problem of their lives squarely and proceeded to solve it by "rebirth".

The Hartford, Conn., group, where Dr. Norman Vincent Peale will be a guest speaker November 5, are using the means of two or three rehearsals of their own

speakers  
prior to big open meetings as an effective means of running a smooth program.  
The  
nearby New Haven A.A.s have started a series of instruction class meetings....  
The  
program and benefits of A.A. were discussed at a recent meeting of the W. C.  
T.  
U. in  
Glens Falls, N. Y.

Delegations of the Clearwater and Tampa, Fla., groups attended the first  
Tri-City  
group meeting at St. Petersburg.... While continuing to attend the  
co-educational  
meetings, the A.A. women of Birmingham, Ala., have formed a group for women  
only  
..  
. . The first entry in the Buffalo, N. Y., telephone book is A.A. -- Parkside  
1321.

Observing its first anniversary, the State Prison, Trenton, N. J., A.A. group  
notes  
in the current issue of the institutional publication, The Viewpoint, that the  
membership has grown to 100 during the year, and that the weekly meetings in  
the  
prison auditorium "help a man to step out of maximum security into a society  
of  
maximum liberty with the assurance that he will complete his parole and take  
his  
place in society. " About a year ago an A.A. woman of the Manhattan group,  
while  
doing volunteer war service, met a non-alcoholic woman who spoke of the dire  
necessity for helping women alcoholics in the Clinton (N. J. ) Reformatory for  
women.  
As a result of their conversation, a group now functions in the reformatory.

Greenwich Village in New York City is now to be found on the A.A. map. The  
Villagers,  
at a meeting in that well-known landmark, the Brevoort Hotel, formed a group  
with  
about 40 present and are planning weekly sessions.

A.A.s from White Plains, New Rochelle, Mount Vernon, Peekskill and Yonkers, N,  
Y.,  
have given timely aid to Grasslands Hospital, White Plains. Awaiting admission  
was a  
long list of alcoholics, but an inadequate staff to care for them. Thirty A.A.  
women



After a prolonged and particularly outrageous spree, a kindhearted employer who had been trying to help Bill to his feet gave up the attempt and threw him out. He disappeared and was gone for months. One evening what was left of him - a blear-eyed scarecrow - slunk to the door of a relative and begged for help. The relative got him into his car and deposited him in a state institution. After six or eight months under strict surveillance, the alcohol had pretty well evaporated and Bill looked a little cleaner and brighter. He was very anxious to be released, but it was plainly useless to go through the horrible farce again.

Matters stood like this when the relative read in the paper an account of a meeting of Alcoholics Anonymous. At the end of the article there was a phone number which interested persons were invited to call. He called it and was answered by a friendly voice which responded to a rapid sketch of the situation with a cheerful: "Yes, I think we can help you and your man. I'll come and see you whenever and wherever you say." If the relative had called up an insurance agent or ordered a new refrigerator, he couldn't have been greeted more cordially. Puzzled but hopeful, he set a place and an hour for a meeting.

Exactly at the appointed time a handsome young business man walked into the relative's office. "My name's Herbert S\_\_\_\_," he said. "I was one of the worst drunks in the state before Alcoholics Anonymous pulled me out of it. But I might not stay pulled out if I didn't stand ready at any hour of the day or night to help pick some other poor devil out of the gutter. When you called me to help Bill, you did me the greatest favor you could have thought of. We'll shoo John Barleycorn off him if we can. But we can't shoo worth a cent if Bill doesn't want us to and won't cooperate. Tell us how to reach him, and we'll be there double quick."

The relative relayed the information to Bill. Bill wasn't enthusiastic; said he could quit without anybody's help. But finally he consented to see Herbert. Two of the A.A.'s went to call on him. They won his heart at the first meeting. A few months later Bill was released from the institution. Now he is one of the engineers at the same place where a year ago he was an inmate. He has joined a church. (The A.A.'s discreetly leave confessional religion alone. They are members of any church or no church. But I have attended several of their open meetings and I noticed that they always, recite the Lord's Prayer together.)

So far as I know, Bill never touches even the milder liquors. I once heard an A.A. say that one swallow may not make a spring but it's pretty sure to make a booze-fighter out of an A.A. Bill looks you in the face now as he never looked anybody in the face in the twenty-five years I have known him. I don't know that he couldn't backslide, but there is something fundamentally different between this Bill and the Bill who used to peep at you out of the corner of his eye and calculate how soon he could spring a hard-luck story and panhandle

you again for the price of a trip to Barleycorn heaven.

That's Bill's story. How it is different from the story of John B. Gough and other reformed drunkards of the past? I am not an A.A., so I cannot give a completely satisfactory answer. But I see important differences very clearly.

Before the days of Alcoholics Anonymous, the churches, the doctors and the psychiatrists among them are said to have reclaimed two or three per cent of the drunkards who tried to quit. Approximately 80 per cent of the membership of A.A.; (it has been in existence something like 12 years and has in the neighborhood of 50,000 members) have stuck. Bill's chances for pulling loose from the devil are a good many times greater than they would be if there were no such organization behind him - a band of the saved with their arms around him and each other, like a tug-of-war team. These ex-drunks understand him because they are just like him. They don't despise him or patronize him, because they have been just as ridiculous and just as low as he has. They love him for what he has done for them and quite as much for what they have done for him. They will never let him down because they know that if they shirk their duty to him they are pretty sure to fall flat on their faces again themselves. There is something in their situation psychologically very close to the way Napoleon's Old Guard clung together. One could do a lot of psychologizing about the amazing loyalty which holds together this band of bruised, hopeful ex-slaves of King Alcohol. But after all was said there would still be a touch of the miraculous about it.

"When a man joins the A.A. without any strings attached," one serious fellow said to me, "something happens to him. He belongs to the A.A. soul and body. He'd get up in the middle of the coldest night and cross the country in a blizzard to sit with another A.A. who felt the thirst on him and couldn't fight it alone. He'd have to. There wouldn't be any question about it, any more than about reaching for food if he was starving. He wouldn't just have to, he'd want to. He wouldn't and couldn't do anything else. I guess getting to be a real, honest-to-goodness A.A. is like getting religion. Only it means a million times more than getting religion seems to mean to most people."

## II

There is a strong emotional element in the movement which borders on mysticism; indeed I have heard educated A.A.'s use that word more than once. For there are educated and prosperous A.A.'s just as there are very humble and ignorant A.A.'s. Such differences don't count among them. There may be some friction in the groups sometimes, but if there is, outsiders don't know much about it. When the Athenians were driving back the Persian invaders at Marathon, they did not waste much time and energy fighting each other.

There is a touching lot of kindness and helpfulness among the A.A.'s. One day a faithful, hard-working member whose funds were low met a fellow member, a clothing store clerk, in an eating house. "Come over to the store when you're

through eating, Bob," said the clerk. "I've got something for you." Bob ate his hamburger and went over. "I've been paid," said the clerk, "for a Stetson hat, a suit of clothes, a pair of shoes, a white shirt, a pair of socks and a necktie - all your size. I'm not allowed to tell you who's footing the bill." Bob went out of the store a good deal less shabby than he went in. To this day he doesn't know who his Santa Claus was, but he can make a pretty safe guess that Santa was an ex-alcoholic or a group of ex-alcoholics, with more cash than he but with exactly the same determination to fight liquor to a standstill and back up anybody else who is fighting the same enemy.

The A.A.'s have regular meetings, weekly or oftener. The spirit of comradeship that develops among them is so strong that they often spend a great deal of time in each others company. Most of them give a good fraction of their time to A.A. work. I know a group in a fairly large city which has about 300 members. A dozen or two miles away in every direction are small towns each of which has an organization with 20 or 30 members. Thus there are a score or more of groups within easy driving distance of each other, and they are constantly holding combined meetings, taking a ride out to help a handful of alcoholics start a new group and collecting new data on possible new members.

### III

They don't proselytize, for they have found that if a man joins because he lacks sales resistance instead of because he sees that he is on his way to disease, insanity, poverty and early death, he won't last long as an A.A. and will make himself a nuisance while he is pretending to be one. A young buck who is proud of getting soused occasionally has nothing in common with the A.A.'s. In a college town where there is an A.A. group, a bunch of students have a drinking fraternity which they call "Alcoholics Unanimous." The A.A.'s laugh at it, because they are good sports and because they know better than anybody else what a funny fool a drunkard is. But any youngster who sees the light and decides to transfer from the Unanimous to the Anonymous will find a band of decent citizens who were once poor idiots like him, ready to grasp his hand and haul him out of the quicksand.

What are A.A. meetings like? The regular meetings are naturally secret. In these the members presumably thrash out their common problems. They are incomparably closer together than a group of Presbyterians or Masons or college fraternity brothers. But they have frequent public meetings which everyone is welcome to attend and at which invited speakers who have special knowledge of alcoholism - physicians, ministers, psychiatrists, social workers and members of other A.A. groups - discuss alcoholism and related matters. I have attended a number of these meetings. The A.A.'s themselves are almost always amazingly frank, straightforward, humble, and wise with the wisdom that comes from ghastly experience. Nobody can tell you as much about hell as the soul that has suffered torment. And no matter who is speaking or how well or how inadequately he gets across, the A.A.'s listen as though their lives



## The Glass Crutch; the Biographical Novel of William Wynne Wister

By Jim Bishop (Doubleday, Doran & Co., \$2.50)

"The True Story of A Man Who Conquered Alcoholism and Found The Keys to Its Cure."

This book is a mixed pleasure. Very much so. The story, as written by Jim Bishop, gets off to a slow start, but soon it's going at high speed. I think that most A.A.s will read this with great interest. For me it had all the excitement of *The Lost Weekend*. Moreover, you see how this particular alcoholic got that way. Bill Wister was a spoiled rich Philadelphia boy. His mother overindulged him, overprotected him. He never grew up. His whole drinking career, complete with jails, sanitariums, weeks of semi-coma, attempted suicide, a ruined marriage, an inability to keep jobs—this is a wonderful piece of writing and wonderfully true. Mr. Wister has been honest and courageous to tell it.

The part about Peabody is swell. Peabody was a lay therapist, who had been an active drunk. Much of what he taught Bill Wister sounds like A.A. There is no mention of God or the Higher Power. There is a lot of talk about cure. The word appears not only in the blurb on the jacket, it comes up repeatedly in the book. Bill Wister got "cured" under Peabody. It took a year.

We A.A.s don't use that word. We think we have a good reason not to. But I, for one, would not say that any other method of sobering up us drunks is wrong. If it works, fine. Peabody helped a great many people. So, for a while, did Wister.

But by September, 1943, Wister had had a series of difficulties with the medical profession. No one would recognize him or let him work with them. He spent a short time in one New Jersey sanitarium, but the war closed that. In California, where he went, hoping to become associated with some hospital or sanitarium, he had a serious slip. In September he returned east and "vowed he would never practice psychotherapy again."

Now comes the epilogue, written by Wister. He is quite dogmatic about what makes an alcoholic. Alcoholics are all spoiled children. Or this is the impression he gives. He lays down the law about how alcoholism should be "cured." He says: "An alcoholic must of absolute necessity have the help of "a psychiatrist, an accredited psychologist or a psychotherapist." A footnote says, "These three terms are not in any way to be confused with a psychoanalyst whom I most emphatically do not recommend."

As a confuser of terms, Mr. Wister is not to be beat. See the footnotes on page 302. It shows Mr. Wister to be an accredited "psychotherapist in alcoholism," and both Mr. Strecker and Mr. Chambers vouch for him. But then,

quick as a flash, he turns himself into a psychiatrist, too. "Hereafter the use of the name 'psychiatrist' includes in its meaning an accredited psychologist and a psychotherapist endorsed by a psychiatrist." This makes everything legal. But in the world outside Mr. Wister's book, which is, after all, most of the world, a psychiatrist is an M.D., who is able to give physical treatment such as shock therapy. Mr. Wister is no M.D. At one time he was an enthusiastic 12th Stepper in his own way. Right now, he seems to have run into a couple of conflicts. I don't think he's any farther away from a drink than most of us. The word cure may look good. Butâ€"watch it, Mr. Wister.

-- Felicia G., Manhattan

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May 1946

The Pleasures of Reading

Wasteland, by Jo Sinclair (Harper and Brothers, \$2.50)

This is another novel about psychoanalysis, and this is a first novel, which has won the Harper Prize. A psychoanalytic process is one of the hardest things to put into fiction form. And yet this author has succeeded where more brilliant and skillful writers have failed.

Miss Sinclair is utterly simple and unselfconscious. You feel that she, too, knows what it is to have been mentally sick and misunderstood by the worldâ€"to have been a wretched misfit, loveless and insecure. And you feel that through analysis she has gained insight into her problems and is now in a position to be kind to others, helpful and understanding.

Jake Brown comes to the doctor, because his sister has suggested it. She, too, had been at the breaking point. She, too, had sought help.

Jake is subject to backaches. He drinks too much, and while the word alcoholic is mentioned, I would say that alcohol was not the big problem. Far more sinister are his hatred for and shame toward his family, and his inability to get away from them. He never tells outsiders that he is Jewish; both he and his sister have bettered themselves. They have risen above the ignorant Jewish immigrant father and mother, the other children. Jake fears that somebody on his newspaper will run into his family some day. He shares the tenement apartment with his family, although he could afford to live elsewhere.

All his adult life, Jake has been a weakling, shirking spiritual and economic responsibility. He has helped force his younger sister into the man's role. During the depression it was she who went on WPA. It was she who carried the burden, and in so doing, she had become too much like a man. Jake both admires

and hates her.

The book is an emotional reliving of Jake's life, as told to the analyst, and as presented in the analyst's own notes. You see the beginnings: Jake's father and mother in Europe, their wanderings. The father, who is selfish and greedy, and lazy, the mother, who has been beaten down till she is no good to anyone. The children, all reacting in different ways to this lovelessness and insecurity, which is framed in poverty, ignorance, failure. And a breakdown in the Jewish tradition and religious strength. Jake realizes this, when as a boy of fifteen, he is playing an important role in the family Seder, a Passover observance. In the middle of his father's prayer, he looks around the table "and sees his family as they really are."

At last Jake grows up emotionally and learns to understand his family, to love his sister, and be proud of her, to help his nephews, and save them from the wasteland and insecurity into which they had all strayed.

Whereas the book is the picture of a Jewish boy in psychological difficulties, I felt, on reading it, that these same neuroses could have developed in this same family, even if they had lived on Park Avenue. We in A.A. know by experience that emotional insecurity is no respecter of race, color or creed. And to me, this very moving account of Jake Brown's illness and getting well, is about the lack of love, and the regaining of it, rather than about the lack of economic and social security.

Miss Sinclair has done a very sympathetic and interesting job on the sister. At last you have a homosexual who is neither a villain nor a figure of fun, but a person who learns for herself that "there is room in the world for me." Indeed The sister is the heroine much more than Jake is the hero. It is through her, really, that Jake and the whole family get a new lease on life.

â€" Felicia G., Manhattan.

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+++Message 1227. . . . . Walter Cronkite and AA  
From: James McGovern . . . . . 8/20/2003 12:35:00 PM

|||||

at a meeting recently someone shared the following story re former CBS news anchor, Walter Cronkite. When asked 'what was the most positive thing that happened in the 20th century?', Cronkite responded, 'the fellowship of Alcoholics Anonymous.' Can anyone confirm the when, where (or if) of this statement?



Fort Wayne, Ind., A.A.s observed their third anniversary with a dinner; among the 75 men and women present were guests representing the clergy, hospitals, medical profession and press. Dick S., formerly of the Cleveland Group and now of Chicago, was one of the speakers... The Ottumwa, Iowa, A.A.s observed their first anniversary with a large open meeting and banquet . . . A member of the Wilmington, Del., Group recently spoke on A.A. during a broadcast by the American Legion Auxiliary... The Albany, N. Y. Group entertained at a dinner several up-state groups . . . A story of his flight from alcoholism, in which he mentioned that he'd been jailed in 38 states, was told by an A.A. of Springfield, Mass., before the Springfield Exchange Club

. . .

The newly-formed Lynn, Mass., Group reports rapid growth, with members from Lynnfield, Salem, Peabody, Marblehead, Gloucester, Wenham, Saugus, Beverly, Danvers and Nahant often coming to the meetings; among the guests are clergymen, doctors, police, probation officers, personnel managers and others engaged in public service . . . Two A.A.s of the Waterbury, Conn., Group addressed the Beth-El Men's Club in the Synagogue, presided over by Rabbi William P. Greenfeld.

A.A.s of Ann Arbor, Mich., in an open letter to one of the local papers, pointed out some behind-the-scenes facts which alcoholics and nonalcoholics alike invariably ask.

Their letter gave the following information: The Central Office of Alcoholics Anonymous is located in New York City. The mailing address is The Alcoholic Foundation, P. O. Box 459, Grand Central Annex, New York 17, N. Y.

The Central Office is maintained by the trustees of the Alcoholic Foundation as A.A.'s national headquarters. The trustees are nine (previously seven) in number: five are interested professional and businessmen, and four are members of A.A. As trustees, none receives compensation for his services. The Central Office

writes

replies to hundreds of inquiries monthly, sends out A.A. literature and interviews

many people who call in person. Besides supervising this correspondence center,

the

trustees have charge of national publicity and consult with the A.A. groups on matters of policy. They are, in effect, A. A. 's National Service Committee.

The Central Office is supported by voluntary contributions from the groups and from

the income of the book Alcoholics Anonymous, which, through Works Publishing, Inc.,

is wholly owned by the Alcoholic Foundation.

Inspired by the NCEA and A.A., establishment of a clinic for alcoholics in Erie

County, N. Y., is now assured. The Council of Social Agencies in Buffalo has approved

a plan to create the clinic, as recommended to it by a sub-committee including A.A.s

from Erie County, and other social agencies; the sub-committee recommended an annual

budget of \$25, 000.

An all A.A. orchestra and several A.A. vocal soloists were among the special attractions at the 11th anniversary banquet of the A.A. at the Hotel Commodore,

New

York, Nov. 7. The orchestra played all during the dinner hour. It is an outgrowth of

New Jersey groups. The musicians get together and practice after meetings.

A group was recently formed in Greenville, S. C., at a meeting attended by A.A.s

from

Asheville, Hendersonville, Shelby, Charlotte, Atlanta and Rock Hill . . . The Toledo,

Ohio, Group -- which advertises regularly in the Toledo Times: "Alcoholics Anonymous,

241½ Superior Street; 8: 30 p. m." -- celebrated its fifth anniversary with a dinner

and dancing; present were many from various sections of the state. Toledo now has

over 300 members... A drunk in Knoxville, Tenn., who hasn't yet encountered the

A.A.

group flourishing there, after repeatedly facing drunkenness charges, pulled



released from the Army, told of A.A. work in Army hospitals throughout the country. .

. . The first anniversary of the Oberlin, Ohio, Group was celebrated by a big get-together, which included many friends and relatives. . . . A new group has been launched in Falmouth, Mass., with speakers coming from Worcester, New Bedford, and Boston for the first meeting.

Pueblo, Colo., now has a second group, composed of alcoholic State Hospital patients.

Handling organization details were several members of the original Pueblo Group, which was formed about seven months ago; these members will attend the initial meetings to help the new members with their interpretation of the program. The older group now has a membership of twenty. . . The Jackson, Miss., Group, organized in January, 1945, turned over the clubrooms at 416½ George Street for a meeting conducted by Memphis A.A.s. The rapidly growing Jackson Group now totals forty-five men and women. . . . An A.A. of Carmel, N. Y., addressed the Criton Valley Ministers Association. . . . The Binghamton, N. Y., Group has acquired clubrooms at 89 State Street. Their as yet unlisted telephone number is 4-1690.

The Exchange Club of Jacksonville, Fla., where A.A.s are steadily increasing in number, was addressed on "Alcoholism and Its Allied Problems," by Dr. A. C. L., local physician. Judge Charles Miller of Jacksonville stated that in 34,000 cases before the Municipal Court annually, alcoholism is involved in approximately eighty per cent. . . Kansas City, Kans., papers carried pictures of that city's A.A. hilltop clubhouse, a two-story brick structure with a Norman tower on one corner and the letters "A.A." in red and white over the door. When the old house was purchased early last spring, The plumbing was out of kilter and the plaster falling off the walls. Today it is clean and pleasant, painted and well maintained, with cooking and bathroom facilities on both floors. "Anything we have done for the house," said

one  
of the members, "has been done with money which otherwise would have been  
spent  
on  
liquor. It looks to us like pretty good economics."

A blind A.A., who spoke from notes written in Braille, was one of the speakers  
at a  
joint meeting held by Salt Lake City and Ogden, Utah, Groups, in the former  
city.

Over 100 members were present; guest speakers were Governor Herbert B. Maw;  
the

Most

Reverend Duane G. Hunt, Bishop of the Catholic Diocese of Salt Lake, and Dr.  
H.

L.

Marshall, acting dean of the University of Utah medical school, all of whom  
gave

high

praise to A.A. Ogden now has two thriving groups. . . . Thirty-eight Flint,  
Mich..

A.A.s chartered a bus to attend a meeting in Detroit recently.

Baton Rouge, La., A.A.s, at their first anniversary meeting, were hosts to  
representative groups from New Orleans, Covington, Bogalusa, Hammond,  
Franklinton,

Gonzales, Plaquemine, and Tylertown, Miss. One of the guest speakers was the  
Rev.

Henry A. Rickey of Bogalusa, who attended the Yale School of Alcohol Studies  
last

summer; another was Dr. Glenn J. Smith, superintendent of the East Louisiana  
Hospital

at Jackson, who spoke of how much the people of the state were being benefited  
by the

work of A.A. . . . The 400 members of the eight St. Louis, Mo., Groups have  
held

their fifth anniversary meeting. . . . An A.A. of Mount Morris, N. Y., a  
psychiatrist

and a clergyman, spoke on alcoholism before the Penn Yan Rotarians in that  
city.

..

. The Greater Lawrence Youth Forum was addressed by a member of A.A. from  
Lawrence,

Mass. . . . The Lions Club of Marshfield, Wis., was startled when an A.A.,  
invited to

speak at one of their meetings, tossed out the fact that alcoholism was the  
fourth

major health problem in the United States.



Louisville, a physician from Argentina, and many more. Some were curious, some were desperate, but all had come to learn the facts on this most explosive issue. For here was a department of 26 scientists who were experimenting, probing, analyzing and recording fact on fact without bias or prejudice. They had no ax to grind; there was no piper to call the tune. With severe objectivity they not only turned new light on this ancient problem but were using their knowledge to achieve results with the so-called "hopeless" alcoholic.

#### Outline of the Yale Course

The course consisted of 65 or more lectures and seminars with ample additional time for questions and discussion. The coldly methodical Prof. Seldon Bacon analyzed drinking patterns and attitudes of racial and national groups. The keen and capable Dr. Giorgio Lolli interpreted the physiological reaction to alcohol. Dr. Fritz Redlich probed into the machinery of the alcoholic's mind. Jurists, educators, alcoholics, social service workers, pastors and social analysts contributed. Cementing each fragment in place so that the mosaic formed a coherent pattern was the task of Dr. E.M. Jellinek, the genial head of the school, who has dedicated his life to the pursuit of many still elusive mysteries in the field of alcohol research.

I came away from New Haven with startling quantities of precious facts distilled from experiments, tabulation and analysis. I learned that alcohol is not a stimulant but a depressant, a sedative and a mild anaesthetic. Because it is absorbed directly through the walls of the stomach, it quickly reaches every tissue of the body. Its effect on the central nervous system is almost immediate. Sense perception sharply decreases and response to stimuli requires a greater time lapse. Inhibitions and mental barriers are lowered, permitting the drinker to do things which he would not be likely to do normally.

But most types of alcohol wear off rapidly, usually at the rate of one hour per ounce. The use of small amounts of alcohol (one to two ounces per day) over a period of many years leaves no damaging effects on the average body. In our country today there are about 65 million users of alcoholic beverages. Most of these are controlled drinkers who will never get into serious difficulty from their drinking. But many will overstep the bounds of moderation and from time to time find themselves in conflict with friends, families and employers.

#### The Alcoholic

A small number, not more than five per cent of all drinkers will go down the road to addiction. Science has not been able to detect any type which is likely to become alcoholic, nor is any type immune. Any person who drinks may become an alcoholic. He may originally have been a problem drinker trying to escape reality, or a congenial social drinker trying to be a good sport in his crowd. But somewhere along the line the pattern changes. He finds himself

refusing parties where there are no drinks or taking a few extras before going. He does more solitary drinking but manages to confine his sprees to week ends and escapes general criticism. Farther along the path he cares little for the opinions of others and drinks in greater quantities and at any time.

Now he runs into serious difficulty. Soon he finds himself without friends, without a job, without a family. He cannot understand the way people are treating him. He feels grossly misjudged and maltreated and finds escape in the stupor of more drinking. There is more trouble ahead. He must go through the tunnels of partial amnesia known as "blackouts," experience deep mental and physical pain, suffer delirium tremens, endless aching hangovers and grim fear of physical deterioration. Eventually he plunges into a vicious circle; the alcohol has created symptoms which can be removed only by more alcohol which, in turn, creates more symptoms. This is the sub-basement level known as alcoholism.

#### When All Else Fails

We know that alcoholism is a disease and must be treated as such. The victim can no more control his drinking than a patient with measles can keep his rash from breaking out. Law enforcement agencies have failed to solve the alcoholic's problem. Imprisonment merely increases his frustration and drives him to more drink. Doctors have generally regarded him as a nuisance. Most hospitals refuse to allow him a bed. The sociologist claims to understand the causes of drinking but has nothing to offer by way of a cure. The psychoanalyst can achieve a few cures but he requires three to five years of treatment at a prohibitive cost. Medicine has nothing to offer save occasional substitute sedatives during his high-tension periods.

What, then, is to be done with our nation's 3,750,000 alcoholic men and women? They have been abused, concealed, condemned, punished, ridiculed-but they have not been helped. When no one came forth with a cure, these pitiful outcasts had to find one themselves. Experts had failed them, so these amateurs had to resolve their own dilemma. Looking to a power greater than themselves, and leaning heavily on each other for support, they were lifted out of the morass and found a way back to the respect of friends and family. Thus was founded Alcoholics Anonymous. It did what science could not do by using a power greater than science.

#### Pastors and Alcoholics Anonymous

Here, truly, there opened a field in which the pastor could be of service. He had no more right to pose as an amateur psychiatrist than he would have to write a prescription for medicine. But alcoholism has been discovered to be out of bounds for medicine and too difficult for the psychiatrist. A.A. has demonstrated that this is a spiritual problem. The alcoholic must first admit that he has failed, then must turn to a power greater than himself, admit his

mistakes, seek out those who have wronged him and set their relations right. In the stock terms of religion this means humility, worship, confession, and forgiving our debtors so that our debts may be forgiven. The A.A. member seeks help for one day at a time, even as our Lord prayed for bread day by day, and sets out to help other alcoholics with the real old-time personal evangelism. The A.A. movement, today claiming more than 65,000 members, is the greatest revival and practical application of religion in our generation.

The wise pastor does not try to replace A.A. but to supplement it. This organization has carefully refrained from any denominational entanglements, although about half its members are now active in churches. Pastors can serve as counselors, helping the alcoholic establish contact with that power greater than himself. But no church fellowship or social group can replace the incentive and inspiration which the alcoholic receives from the camaraderie of fellow alcoholics.

Results on the Local Level

It is the significant that clergymen make up the largest professional group at the Yale school, constituting almost a quarter of the enrollment. They are now back in their scattered communities, cooperating with public health officers, instituting educational programs and undergirding the work of A.A. More ambitious pastors are establishing community clinics for the chronic addict and securing the confidence of police and judges. They may be persuading local hospitals to release a bed or two for alcoholic patients or bombarding state legislatures for a grant from liquor license fees to help in the program of rehabilitation. Many have opened their parish halls to A.A. meeting, and by wise counseling and dissemination of facts have checked excessive drinkers before they hit bottom. Above all, the pastor who has been at the Yale school is learning not to condemn nor judge nor criticize, but to use the potent instruments of his time-tested faith to restore a portion of those lost souls to usefulness and honor in their communities.

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+++Message 1231. . . . . Gv Jan 46 - news circuit  
From: t . . . . . 8/23/2003 1:12:00 AM

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Opps, skipped this one

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Grapevine, January 1946

A.A.'s Country-Wide News Circuit

A three-year-old dream has come true at last --with the official housewarming of the Miami Group's new club rooms at 23 North West South River Drive. The club, overlooking the Miami River, is equipped with a bar--where hot coffee and soft drinks are on tap at all times.

The Tulsa, Okla., Group, which will be two years old next April and which now numbers 70 members, has opened new club rooms at 114½ North Denver Avenue; about 100 attended the opening festivities, including members from Oklahoma City and Muskogee, and Wichita and Topeka. . . . Arizona, with large membership in Phoenix and Tucson, has two new groups, in Mesa and Chandler. . . . Greenville, S. C., A.A.s are helping to organize groups in Anderson and Greer. . . . Four weeks after its inception, the Lynn, Mass., membership had grown from 5 to 50! . . . An Edinburg, Ind., A.A. addressed a directors meeting of the Lions Club. . . . The Allentown, Pa., Group (P. O. Box 532, Allentown) reports excellent progress, with its 20 members doing progressively effective work. One of their members spoke at the Optimist Club, an organization of civic-minded citizens interested in the formation of good character in the boys and men of the community.

A member of the Honolulu Group, addressing Baton Rouge, La., A.A.s, told of the rapidly increasing membership not only in Honolulu, but in Pearl Harbor as well, with new members coming from other sections of Hawaii. . . . Pearl Harbor Day, December 7, 1945, was the first anniversary date of the Manchester, Conn., Group. . . . Speaking at the first anniversary gathering of the Peekskill, N. Y., Group, Rev. Mr. McKinney, chaplain of the Wallkill Prison, told of the fine A.A. work being done by the inmate members. . . . The Memphis, Tenn., Group, founded in April, 1944, has expanded from 3

members to 150, and plans to buy a large home, with an assembly hall and hospital facilities. . . . Benton Harbor, Mich., A.A.s entertained a large delegation of members from LaPorte, Ind., at the regular Sunday morning breakfast; one of the speakers was from Chicago.

To do away with the frantic phoning sometimes necessary to locate a meeting, the Buffalo, N. Y., Group has given meeting schedules to the information boards of hotels, Y.M.C.A.s and police headquarters; the latter say they receive quite a few calls. . . . At the first anniversary shindig of the Wichita, Kans., Group, which brought members from Kansas City, Topeka, Oklahoma City and Tulsa, guest speakers were Father Fred Mann, Catholic priest from Wichita, and the Rev. Raymond E. Dewey, a Methodist clergyman from McPherson. . . . Two A.A.s of the San Pedro, Calif., Group, which originated in January, 1944, recently spoke before the Sun Pedro Rotary Club . . . as did Cincinnati members in their city. . . . The fifth annual dinner of the Pittsburgh, Pa., Group brought several hundred members, including two speakers, man and wife, from Morristown, N. J.

The A.A. radio program, sponsored by the Hartford, Conn., Group, which last year won Hartford's WTIC Variety plaque for "contributing to the public health of the community," has returned to the air, over WTIC. The program dramatizes case histories to show that there is hope for the alcoholic. . . . The secretary of the Leavenworth Prison A.A.s reports that their group, formed in April, 1945, now has 55 members, and that "it has been said by officials that the group is the most constructive movement in the institution, and we are proud of our record." . . . The Seattle, Wash., Group had as guest speaker Major B. F. Ellison, manager of the men's social service of the Salvation Army. . . . The nearby Tacoma A.A.s meet every Monday evening at the



## The Pleasures of Reading

The Crack Up: F. Scott Fitzgerald, edited by Edmund Wilson (New

Directions Publishing Co., \$3. 50).

Contrary to popular legend, it is not good to stay young forever. Immaturity in the adult is a trouble maker. One of the great things about A. A. is that we learn to grow up.

Scott Fitzgerald was chronically immature. He wrote about the Jazz Age, the prohibition era, when so many of us started to drink. It was the age of the child who refuses to grow up and who grows into a sick adult instead. At 23, Fitzgerald was at the height of his fame and success. He wrote *This Side of Paradise* at the end of a long drinking bout. At 28 he began to decline, both as a writer and a human being. It was all part of the same thing.

Edmund Wilson has called this book *The Crack Up*, taking the title from Fitzgerald's own description of himself during a nervous breakdown. This is Wilson's only comment. He was one of Fitzgerald's many friends, and the book is edited with sympathy, if perhaps not a complete understanding of what makes an alcoholic tick. The book is not a biography, but a life story, as revealed through Fitzgerald's own writings, his brief, thin pleasures, his childish aspirations, and his really agonized self searching. A few short article, and notes and letters, two pieces written with his wife about a prolonged spree-like honeymoon, letters from friends, and articles on Fitzgerald written by friends (most of them writers), and last of all, his letters to his daughter, who wants to be a writer, too.

In one of these he says, "I am of course not drinking, and haven't been for a long time. But my illness is liable to have a toxic effect on the system and you may find me depressing, over nervous about small things and dogmatic"all these qualities more intensified than you have previously experienced in me. "

Fitzgerald had a recurrent TB, and in 1940, at the age of 44, he died. But it is not this that seems so tragic.

To an alcoholic, the whole book is reminiscent. It is one big spree, and one long, heartbreaking hangover. It is a brilliant account of a very sick man. The chapters, *Sleeping and Waking*, about his insomnia, and *The Crack Up*, about his crisis, are hair-raisingly familiar to many of us, who like myself, will sit up all night reading it.

His thinking and self questioning move from childish day dreams, with himself the hero, to petulance and tantrums against fate. But the dreams dissolve into: "Horror and waste. What I might have been and done, that is lost, spent, gone, dissipated, unrecapturable. "

Most tragic of all was the fact that he knew he was sick, but he never knew why. He didn't know how to find out about himself. He hardly knew what his own symptoms were. This book is about a man who never got well, and never knew how to. Indeed it sounds like all of us when we first came to A. A.

And reading it, I for one, thought: "I am lucky. Wonderfully lucky. "

â€"F. G., Manhattan

Alcoholics Anonymous (Works Publishing Co., Box 459, Grand Central Annex, N. Y. 17, price \$3. 50).

(Editor's Noteâ€"Alcoholics Anonymous was out of stock for several weeks but is now available in a "wartime" edition. The contents of the new edition are the same, of course, and the book has the same number of pages as before. The only difference is that it is printed on different paper stock, the weight previously used being unavailable "for the duration. ")

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October 1946

The Pleasures of Reading

THE FALL OF VALOR by Charles Jackson

(Rinehart; and Company, Inc., \$2.75)

It might have been better if Charles Jackson had written this book first and The Lost Week-End second. That is, as far as his own career is concerned. As for the good of our country, nothing could have been more timely than The Lost Week-End. It stirred into life a great public awareness of the problem of alcohol. It made people everywhere ready and willing to read more and to learn more about the problem, and unquestionably made it easier for many alcoholics to seek help.

But perhaps it's unlucky for most writers to write a first novel that's a howling success. The second so often falls short of the first. This is the case here. In The Lost Week-End Mr. Jackson gets outside Don Birnam and looks at him dispassionately, and at the same time he is Don Birnam, experiencing each agony and each delusion. The whole job is a sleight-of-hand extraordinary and a piece of writing that's nobody's business. But here, in The Fall of Valor, one is drawn too close to the hero on the one hand, and on the other, one scarcely sees him at all. And so this book about a poor guy who goes haywire sexually at a fairly late age is an uneven piece of work; on the whole a disappointment.

John Grandin is a successful college professor. His first novel is about to be published. He is married, and has two sons. All should be rosy. But the marriage is not altogether a success. And, too, John Grandin feels a nameless apprehension. "There was nothing he had done. Nothing to feel guilty about." But guilty he is. He thinks of the word "crime." As the story unfolds, as John Grandin and his wife start their summer holiday at Woods Hole, the plot begins to give you hints of what the crime (so-called) is to be. But it is as though the author held his eyes too close to the page while writing, and that makes you, too, lean too close to the book. Thus you get a poor perspective, which, unlike *The Lost Week-End*, doesn't quite let you see the hero from inside looking out, nor yet from the outside looking in. You learn about the sexual attitudes and sensations of both Grandins and of the other couple in the book, but almost nothing about how they really tick. And thus the sensation-sexuality of the writing, and this absence of real feeling, makes you think you are swimming in a school of spawning adolescence.

John Grandin's strange preoccupation with young men in uniform (which verges on necrophelia) begins to grow clear when the Grandins strike up a holiday acquaintance with a very handsome young Marine captain and his bride, a former college student of Grandin's. From here on, the story contains some very beautiful writing, but is increasingly annoying. There is even less feeling, even more sensation, and more signs are put up for you in case you miss the meaning, which seems a sad and poor affair, and left me, in the end, with a feeling that I had peeked through just another keyhole.

But then the thing boils down to a sexual peccadillo, with horrible consequences for John Grandin, that seem to spring from some Methodist Right and Wrong in the author's mind. You rather get that idea that John Grandin knew in his unconscious mind that he would be punished, and that he sinned in order to be punished.

Since the book is emotionally sterile, the story is of necessity incomplete. For instance, there is John Grandin's wife, Ethel, and how she really feels about her husband. There is the whole emotional pattern between him and her. There is the psychological puzzle of John Grandin himself, and the fact that neither he nor the author ever go deeply into what or why he feels.

â€"F.G., New York.

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May 1948

Pleasures of Reading

If A Man Be Mad by Harold Maine

(Doubleday, \$3)

To say that there is a treat in store for you, when you read this book, is a strange way of putting it. I myself often shun what is called "strong reading." But I have read this book twice and I find it the most moving and thrilling of all the "alcoholic" and "psycho" books, except possibly *The Lost Week-End*.

Like *The Lost Week-End*, it launches a very unusual writing talent on the world. But whereas *The Lost Week-End* is a fragment of a sick man's life, a thing that does not resolve itself, *If A Man Be Mad* is a complete and true autobiography. It is the whole of Harold Maine's bitter and tragic career as "an alcoholic who becomes psychotic when drunk," a man who can't help flying off into a dream world, even when sober. It is the story of how he tries to get well, how in spite of everything, he insists on getting well, and how he finally succeeds.

Harold Maine is a pseudonym. Quite a few old timers in A.A. know the author by his real name. There was a short period of desperation when he hung around the 24th Street Clubhouse, trying his best to get the Program, going all out on the 12 Steps and finally giving way to a wild and almost fatal pill jag. His own sick mind stood between him and A.A. Thus his observations are not altogether flattering, nor altogether sane. But here, as in the rest of the book, the writing is brilliant, often very witty.

The blurb on the bookjacket is misleading, for it refers to the author as an alcoholic, and speaks of the alcoholic problem. This is clearly a problem of alcoholism plus. The author had to find a more drastic cure than A.A. He had to invent one for himself.

The A.A. episode is just a lull in this long career of violence, both in and out of hospitals. There is the first state hospital, "on an island" (Honolulu?) where he goes to hopefully "to be cured." A kindly and well meaning judge, and his loving wife both feel that this is the perfect solution. Before he gets in the door, he sees two nurses "damn near twist a girl's arm off." He enters the hospital, and just inside the doorway, he asks a question. The answer is not verbal—"it is a good beating up. Next day the attendant comes to see him in solitary. "You fell over the bed yesterday," he says instructively. "Your doctor will come, and it's better you don't talk too much."

What could a doctor have done, anyhow? Even a good doctor. As one of them explains to the author, "There are three of us here for 850 patients."

But the suffering he endures inside of himself is equal to the suffering in the institutions. During his periods at large, he is just as wretched. And then, in "Rathburn Psychopathic," one of the best private sanitariums (many A.A.s will recognize this one) he loses his chance to stay and get real psychiatric care. The examining board does not believe that he has forgotten

that he hid a bottle in the toilet tank back home. They tell him he "has reservations" about getting well.

Now he is in the custody of his second wife. There is a brief period of sanity and happiness. Then, of course, trouble starts again. The novel, which he has just submitted, is flatly rejected by the publishers. The old wounds are opened, shame and guilt return. All the bitter insecurity of a childhood with a religious fanatic stepfather, who was unloving and cruel—all this piles back on him. He says, "I cringed like an exposed embezzler."

Just as the author of *The Lost Week-End* describes the alcoholic riot act, so this author describes the wild explosion in which alcohol is just an aftermath.

This is the period where he nearly dies of drink. His chapter called "City Drunk" will startle everyone in A.A.

This is the A.A. period, also Bellevue (for which he has nothing but praise), a crackpot religious farm for men which A.A.s will recognize, and elaborate guilt-inspired DT's in his own home-town jail.

But the will to get well is still in him. He knows he is not ready for the outside world, and so decides to take a job as an attendant in a hospital.

He gets in several. A private place, for the very rich, where the treatment in the violent wards is just as bad, the system just as corrupt. He is a male nurse to a millionaire psychopath, and these chapters are Rabelaisian and extremely funny. Then comes the end, with the goal in sight. Oddly enough, this is the worst place of all. A VA hospital, that makes *The Snake Pit* look like a pale pink boudoir.

Since this book has been published—and I don't know how much the book has had to do with it—there have been newspaper exposes of our state hospital systems. There have been Congressional hearings, and VA cleanups. But some day, it is to be hoped, the voters and taxpayers (all of us) will do a real job on all our hospitals, mental and otherwise.

You ask yourself how this man could get well in such a place. And here, I think, is the most interesting part of the story. In this ward, where there is one attendant, to 120 violent patients, he is set upon, one day, by a prizefighter. The prizefighter knocks him out, but not until he has given him a bloody nose. Beat a patient as you will, it is not etiquette to draw blood.

Mr. Maine is dragged up before a hospital board.

"Collectively and individually they represented that group of people whose morals are certified by accepted membership in the community or institution. To have given me approval at all would have been a sign of personal weakness.



related their alcoholic history during this meeting. One of them was an admitted agnostic. I have had the great happiness to hear this same man, some months later, admit before a large group that the evidence of God's power and love in his life since entering A.A. compelled him to a belief in God's existence and to an acknowledgement of it. There was another present who had just recovered from a severe drinking-bout and was still very shaky. He had been helped by many men and especially one who had tried for twelve years, but without success, to free him from the terrible slavery of alcoholism. Unfortunately, he never did shake off this bondage. He ended his life later by suicide. Others of the group that evening had fully grasped the blessing of the A.A. program and are now living happy fruitful lives. A few drifted away again. Some came back. Others haven't. This is in miniature the history of many groups in Alcoholics Anonymous.

Throughout the history of man, almost from the first, alcohol has been a problem. It has reached the proportions of a most appalling problem in our times. It has well been said that everyone knows at least one alcoholic. I mean by an alcoholic one who is unable to control his drinking. There are those called heavy drinkers, but who, though drinking constantly, can leave it alone without a struggle. Then we have some who occasionally go on what is termed a spree. But the true alcoholic simply cannot control his drinking, once he has started. Occasionally he may go for a short time drinking in moderation. Eventually he begins again the dreadful cycle of wild excess, dismal remorse, recovery and excess once more. In A.A. it is said that for such a man one drink is too many and a thousand not enough. Once he has started, he is utterly incapable of control. Why is this? No conclusive answer has been reached on this important question. It does appear that this is an illness just as truly as any other; an obsession of the mind coupled with an "allergy" of the body.

#### NOT A CURE

It really does not matter a great deal, for the purpose of this article, just what does make an alcoholic. What is of the utmost importance is that at long last we have a definite relief for this affliction. I did not say a cure. Once an alcoholic, it appears, always an alcoholic. But Alcoholics Anonymous claims that it can arrest the disease and restore the patient to a great measure of physical and mental health. With reason, A.A. asserts that it has had almost seventy-five per cent success. Fifty per cent of those who try this program are successful immediately. Another twenty-five per cent, after a few "slips," join this happy band. Any program that has statistics to prove such a claim is worthy of a hearing. Any program that has brought restored bodily and mental health in varying degrees to over 60,000 men and women cannot be ignored. It is my happy privilege, as a priest, to report to all who will listen what I have learned about this unique blessing to countless people.

The very essence of the program of Alcoholics Anonymous is found in the famous "Twelve Steps." Here they are in full, since no explanation of A.A. can be

intelligible without them: We

1. 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 whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The most superficial study of the Twelve Steps indicates that they embrace a spiritual program. It is also evident that they are familiar to any Catholic acquainted with the fundamentals of his own religion. This first attracted me to A.A. It was completely orthodox. It was free from "queer quirks." It taught the great virtues of honesty, humility, self-denial and resignation to God's Will. It insists on the importance of prayer, examination of conscience, admission of guilt, and the necessity of repentance and restitution. There was nothing in the program that any man of good-will could not accept and carry out. This expression "good-will" is used advisedly. A.A. does not pretend to have anything for the man who does not wish to quit drinking or wishes to do so only on his own terms.

It is absolutely essential that the alcoholic accept the fact that he can not control his drinking (Step 1), and that for him there is no possibility of ever being a social drinker. We mean by social drinker one who can take it or leave it alone. The alcoholic must be prepared to refrain from drink for the rest of his life. There have been some very tragic examples of men who thought that they could safely resume their drinking after a period of sobriety. It just can't be done. There is the authentic story of one man who stopped drinking until his family was grown up and established. He started to drink after thirty or more years of abstinence, and was dead from alcoholism within three years. However, all that is asked of an alcoholic on first being introduced to A.A. is that he sincerely wish to be freed from his drinking problem. It is presumed that, if he is truly serious about it, he will be ready to take whatever steps are necessary, even if this means total abstinence.

The new member is urged to keep several important points in mind:

1. Let him attend the meetings and read the literature and listen to A.A. members with an open mind. He is not expected to grasp the program, or even a part of it, immediately.
2. He should attempt to live the suggested new way of life one day at a time. Try it for twenty-four hours, he is advised, or limit this period if that seems too long to look ahead. If a man feels really desperate, he is assured that he need only strive to spend the next hour sober. Having completed that much, he will probably have the hope and the courage to continue another while. Thus, bit by bit, he is brought to realize that the impossible, as he has thought, can be accomplished.
3. Finally, he is told that "easy does it." Don't try to change the habits of a lifetime or of many years in a few days. It takes a man a considerable time to become an alcoholic. He cannot remedy this in an instant.

#### INFERIORITY COMPLEX

Such cautions are very necessary for the alcoholic. He needs an open mind, because his more or less serious efforts to conquer his weakness have always ended in failure. This has developed in him a sort of fatalism or even despair about ever getting relief. He must plan no more than a twenty-four hour program, since the alcoholic is notorious for quitting when the task involves too long a period or too great an effort. As a corollary of this he has to remember that "easy does it," knowing that his tendency is to attack an arduous problem with too much vehemence, as though he could in this way dissolve its more disagreeable aspects. Having, this many a day, fled from reality, he has formed a habit of seeking what are often most absurd solutions for apparently insurmountable difficulties.

This striving to escape from reality is at the heart of the alcoholic's problem. He suffers from a form of mental obsession. There is a distinct similarity in the personality pattern of most alcoholics. He is usually a man with what is called an "inferiority complex." He has a profound awareness of his limitations and at the same time a compelling urge to appear the exact opposite to others. This causes him often to attempt schemes which are considerably beyond his powers. He will go to most extraordinary lengths to impress those about him. This state of mind necessarily creates a state of urgency, almost of panic, lest he fail. Such a struggle between the exaggerated desire to be appreciated and the quaking sense of inadequacy can result only in great mental torment. Even success brings little relief, because he is conscious of how trivial, even unworthy, are his motives, and how very much he is wearing a "false front." Introduce such a temperament to alcohol, with its initial stimulus and eventual narcotic effect, and you have sowed the seeds of disaster. He will seek drink for a while, because this stimulus gives him a sense of power and general adequacy which he usually lacks. Ultimately, having received little relief for his anguish of spirit from the false stimulation, he turns to the narcotic influence for refuge. He discovers in this drug a blessed oblivion wherein the "arrows of "outrageous fortune" no longer trouble him. Unhappily, the physical sickness, the mental stupor and the acute remorse which result from alcoholic excess are too great a price to pay for this temporary escape.

The drunkard is a most miserable and unfortunate person. Whether he reached this state through the causes I have very summarily mentioned or not, he finally comes to a condition common to all alcoholics. He becomes a man profoundly distressed in body and soul, because he simply cannot control his drinking. His fault is not gluttony, as most non-alcoholics suppose. He is not interested in the taste of alcohol to any great extent. He uses alcohol to ease his mental discomfort or, as we would surmise, frequently to smother his conscience. Far from bringing the desired results, this pitiful attempt to escape from unpleasant reality, to shirk responsibilities, to run away from care, culminates in return to a starker reality, added responsibilities and a multitude of new ones. The alcoholic lives in a veritable squirrel-cage of constantly renewed physical torture, accumulating mental bewilderment and ever increasing spiritual demoralization.

His tragic condition is greatly aggravated by his relations with other people, especially those nearest and dearest. He often suffers intensely because of the pain and the misfortune which he brings upon innocent persons, and which he feels himself hopeless and helpless to prevent. He develops a definite persecution complex from their failure to understand and so to sympathize with his predicament. Is it any wonder that he frequently tries to solve the apparently insoluble by deliberately hardening himself to all appeals of morality or affection, and sometimes ends it all in tragic suicide?

The alcoholic is not without fault and indeed many and serious faults. Nonetheless, upbraiding him with angry accusations, appeals to his better

nature, while expressing doubt that he has such an attribute, physically obstructing his drinking, hospitalization or incarceration will not remove such faults. He is not altogether at fault, as we now know. He needs what the blind man in the gospel found, when he cried out: "Lord, that I may see!" He needs a sympathetic and understanding heart.

How then does A.A. help the alcoholic? It provides him, we might say very briefly, with a sympathetic and understanding heart. If he is fully conscious of his desperate state and honestly anxious to find relief, he will discover in the fellowship of other alcoholics who have won release the sympathy and the understanding which only a fellow sufferer can give. When he talks to the members of A.A. or hears them relate their own sad history, he comes at last upon people who speak his language. They do not reprove or criticize him, since they have been as bad or even worse. They show by words and attitudes that they know exactly how he feels. They encourage him from advice which is wise from bitter experience. Also - and this is important - they easily see through his elaborate self-justification, alibis and outright lying; they inform him, perhaps quite bluntly, that he is deceiving only himself. Most of all, insofar as their influence is exerted upon him, they bring him a faint glimmer of hope, which he so sadly craves. But no genuine member of A.A. will maintain that these gifts of their fellowship are of so much importance as the program of the Twelve Steps. Just as the poor blind man who cried for assistance received more than sympathy and understanding when he met Our Lord, so does the alcoholic when in truth he meets God in the Twelve Steps.

#### NON-SECTARIAN

A.A. is strictly non-sectarian. It believes, like St. Paul, that you must go through each man's particular door, if you -are to bring him out your own. It does not even ask that a man be a Christian or, for that matter, believe in a personal God. All that is demanded from the beginner is that he acknowledge a Power greater than himself, call it what he may. The experience in almost every successful case is that a man comes to a very definite belief in God and endeavors to walk humbly in His Presence. The Christian has the further advantage that he can approach this God in the loving presence of Christ and be comforted and inspired by Him Who ever had compassion on the multitude. The Twelve Steps are an epitome of Christian living. They establish an alcoholic in humility, nourish him with faith and hope to make a good fight, soften and enliven his heart with a sincere interest in his fellow men, especially alcoholics, and a grateful love for God Who has been so good to him.

The A.A. program brings the alcoholic into a new world, free from drink and its attendant curses. It gives him a new way of life. If he faithfully perseveres, it will bring him peace and happiness that perhaps he has never known before. It cannot be emphasized too much that A.A. makes a man not only sober, but contentedly sober. Sobriety without this contentment would - to the alcoholic - not be worth the struggle. He has had such sobriety before and found it as miserable as drinking. Members of A.A. sooner or later discover

that they do not even think of alcohol; which is understandable, since it was not their problem, but only a symptom of their problem. Once they have achieved a measure of right living, the need of alcohol no longer exists. Having recognized and admitted the truth of the first step, that the disorder in his life had made him an uncontrolled drunkard, the alcoholic is prepared to face the next two steps.

The second and third steps call for a recognition that a Power greater than himself can restore him to sanity and a submission of his will and life to that Power. If the alcoholic has a full appreciation of his desperate state, the result in great part of his trying to run his own life, he will not find it too hard to resign himself to a higher Power. He has nothing to lose and soon discovers that he has gained more than he even hoped for.

The fourth and fifth steps ask that he make a searching and fearless examination of his conscience and confess his sins. These steps bring self-knowledge, a sharper awareness of his problem, and deepen the humility of spirit so necessary for a thorough change.

The sixth and seventh steps are said to separate the men from the boys in A.A. If an alcoholic is sincerely intent upon following this program, his acceptance and fulfillment of these steps will prove it. Convinced that it is mostly because of his moral failing that he has come to such a sad plight, he is entirely ready to relinquish even his pet vices.

The eighth and ninth steps provide a means of making restitution for the injuries that he has done to his family, relatives and acquaintances. They tend to free him from his sense of guilt, as he pays his debts to society.

The tenth step, if conscientiously observed, ensures that he will not be caught off guard by a recurrence of old weaknesses, which, if not corrected, inevitably lead to a fall. Prompt correction safeguards against the dangerous complacency which follows procrastination or laxity.

The eleventh is a step toward the highest spiritual living. It leads to the habit of walking constantly in the Presence of God through persevering prayer. It also inculcates that most noble and efficacious virtue, conformity to the Will of God.

## NEW WAY OF LIFE

The twelfth and final step brings the alcoholic, through a sense of gratitude for what he has received, to take upon himself an apostolate among other alcoholics, so that they may have the chance to share in his good fortune. It concludes with the very important advice that they carry out these principles in all their affairs. This points up the conviction of the members of A.A. that this is in truth A NEW WAY OF LIFE. These principles must permeate and influence every thought, word and deed henceforth.





time, however, there are craving and compulsion, memory blanks, shakes, sweats, headaches, and hangovers. One man after a bout felt as though he had seven skulls. In devotion to this autocratic tyrant alcoholics will surrender thought, time, money, health, friends, and vocation. To surrender to the Higher Power involves no more exacting a demand than the surrender they have made to alcohol, perhaps over a drinking period of twenty years.

## II

Experienced A.A. practitioners, while admitting that they are only amateur psychologists, are wise enough not to begin by demanding beliefs. They work on thoughts, desires, attitudes, relationships, purposes, and habits. They are agreed that the root trouble is in the thinking, not in the drinking. At one meeting of a rather intellectual group the drink problem was not directly mentioned. Half a dozen speakers rang the changes on freedom from fears, surrender of resentments, cultivation of good will, positive help to others, building up a sense of dependence upon the Higher Power. When the inner life is brought under discipline the outer conduct is largely self-regulated.

The program of recovery is absorbed rather than learned, caught rather than taught. Listening to speakers, private conversations with alcoholics who are now happily and contentedly sober, reading the book *Alcoholics Anonymous* and pamphlet literature, and picking up fragments of truth will produce a transforming change. This may be sudden or gradual, and there is little concern as to which. Often the slow recoveries prove to be very sure, but the ladder of rehabilitation has these rungs, not necessarily in this order: honesty, humility, tolerance, concern for others, inner contentment, radiant happiness, a new standard of values, faith. Religious people would describe this as conversion: A.A.'s are content to speak of a personality change.

No one is more surprised at the transformation than the alcoholic himself. Like the lady in the fairy tale he is inclined to say "This is none of I." An army man, a heavy drinker for thirty-five years, had the temperament of a sergeant-major even after he became a colonel. Now he is mellow, tender, as sacrificial as once severe. Before a group of medical men he said, "I have had a personality change." A psychiatrist checked him by saying, "My dear fellow, you can't have a personality change." "Well at least I'm under new management," replied the A.A.

Spiritual power is frequently found on the lower levels of mysticism. The inner voice is really a mentor. An inebriate who had panhandled all over North America had an obsession against religion, fearing that it meant letters of fire in the sky, voices from the clouds, or a dramatic emotional upheaval. It was suggested to him that he spend five minutes each morning planning his day with his conscience, how he would use his time and spend his money, the mood in which he would meet his family, the sense of responsibility he would have in his work. He discovered that as soon as he listened, the inner voice spoke. He found he could be spiritual in a very practical way without seeing visions

or dreaming dreams.

A high-strung man with perplexing business cares took liquor to get to sleep at night. In time he would go to sleep with a full jug of wine at his bedside: later he would waken with an empty wine jug in bed with him. One morning he passed out. A friend said, "One tenth the attention you give to gin, if given to God, could make you happy." The experiment was tried. Each day he lists the commonplace things for which he is thankful, the mistakes of yesterday he wishes to avoid today, the people whose friendship he ought to keep in repair, the duties which are "musts" for that day. With a gleeful grin he tells others "give God the first ten minutes of every day and he will give you back the whole twenty-four hours all different." This simple plan has freed hundreds.

At 2:30 A.M. a wise A.A. worker was aroused out of his sleep. A taxi driver had deposited a chronic at his door. The moment he was admitted to the hall the chronic shouted out: "I don't believe in God, or Bible, or church, or prayer. I am a free thinker." The reply was "O.K., my boy. Nobody wants you to believe anything if you don't want to. That's your business." The two went to the kitchen and had plentiful coffee. Before daybreak the A.A. man said: "There is no use discussing prayer. The only thing about prayer that is any good is praying. I am going to pray for you." Which he did, humbly, trustingly, and in colloquial terms. Then, the drunk was told he could pray, too, if he felt like it. His first petition was "O God, help me to have faith in this guy." He is still sober, back home again living with his wife.

### III

It is this experimental, demonstration offer that is the key to A.A. Controversy, argument, and dogmatism are avoided. Everything is on a take-it-or-leave-it basis. "It worked for me, it might work for you." The goal is far greater than merely to stop drinking. In itself that may not be of very much help. To be conscious of not drinking and still wanting to drink is just about as distracting a state of mind as being under the influence of alcohol. The big positive goal is happy and contented sobriety, a rewarding and satisfying way of living. It is a distinct privilege to be an alcoholic if it leads to twenty-four hours at a time without fear and in good will toward people and in humble dependence upon God. Restoration to sanity is abundant proof of the working of a Higher Power.

Prayer becomes a reality, usually in everyday forms of speech. Rhetorical demands, purple-patch phrases, snatches of liturgies are replaced by simple but earnest desires. One man says each evening, "Thank you, God, for a sober day." Next morning he prays, "Please God, another day like yesterday." Even a spot of prayer such as that is an anchor by which to hold. An A.A. sober for six months went into a sudden panic. He found himself entering his favorite bar. Involuntarily he ejaculated, "O God, save me." In five seconds he was walking down the street cool and collected, every butterfly gone from his stomach. Another man hearing his stepdaughter in hysterics cried for help as

to what to do. He was given the right words to say and soon the child was out skating. His verdict is that "the Higher Power works fast." To hear the A.A.'s recite the Lord's Prayer is an experience in worship. "Lead us not into temptation but deliver us from evil." That is a life and death matter. Our desires are our real prayers, not what we say with our lips.

One helpful approach is to think of God as the Truth-making Power. The typical alcoholic insists on making his own interpretation of the universe and he anticipates the Day of Judgement by pronouncing condemnation on all and sundry. His dislikes are stronger than his likes. Criticism is his mental habit rather than appreciation. It is an initial step in humility to admit that truth is ordained of God. Mathematicians did not decree the multiplication table, nor musicians the octave, astronomers the calendar, orators the alphabet, mariners the magnetic compass. When truth is accepted as from God, intellectual conceit begins to vanish. The alcoholic learns to work with the laws of God instead of against them. Curiously enough the mind starts to discover new truth and to act upon it until every day becomes a voyage of discovery into the many-sided truths of God. Mind and mortality thus have a constant interplay.

In simple, even primitive fashion, members of Alcoholics Anonymous come to think of the Higher Power as the Hero of Eternity. Long before we were born the Higher Power was governing and ordaining long after we are gone that same Power will be ruling and overruling. Do not be fussed, little man. Today is all you need think about. The rhythm of the day and night becomes a contact with God. Living one day at a time can be an act of faith, a response of trust. One man returning from a five-thousand mile selling trip states: "To travel without fear is a new experience. I cannot become accustomed to it. I never will become accustomed to it." On a long, cold bus trip over an icy road, the one other passenger produced a bottle and offered a drink which was refused. The ability to refuse a drink offered in kindness and in the desire to help, to refuse graciously but finally, was the high light of the whole trip. To him it was the grace of God. It is in such experiences of protection and deliverance that A.A.'s become aware of the Living God.

The thought of the Higher Power is usually quite individual and may be decidedly unconventional. One man took his idea from a picture of flowers and birds. Just as the sun sends light and warmth, so he conceives of the Higher Power sending truth and love to him. One man, cursing himself as he shaved, heard a little bird singing outside his window. The bird was adjusted to his environment, but he, a university graduate, was not. Now he is. Another learned faith by seeing an engineer take five hundred passengers out of a railway station on one green light. There would be more signals as he went along. Another saw a bay freeze over. At first the ice was paper thin, by midwinter it was three feet thick, making ice from underneath. Could his soul grow imperceptibly like that? Another was told that big doors swing on little hinges. A.A. is the little hinge on which his future sobriety now swings.

## IV

The personality change can be sudden, unexpected, and involuntary. A well-seasoned drinker, after two months of sobriety, was asked to speak at a meeting. He answered that as yet he had nothing to say. "Then just say that you have nothing to say," he was told. When called to speak he announced that for the sake of politeness he could not refuse but "actually I have nothing to say, for nothing has happened to me." Then he paused. After a somewhat painful silence he said quietly, "Something has happened to me," and sat down. Two months later an old friend asked what did happen. He replied: "As I was saying I had nothing to say, suddenly I knew that at long last I had surrendered to goodness. All my life I had been debating and holding back. I have been different ever since and I have not the slightest desire for a drink." Without conscious effort his personality has been unified.

Rehabilitation may follow a Christian pattern. One man after thirty years of hard drinking made an inventory of what drink had cost him. He became convinced he was a fool, and he did not like being a fool. In his own words this is his story: "I decided to investigate religion. I read what the apostles had to say about Jesus Christ. Christ came into my life and liquor has stayed out. Nothing goes out until something else comes in."

The spiritual aspect of the program is by no means camouflaged but it is not made too obvious at first. The big book, *Alcoholics Anonymous*, sometimes described as the A.A. bible, has three hundred references to the Higher Power. One member spent a Christmas Day counting them. Six of the Twelve Steps refer to God. The official magazine, *The Grapevine*, unhesitatingly refers to the Higher Power as God. With increasing frequency at group meetings older members say quite openly that they are staying sober only with the help of God. Surprising coincidences happen and the explanation naively offered is "Somebody Upstairs." The intimacy does not come from irreverence but from trust. However slight and vague the faith at first, progress is steadily made toward a more mature and adult thought of God.

In social life an alcoholic is regarded as a misfit. Medicine looks upon him as a non-cooperative patient, very often-poor payer. The law deals with him as a criminal and sends him to jail. Psychiatry diagnoses him as a mental case and confines him in an institution. The church tells him that he is a sinner and must repent. His family has convinced him that he is hopeless. Against this background of despair, *Alcoholics Anonymous* comes along telling him that God is in him, that God can be in him as much as God can be anywhere, that if God is not in him God is not everywhere and so cannot be God. By the witness of another alcoholic, now sober, the life is breathed into his soul. Without soul and spirit the body is only an empty shell. A few even go so far as to say that God himself may draw upon vital strength and increase of being from their fidelity. If so, they, each one of them, may be important in the whole scheme of things. A surrendered life, they hold, can be of use to God.

Strangely enough, no attempt is made to induce conviction of sin, awaken a sense of guilt, or lead to a period of remorse. It is quite unnecessary anyway. An alcoholic's conscience has told him all this a thousand times. Remorse weakens and is seldom redemptive. The better way is to live today. Yesterday is past, you cannot do much about it. You cannot undo what you have done. Waste no time on regret. Tomorrow is not here yet. Have no fears. The Higher Power has dealt with far harder cases than yours. A miracle might happen, if you will just take it easy. Live one day at a time. When you came into the world there was air for your lung: has the Higher Power ceased to care for you? Restraint from condemning increases the chance of cure.

Usually alcoholics are gun shy of religion. They may have tried it over and over and it has not worked, so they are more responsive to psychology. Fortunately there is enough psychology in the A.A. program for beginners to go on with. Some find that the psychology is sufficient to enable them to achieve sobriety; others keep seeking more than the laws of the mind, and by the practice of meditation advance to the laws of the spirit. It is a mistake to force growth. One man who has been instrumental in over three hundred recoveries says, "I have learned not to look for results too soon: I know they will come later." He himself is not content until he leads his proteges to definite faith, but he knows that time must be given for a seed of truth to germinate. If out of the Twelve Steps in the program the prospect is only ready for one or two, he is urged to work on these. The others will follow later.

Will power is discounted in A.A. "Use your will" has been useless advice to them. They have the will but not the power. They do not have won't power, let alone will power. Promises, pledges, prayers have not availed. Then they are told how to replace their puny wills by the will of God. The unit actually begins to lean on the strength of the All. It is found that the imagination governs the will. As one holds the picture of himself as a capable, controlled citizen, thoughts are focused in that direction, desires become conscious, emotions become strong, and the whole personality goes into action. Instead of trying to whip up a weak will into doing what it is unable to do, one finds will power restored by the use of thought, desire, emotion, creative imagination. In six months the will can become stronger to say "No" than formerly as routine it said "Yes." Such restorations of will power are frequent in A.A.

V

The changed attitude to life is indicated by new reading habits. Murder mysteries and sex novels are often replaced by worthwhile magazines, thoughtful books, and devotional manuals. So eager is the mind for truth that serious reading is done. There is a special interest in psychology and psychiatry. Religious classics have a new vogue. Pamphlet literature is kept in circulation. The leader of a group of two hundred men and women said to a visitor, "They are a tough-looking bunch, but you would be surprised to know

the amount of Bible reading and prayer going on." Another evidence of spiritual experience is the number of newspaper articles and booklets being produced by members.

Men and women who have had medical care repeatedly, been sent to mental hospitals and sanitariums, been given conditioned reflex treatment, gone to alcoholic farms, or taken Keeley Cures, ask why these so often fail and Alcoholics Anonymous is having increasing success. One answer is that these treatments (for which we are thankful; they are much better than none) were only body cures; and in some degree fear was the motive for reform. They were also very expensive. Alcoholics Anonymous is cheap: there are no membership dues or entrance fees. Instead of a receding memory, A.A. is a growing experience of fact, fellowship and faith. It is enlarged opportunity and cumulative happiness. The old has gone, the new has come and keeps coming. The unhappy past is forgotten in happiness and hope. "He who rises quickly and continues his race is as if he has never fallen." There are great days ahead. The movement is strictly nondenominational. Catholics, Protestants, and Jews work together as brothers, though very few Jews are alcoholics. No effort is made to win others to any particular faith. The organization seeks to be inclusive rather than exclusive. No one is barred by age, sex, race, or creed. The one condition is the sincere desire to stop drinking. Nearly every club has one or two evangelical atheists, usually born of Christian parents, who strangely have conserved a Christian spirit. After a few months they usually agree that they never were atheists and anyway it did not make much difference. They stood on the same earth, breathed the same air, and talked the same language as others. Atheism had never been much help in keeping sober. Atheism, in fine, requires too much credulity: it is rather difficult to believe that nothing made everything and is going nowhere.

How is it that denominational differences can be so completely submerged? One reason is that no one is asked to give up anything but is urged to use what he already has. In time it is found that the A.A. program of recovery is founded upon universal spiritual experience. Jesuits affirm that it is similar to the principles of Ignatius Loyola. Quakers say that it makes use of meditation and the group conscience. Moral Rearmament people detect the four absolutes. Salvation Army officers are reminded of their knee drill. Methodists say it resembles John Wesley's discipline. Christian Science says it is closely akin. Unity, New Thought, Mysticism all think their programs have been adopted and adapted. A.A. is a synthetic product with a pragmatic test. What does not work is discarded: what does work is retained.

Do A.A.'s go back to church? Some do and some don't. Much depends upon early training. Some have a childhood belief to which they return with a deeper understanding. As a rule Roman Catholics resume their religious duties and observances - to them religion means their church. Some Protestants become active church workers, others go a time or two and report that "my minister doesn't know about God." Quite a few accept A.A. as their church. It gives faith and fellowship even though lacking much formal worship. Church



He sat down and reviewed his many problems. Wasn't drink the cause of them all? His troubles with his boss obviously came from his frequent absences from work, and the fact that when he was on the job, too often he was muddle-headed. His family's poverty was due not to his low earning power but to his alcoholic spending. His relationship with his wife and children - awful and getting worse - was clearly a product of his lust for drink. He didn't feel well most of the time. That too could be blamed on alcohol. As the young man sweated through his list of woes, it became marvelously apparent to him that he could dispose of them all by doing one thing - a difficult thing, certainly, but not impossible. He simply wouldn't drink anymore.

He realized he would always be an alcoholic, potentially. His friend in A.A. told him that. But an alcoholic who never took a drink was just the same as a non-alcoholic - outwardly. The net effect was the same. All he had to do was stop - and then live up to the program.

As I looked at the young man I couldn't help wondering how he would react on a not far distant day when he would have to face the fact that drying up was not enough. I recalled how a friend of mine took it. He was bewildered and bitter when, dry as a bone, he discovered that some of his troubles were worse than ever. The realization came close to throwing him back into the nightmare of alcoholism.

To build up such false prospects in the mind of the compulsive drinker is to do him a great unkindness. Drying up is seldom the complete answer to his problems. The involved and underground impulses that sent him down the alcoholic way in the first place remain with him.

Take the compulsive drinker who has an inferiority complex. Alcohol furnishes a quick, easy hurdle over repressions. Given a few drinks, the timid soul finds himself a brilliant conversationalist. His humor seems peerless. He shines. Now remove the alcohol. He is once more his diffident, self-conscious, nervous and fearful self.

A feeling of inferiority is, of course, only one of many human woes which taken singly or in combination may furnish the impulse toward alcoholism. There was Joe, for instance. After seven years of marriage he was still in love with his wife. But she had remained the sweet, irresponsible adolescent who first attracted him. His children were neglected, his home badly kept, his hard-earned money carelessly spent. The thing that bothered him most, however, was the feeling that she took him for granted. Resentment and hurt pyramided within him. Words led to words and Joe found himself playing the bully and saying cruel things he did not mean. His wife's tears made him despise himself.

Then he discovered alcohol. Through its haze he got a flattering picture of himself - much sinned against and justly enraged. Best of all, he could think

about his wife without feeling all hurt inside. She deserved what she got. The sad old process followed. Joe became a drunkard. Job, home, wife, children - everything he valued was slipping away from him when he joined A.A.

Joe stuck to the program. Month after month he stayed away from the first drink. Yet home conditions grew steadily worse. His wife, completely her immature self, more than once wished Joe would go back to his favorite tavern - he was so irritable with her and the children. His self-restraint set her on edge. Incredible as it sounds - but it will sound that way only to the uninitiated - she took to drinking herself. Whatever the collective causes of Joe's alcoholism, drying up did not make his home idyllic.

Another compulsive drinker, Dick, started drinking because he couldn't get along with his business associates. His temper was always getting out of hand. Trouble inevitably followed either with his boss or his fellow employees. A kindly man at heart, he loathed himself for these outbursts of temper and the caldron of bitterness they stirred up. Alcohol became his cushion and his consolation. But it cost him one job after another. It ruined his home, got him more and more into debt, and was well on its way to destroying him physically, mentally and spiritually. Drying up surely seemed a cure-all. But he discovered that, dry as the Sahara, he still had his temper. He resented opposition and restraint as much as ever. Only now he had to face his frightening inadequacies without any anesthesia.

Then there was Eleanor, unmarried and in her forties. She had a well-paid job in which she was not particularly interested and an attractive apartment which served merely as a backdrop for loneliness. Gradually she made friends with John Barleycorn. After that, loneliness was never a problem. But the price was staggering. Her solitary drinking seemed headed for inevitable tragedy, when she joined A.A. She achieved sobriety all right; but the loneliness returned. She seemed only to have swapped tormentors. True, she found a certain amount of companionship amongst the members. But it didn't go deep enough. Much more than abstinence was needed to bring her to a satisfactory adjustment.

Fortunately, she had access to an alcoholic clinic and through the guidance of its competent psychiatrist eventually proved herself superior to her personality defect.

Joe and Dick worked out their problems too, but their help came in a different way. They became people of meaning to themselves and of value to others through the assistance of trusted advisers. Joe and his wife were led to see the basic weakness in their marriage, and eventually to erase it. Dick came to realize that back of his temper was a terrible pride which detonated his anger. Self-knowledge sent him back with extra fervor to his religion and the imitation of Christ. Most alcoholics, perhaps all, need psychiatric help. A man starts to drink for reasons of which he may or may not be aware. When he parts from alcohol those reasons may or may not still exist. In any case his means of escape is gone, but his difficulties remain. The dried up alcoholic

still has his inferiority complex. He still has his temper. He still must suffer uncongenial moments with family, friend, employer - and worst of all with himself. He must still live in a world with painful prodding.

Recognition of the personality problem which is the substructure of his inability to adjust to conditions under which other people are living successfully is the first step in his rehabilitation; the second is the building up 'of attitudes and habits which will help him overcome the weakness. Both require long-term, intelligent psychiatric help - but above all, he must be convinced that ultimately he is the doctor. As in the cases of Joe and Dick, the help may come other than professional sources. It must, in many instances, if it is to come at all.

Alcoholic clinics, family welfare services, and similar professional agencies cannot cope with the estimated 400,000 alcoholics in the United States. Even A.A., in spite of its tireless, round the clock efforts, has been able to reach only one-seventh of the casualties to alcoholism, which ranks fourth among the nation's ills.

For many alcoholics, then, help in rehabilitation must come from non-professional sources - a clergyman, a lawyer, a trusted relative, the man in the next office, the woman across the street. It is to these "men and women of good will" as well as to the alcoholic himself that the suggestions in this article are directed. The friend of the alcoholic may - if he is inexperienced - overlook the fact that drying up usually furnishes only the condition of health. It is essential that one strive after his own well being, at least to this degree. It is a good start, if the alcoholic is smart enough to know that whisky is controllable -but it is just a start.

This might tend to discourage some who are struggling for sobriety. But it should not. For what every alcoholic must know is, that unless he stops drinking, there is no hope of anything else. Once dried up he can proceed to take the basic difficulties in hand.

I shall attempt to outline, first in a general and then in a specific way, the steps he must follow. First of all (in keeping with the A.A. program) the compulsive drinker seeking rehabilitation ought to turn with all fervor and humility to the faith and discipline implicit in his obligation to God. Such action will serve a twofold purpose: religious discipline will help him to overcome character weaknesses; faith in a will higher than his own, will open a source of limitless strength which he is free to make use of, when and how he needs it.

Next he must establish a motive, clearly understood and powerful enough to direct, even impel, him toward choices that will replace old defeating habits with healthful new ones.

Acquiring good habits is not a mechanical procedure. It does not fall into the

classification of muscle building or weight reduction, dependent solely upon a day-by-day repetition of certain prescribed exercises. Rather, the will must adhere to the principle of reasoned choice. And choice, following the cue of man's intelligence must have motive behind it.

What then, is the motive powerful enough to impel the alcoholic toward right choice in all things that affect him - from the minutest detail of his environment to the broadest intellectual decision?

Some well meaning people still assault the alcoholic with appeals to decency, loyalty, love of wife, children, mother or father. They bring in the fear of punishment in this life and maybe hell in the next, or both. Experience has shown that none of these motives is sufficient.

The alcoholic's own obligation to himself is the only motive strong enough and wide enough to support the construction of his new life. This may sound egotistic and selfish. Actually it is neither; for self-love is not selfishness. It is the obligation a man has to act in such a way that his conduct will conform to his destiny, which is his inherent and over-all development in terms of his highest and most truly human ideals. In the order of grace and nature, a man's own perfection is his truest destiny. It furnishes him with the most powerful motive within the scope of human imagination.

In applying these broad, general principles toward a solution of his own problem, the alcoholic, and those who would help him, may find a few specific suggestions of value:

1. He should put himself into situations favorable to his new way of life and incompatible with his former behavior. This means choosing his physical surroundings, friends, books, hobbies, work, pleasure, and everything which bears upon him externally, with his motive firmly in mind. A persevering member of A.A. once told me that he likes everything about drinking. "I like the taste and smell and sight of liquor," he said. "Above all, I like the men I drank with." The day may come when the compulsive drinker can be with his friends again and not drink. But in the beginning he would be foolish to try it.
2. He should not permit exceptions - either in the resolve not to drink or in the systematic building of new habits. Each slip, says William James, is like dropping a ball of string. Just a little carelessness and much tedious work is undone.
3. He should carry out good resolutions as soon as possible. Sentiments and wishes are for the most part useless unless they end in action. In fact, they can be harmful. A wasted resolution is more damaging than a lost opportunity, for it sets a positive obstacle in the normal, wholesome path of future resolutions. William James thought there was no more contemptible type of

human character than the sentimentalist and dreamer who spends his life on a sea of sensibility but never gets down to vigorous action. In short, a person should not allow himself the luxury of an emotion toward good without giving it concrete expression.

Occasionally in this article I have referred to normal living. Too much should not be read into that word normal. Most people's lives vibrate between success and failure intermixed with peaks of tranquillity and tumult. No life is free from dissatisfaction and incompleteness. St. Augustine in his Confessions, wrote: "Thou hast made us for Thyself and our hearts are restless until they rest in Thee." The seeds of discontent ferment in human nature along with man's insufficiency. Recognition of these truths is behind A.A.'s insistence that the alcoholic must admit his need for divine help.

Let the alcoholic know what he is in for. Sobriety truly means the alcoholic's salvation - in this life and perhaps in the next. But drying up is not the complete solution. It is only the key, which opens the way for him to live successfully without the crutch of alcohol. Granted intelligent help and perseverance, the compulsive drinker can anticipate a rewarding life. Yet, it will not be that simple because he stays away from drink. But unless he does stay away, he will not be able to look forward to anything.

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+++Message 1237. . . . . pp. 109-116 from Area 20 historybook, copyright 2003 by NIA, Ltd.  
From: ricktompkins . . . . . 8/24/2003 12:09:00 PM

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\*APPENDIX \*V

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Serving as an employee of the General Service Office from 1982 through the close of 1996, Frank M. accepted the promotion to Archivist on the retirement of Nell Wing at the end of 1982. His love of A.A. history, his cordial and abundant correspondence, and his encouragement and assistance to A.A. Archivists throughout the entire Fellowship generated a loving memory and respect from all who knew him. Many Area, District, and Group Archives were established during his GSO years. By supporting the growing general service A.A. Archives effort with resources of archival materials, providing expert knowledge of research direction, and insightfully sharing the relationship between archival ethics and A.A. principles, his pioneering service to our A.A. Archives is felt to this day.

Frank's farewell address to the 1996 General

Service Conference, with its Conference theme of 'Preserving Our Fellowship--Our Challenge,' is reprinted with permission of A.A.W.S., Inc.

\*G.S.O. A\*\*rchives:

Window on the Past, Guide to the Present, \*

\*and Light for the Future\*

I appreciate this opportunity to share on something I feel particularly passionate about--our collective A.A. history and its relevancy to our survival;

the anchor of our Fellowship. A.A. members relish histories, conscious or not.

Our A.A. lives are spent, usually happily, listening endlessly to oral histories, hearing again, and again, the underlying theme: (a) That we were alcoholic and could not manage our own lives. (b) That probably no human power could have relieved our alcoholism. (c) That God could and would if He were sought. (\_Alcoholics

Anonymous\_, p. 60)

In each of

our individual stories we hear of drinking causing collapse; then, following a serendipitous contact with Alcoholics Anonymous, a complete transformation of our lives through the remarkably simple application of our Twelve Steps. A clear demonstration of alchemy, turning lead into gold. Doesn't it appear startlingly fresh with each telling? I have listened to these personal histories now for over a quarter of a century, with a deepening sense of wonder.

With a

growing recognition that our collective history also merited retention, our Fellowship's Archives was opened in 1972 by Tom Sharpe, former general service trustee; Bob Hitchins, G.S.O. general manger; and Nell Wing, Bill W.'s secretary for 22 years and the first G.S.O. archivist. Bill W. stated the purpose was '...to keep the record straight so that myth does not predominate over fact as to the history of the Fellowship.' (\_

*italic;">Handbook for Setting Up an Archival Repository\_, p. 13) In*

the ensuing years, the collection has proliferated. Each year has brought forth

a fuller appreciation of just what we've got. Throughout the Fellowship, particularly in the last decade, the interest in our history has exploded. At last count, 63 of the 92 delegate areas had an active archivist. Many of these areas have district archivists as well. This body, joined by other interested historians, generates about 40 requests per week for detailed historical data on earlytimers, groups, districts, and areas. As some of you know from firsthand experience, our researcher, Noela Jordan, spends a good chunk of her life pouring over old directories, newspaper clippings, and files hunting up the 'earliest' and 'firsts.' Not a few areas have published impressively

detailed local histories that document A.A.'s beginnings and growth. The memories of a multitude of earlytimers have been captured on tape. And joyously, under the skill and guidance of Judit Santon, our assistant archivist, a large beginning has been made on scanning our material for computer access, with the aim of cutting future response time, making a larger body of material available, and avoiding physical damage to the fragile original documents in the collection. Is all this attention to our past necessary, some have asked?

As our co-founders, Bill and Bob, often stated, we, the present members of Alcoholics Anonymous, are links in an ancient chain of alcoholics stretching back through time. And haven't alcoholics been a perplexing problem for society for centuries? For example, Solomon laments, almost 3000 years ago, 'Who hath woe? Who hat sorrow? Who hath contentions? Who hath babbling? Who hath wounds without cause? Who hath redness of eyes? They that tarry long at the wine...when it moveth itself aright. At the last, it biteth like a serpent, and stingeth like an adder. Thine eyes shall behold strange women, and thine heart shall utter perverse things...They have stricken me, shalt thou say, and I was not sick; they have beaten me and I felt it not: When shall I awake? I will seek it yet again.' (Proverbs 23:29-35)

It seems that alcoholics baffled Solomon, and we continue to baffle others and ourselves. Drunkenness is not new to our shores. Someone observed that the Pilgrims stopped at Plymouth Rock not because they wanted to settle in Massachussets, but because they had run out of booze.

Let's take a brief look through an archival window at some of the attempts over the ages to offer us sufferers some relief to our malady. In 1782, Benjamin Rush, prominent physician and signer of the Declaration of Independence, wrote a 17 page medical paper on our condition entitled, 'The Effects of Ardent Spirits on the Human Body and Mind.' In it, he terms alcoholism 'a progressive and odious disease' and urges complete abstinence as the only effective treatment. The paper was widely circulated and well received, becoming a cornerstone document of the Temperance Movement. Yet, the points he made for abstinence from alcohol as the treatment for a progressive disease seem to have been often forgotten and frequently challenged. In such a fickle public arena, it's nice to remind ourselves that A.A., as such, has no opinion on the matter. Our Big Book terms it an illness. Whatever society may choose to call it, I seem to have gotten a bad case of it.

Another

opportunity for us alcoholics was embodied in The Washingtonian Temperance Society, which had uncovered a workable formula. After a founding in March of 1840 by six drunks at Chase tavern in Baltimore, the group experienced a meteoric rise, recoding 1,000 members before the end of that year. Abraham Lincoln addressed their second anniversary celebration. Their message was simple: 1) the drunkard could be rescued; he was weak, not wicked; 2) relating personal experience by a reformed drunkard was more moving and persuasive than a lecture by a well meaning nonalcoholic; 3) the simplicity of the pledge, requiring only one thing--personal abstinence; and 4) neutrality on the subjects of politics, religion, and the distributions and sale of alcoholic beverages. Not unlike the elements in our own Preamble.

Initially, the Washingtonian movement was virtually entirely made up of reformed 'sots." Later, others flocked to their meetings and took up the pledge and the 'fellowship of sufferers" became diluted. In spite of their stated aims, to avoid politics, etc. many members took opposing sides publicly on alcohol reform and other issues. Importantly, there was no principle of anonymity to protect the society from erring members. Within eight or nine years it was reported that the Washingtonians had 'lost their thunder." At their zenith, the press reported that there were 500,000 recovered sots in the Washingtonians. Since the population in those years was a recorded 20 million, I calculate that today A.A. would have to have 7,5000,000 members in the U.S. alone to have that same ratio. One can't help but ponder the fate of those members when the fire went out.

Another promising answer for the reclamation of the alcoholic was the Emmanuel Movement, founded by a clergyman psychologist, Elwood Worcester. In 1906, Worcester had a deep conviction that the physician and clergyman could work more effectively together in the treatment of functional ills; he had studied, interestingly enough, in Leipzig with Gustav Fechner, one of the pioneers in psychotherapy and one of Carl Jung's professors. His book outlining his theories, *Religion and Medicine, the Moral Control of Nervous Disorders*, appeared in 1908 and had nine printings in the year of publication. Alcoholism, not surprising to us, constituted the largest category within 'nervous disorders."

Two successful graduates of the process were Courtney Baylor, who became the first paid alcoholism lay counselor, and Richard Peabody, a prominent lay therapist and author of the *Common Sense of Drinking*, a runaway best-seller of its day (1930), that had found a home in Bill W.'s library. After a couple of decades

of successfully treating alcoholics, public controversy entered and diminished their effectiveness. The clergymen publicly quarreled with the physicians. Thus, the movement did not last much beyond the life and energy of its founder.

Our immediate ancestor, the Oxford Group, later renamed Moral Rearmament, has a similar story; it has initially impressive results through a proven method of personal spiritual transformation. Bill asserts in *\_A.A. Comes of Age\_*, that all of our spiritual principles come directly from the Oxford Group, and by way of Sam Shoemaker, its New York leader at Calvary Church, where Bill attended meetings with Ebby and Rowland H. The Oxford Group had the ability to fill vast arenas, like the Hollywood Bowl in 1939, where 25,000 filled the inside and another 10,000 waited outside. Yet today there's little awareness of their immense influence outside of Alcoholics Anonymous.

Our own present guide, our 'founding moment' to recovery from the illness of alcoholism, is thought by many of us to have begun with an encounter just before Armistice Day in 1934, between our co-founder Bill and a childhood friend, Ebby, a recent recruit in the Oxford Group. Bill and Lois were living in Brooklyn Heights. Ebby was sober--something Bill hadn't expected to see; he left Bill a description of a program of simple actions, one designed to produce a spiritual awakening. Bill continued to drink for a few more weeks, but after his fourth admission to Towns Hospital on December 11, 1934, he experienced his 'sudden and profound' spiritual event that changed him and the lives of alcoholics in this room. For he then, like Ebby, had caught fire and set about trying to ignite the same passion for sobriety that had been let loose in himself. It is said that Bill tried and failed with

40 men. He then ventured to Akron and tumbled into the lives of

Dr. Bob and Ann. He was to stay with the Smiths for over three months, and together they carried the message with zeal to many others. When he left Dr. Bob's, there was one other on the road to recovery, Bill D., a lawyer. What was to become Alcoholics Anonymous had begun.

Thus A.A. started on the Road of Happy Destiny. And, initially at least, our growth was slow. Most likely a good thing. It took almost four years to gather 100 members, and publish a basic textbook. Like those movements before us, Bill

was

to observe in a talk in Memphis in September 1947, that success was a 'serious problem.' He stated, 'The wine of forgetfulness might make us dream that Alcoholics Anonymous was our success rather than God's will...How, as a movement, shall we maintain our humility--and so our unity--in the face of what the world calls a great triumph? Perhaps we need not look far afield for an answer. We need only adapt and apply to our group life those principles upon which each of us has founded his own recovery. If humility can expel the obsessions to drink alcohol, then surely humility can be our antidote for that subtle wine called success.'" (A.A. Grapevine, October 1947, p.8)

In August

1947, the previous month, it was reported that there were 48,613 members, in 1,650 groups, in 13 countries. Bill then set about the task of 'assuring A.A.'s future" through the formulation of our Twelve Traditions. He knew that these were the Light for our future. Each of these principles has a reality in the records of our early years, and was deep in the documented experience of these earlier 'successful" efforts to aid the alcoholic. Earlier movements failed not because they weren't successful, but rather because they were; they demonstrated Bill's point that success can be more damaging to a society than failure.

As in my

own personal experience, failure gets my attention; success can make me 'intoxicated." When I lose, I may ask for help; if I hurt enough I might even take the advice. I find that I need the Twelve Steps in my life more than ever to assure my own emotional sobriety.

And our

Fellowship needs the Twelve Traditions in our collective lives to assure Emotional Sobriety at the Group and Area levels. Although records on alcoholics are difficult to gather, it is estimated that there are now 2,000,000 members in approximately 89,000 groups in 146 countries.

So many of

us in service throughout the A.A. world believe that a careful study of our history is essential--to deepen appreciation for our gifts and to foster a renewed effort to remember and carry forward our original message. Archives then are about keeping our collective history and its struggle before us, stimulating a feeling of humility and trust in God's guidance; taking the abstract wording of the Traditions and transforming them into vital tools for survival. Keeping clear this window to our past can provide the best light for our future.



information

(and help) have been received by the Montpelier Group from points 135 miles distant.

Miss B. Elaine Atkins, editor and publisher of The Argus not only speaks highly

of

A.A. and what she has seen it accomplish, but she very definitely does something

about it. . . . One Vermonter, with his wife, travels every Sunday night from Windsor

to the state capital for the A.A. meeting --a round trip of 150 miles.

A series of seven articles on A.A. have been prepared by the Shreveport, La., Group

and are now appearing in the Shreveport Times. . . . "A.A.--What it is and How it

Works" will be discussed by a member of the Minneapolis Group, speaking before an

assemblage of more than 500 pastors from Minnesota and adjacent states who are attending a conference in that city. . . . The Savannah, Ga., Group, which

originated

last October, now have their own clubrooms. . . . Sponsored by a committee known

as

the Alcoholic Confidential Assistance Committee, co-operating with local A.A.'s,

alcoholics arrested in Plainfield, N. J., will henceforth be heard on a special

court

day, when the courtroom will be cleared of spectators. The alcoholic's sentence

will

be suspended, provided he or she will consult with the committee and follow their

proposed program.

On the request of the superintendent of the California Institution for Women at

Tehachapi, Glendale A.A.'s got a group going within the institution, aided by members

from Burbank, North Hollywood, Inglewood and other nearby communities. With regular

meetings every two weeks as a starter, the Tehachapi Group is already going strong. .

. . Membership of the Memphis, Tenn., Group has increased to such an extent that

a

second group has been formed in Crosstown. . . . A.A.s, police, probation

officials,  
and officers of county and medical societies are among those who took part in  
a  
convention of the Institute on Chronic Alcoholism held at the University of  
Minnesota. . . Until now, the Greenville, S. C., Group has been meeting the  
office of  
one of the members. They've outgrown that space and are now holding regular  
sessions  
at the Coca-Cola Bottling Co., plant.

In Battle Creek, Mich., they've devised a way of remaining anonymous,  
strictly.  
Referring to a big open meeting and banquet affair, a member explained how  
they  
maintained complete anonymity: "We invited so many friends and friends of  
friends  
that the guests couldn't possibly tell an A.A. from an A.B. or an M.D. But  
don't  
get  
the idea that only those with college degrees are welcome. Many of us have  
degrees  
only from the University of Experience." . . . At the Second Anniversary  
celebration  
of the Tampa, Fla., Group the 150 celebrants included members from a dozen  
states;  
their roster today reads 103 members. . . The two Colorado Springs, Colo.,  
groups,  
now five years old, have a membership of over 40; other Colorado groups are in  
Pueblo, Cannon City, Salida, and Gunnison. . . In four years the Indianapolis,  
Ind.,  
A.A.'s have grown to about 275 men and women.

Parole supervisors and welfare workers in twenty Northeastern Indiana counties  
heard  
a talk by a Fort Wayne A.A. . . . More than 200 A.A.s, including members from  
Saginaw, Flint, Pontiac, Royal Oak, Travers City, Detroit, and Windsor, Ont.,  
attended the Second Anniversary festival of the Bay City Group. . . . Within  
five  
months after the Davenport, Iowa, Group was started, July 1945, it had  
acquired  
clubrooms-- at 404½ Brady Street . . . The El Paso, Tex., Group, with 10  
members, has  
its own post-office box #211, El Paso. . . Hays, Kans., A. A.s are growing  
slowly but  
surely in numbers; two years ago they were three, today they are fifteen.

"It's not the numbers that count so much," said a speaker of the Manhattan  
Group,

"but the quality of one's sobriety." . . . Among the newest groups to be formed are: Brockton, Mass.; Port Arthur, Texas; St. Johnsbury, Vt.; Elmira and Newburg, N. Y.; Redwood City, Calif.; and Torrington, Conn. . . . And a few of the groups which have recently furnished speakers to local clubs, civic organizations, medical societies, churches, etc., are Chicago, Ill.; Orlando, Fla.; Newark, N. J.; Dallas, Texas; Peekskill, N. Y.; Minneapolis, Minn.; Reading, Mass.; and Bridgeport, Conn.

Attending the Burlington, Iowa, Group's Second Anniversary meeting were 200 members from Iowa, Wisconsin, Nebraska, and Missouri. . . . The flourishing group in Mt. Vernon, N. Y., marked their Third Anniversary with a big gathering which included many A.A.s from New York City and environs.

In one of those competitive quiz broadcasts in which scores are kept and prizes given, A.A.s of Hartford, Conn., bested members of the Springfield, Mass. Group on a recent "Quiz of Two Cities" radio show in the latter city. . . . In the new hospital to be built in Atlanta, Ga., there will be a ward set apart exclusively for A.A.

. . .  
. Detroit, with its 20 groups, now has 800 members in all. In Louisville, Ky., where a \$100,000 clinic for treatment of alcoholics is soon to be established, the A.A. membership totals 80. . . . The Doan, Ohio, Group romped dryly but merrily through their Fifth Anniversary recently.

Because of the success of the A.A. group in San Quentin prison, the Superintendent of the Iowa State Penitentiary at Fort Madison indicated in the *Presidio* (prison publication) that he would like to see a group started in that institution. Following this lead, A.A.s of Des Moines are getting busy on the project.



don't want alcoholics. This mode of thought shows they do not regard alcoholism as a disease, and they let the problem go for solution to some other field of therapy. Are they correct in his procedure?

We feel that they are not. But I'm quick to admit that their decision is based on misinformation, misunderstanding, and a distorted public opinion of what alcoholism is and what alcoholics are. The Catholic hospital should take the initiative in focusing the light of truth on the moral and physical causes of the disease of alcoholism and exert the charity of Christ in the treatment of the victim of alcoholism.

Are Alcoholics Hospital Cases?

Some may say alcoholism is not in our field. We should remind them that the hospital is dedicated to minister to the body of suffering humanity directly and to the needs of its soul indirectly. A Catholic hospital is not Catholic if it does not take into consideration the whole man created to the image of God. A Catholic hospital must supply psychosomatic medicine in the best sense of that term. Again, it might be argued that the alcoholic is a problem for the clergyman or psychiatrist. But what can a clergyman or a psychiatrist do to help a person suffering from dietary deficiency and the host of physical ills which attend alcoholic poisoning?

Hospital care is basic if we are going to do anything for the rehabilitation of the alcoholic. As it is today, the acutely poisoned alcoholic is thrown into jail or the psychopathic ward of a city hospital. By this method, he is stamped as a criminal or a lunatic. One taking poison intentionally is readily admitted to a hospital, and all possible care is given to him. The intentions of the alcoholic and the suicide-minded are not the same, but both are poisoned; hospital and 'medical care is just as necessary to the alcoholic. We cannot reach the intellect and will of a hungry or sick man. We must first treat him physically and then spiritually.

This was Christ's practice when He fed the multitudes and taught them - He cured their bodies and then healed their souls. In the case of the alcoholic, hospitals must cure physically before religion can cure spiritually.

In religion we say the pews should not lead the pulpit: in hospital practice we must not let the layman's distorted conception dictate policy toward the alcoholic. The public regards the alcoholic as a moral leper, a backslider who deserves punishment. Hospitals, by refusing aid to alcoholics, have punished them more than is ever realized.

I know that some charitable hospitals take alcoholics for treatment but record them as gastritis patients. This is hypocrisy; if the profession could honestly diagnose the disease of alcoholism, the public and the victim would have a clear picture of the disease and its consequences. Educational campaigns have caused the public to change its opinion about tubercular and

diabetic patients, and a much more enlightened attitude prevails about venereal disease, with the result that patients, by and large, are no longer ashamed to come for treatment. Why couldn't the public be educated similarly about alcoholism?

Alcoholism is a public health problem, and health is the hospitals' business. Broken homes, destitute families supported by public funds, absenteeism costing millions in industrial loss, accidents and crime are but a few of the results suffered by all because alcoholism is not publicly termed a disease and treated as any other affliction. We have stigmatized the alcoholic, so he will not admit he drinks, nor will his family seek aid for him. Wretched publicity or death often ends the record.

#### Example at One Hospital

I do not know how many hospitals there are which treat the alcoholic, but one which comes to my mind is the Knickerbocker Hospital in New York City. Under skillful and sympathetic direction, this hospital has done a great work for the alcoholic. And the members of the staff have been surprised to find that the problems they expected in the care of alcoholics never materialized. They have such a long waiting list that the same person cannot be admitted twice. This is not because they have no confidence in one who has had a relapse, but they wish to give at least one chance to each of those who apply.

A patient cannot be admitted to the hospital except with an Alcoholics Anonymous member as a sponsor. The physicians say that there is no more difficulty in taking care of an acute alcoholic than there is in taking care of any post-operative patient. Within a short period, the alcoholic recovers from the worst effects of his drinking bout: then he is given the proteins and vitamins which were neglected in his alcoholic diet. He is supplied with all the food he cares to eat, and as soon as he is ambulatory, he goes into the large meeting room which is called "Duffy's Tavern." And so well do the patients get along that the physicians and nurses enjoy associating with them in that room. Tables are piled high with food, and Alcoholics Anonymous literature is spread around. There is nothing to read except this.

Members of Alcoholics Anonymous meet and talk with the patients, gain their confidence, and prove the possibility of rehabilitation. No patient can leave until the Alcoholics Anonymous sponsor takes him from the hospital. The sponsor follows up his charge and takes him to weekly meetings where the Alcoholics Anonymous program counteracts the alcoholic's obsession. He is greatly helped because he is associating with those who have mastered identical difficulties. Eventually he is trained to help other alcoholics, and by taking care of others, he preserves himself from a relapse.

A hospital needs no extra or special equipment to handle alcoholics. A psychiatrist must be employed to discover whether a neurosis causes the alcoholic's drinking or drinking causes the neurosis. If a neurosis causes the

drinking, he must get rid of the neurosis. In this case Alcoholics Anonymous cannot help him to recover. If his neurosis is the result of drinking, then he can be entrusted to Alcoholics Anonymous members, and they can effect the balance of the cure. Alcoholics Anonymous members have often been more successful in determining this distinction than the psychiatrist. Alcoholics Anonymous members are the best lay therapists in serving the victim who has a neurosis because of his drinking.

How many alcoholics are there? We do not have accurate figures, but we know of 750,000 alcoholics who have become known when they were taken to courts, jails, or mental institutions. Despite the difficulty of obtaining correct data, we do know 12,000 people die each year with alcoholism as the primary or secondary cause of death. God alone knows how many lives have been wasted and souls lost because most hospitals will not accept alcoholics and most physicians will not treat them.

In Alcoholics Anonymous today there are 25,000 members rehabilitated through Alcoholics Anonymous program combined with some manner of hospital care. These 25,000 are well and happy again, united with their families, and living normal and productive lives - assets to themselves, their families, their communities -and especially helpful to other victims of alcoholism who learn from them that life has a brighter side. There are 500,000 cases of tuberculosis, and we have \$130,000,000 to spend on curing them and educating the public not to conceal the disease. There are 750,000 known alcoholics, and we have scarcely \$500,000 to spend on their cure and the education of the public. Obviously, the need for recognizing and treating the disease of alcoholism is much greater than we suspected.

#### A.A. And The Hospital

Let us consider the role of A.A. in relation to the hospital. Alcoholics Anonymous is a group of men and women who have recovered from alcoholism and who have dedicated themselves to do all in their power to effect the cure in others. They are convinced that alcoholism is a disease that the alcoholic can be cured and is worth curing. They regard the whole problem as a public responsibility and feel they can help the victims and the community at large, which pays such a heavy toll (more than a billion dollars a year) because of alcoholism. The educational work of Alcoholics Anonymous is carried out through the large amounts of literature which it distributes throughout the country, and through the examples of the great number of seemingly hopeless individuals whom they have rehabilitated.

The members realize that hospital, physician, psychiatrist, employer, social worker, and Alcoholics Anonymous must work together. They know one alone cannot effect the cure. The teaching of Alcoholics Anonymous might be summarized in the 12 Steps which are gradually undertaken by the new member in such a manner that he will slowly become master of himself. The steps are:

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. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We 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. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We 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 it out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

These steps cannot be given to an individual until he is cared for physically by the hospital, by the physician, by the psychiatrist, and by the close and brotherly working of other members. In the few hospitals which treat alcoholism, it is admitted that much of the success is attributable to co-operation with Alcoholics Anonymous.

Who is an alcoholic? Everyone who drinks is not an alcoholic -even one who drinks excessively is not necessarily an alcoholic. There are certain symptoms which mark the alcoholic:

Who Are Alcoholics?

1. The desire for liquor the morning after over-indulgence; only a confirmed

or potential victim of alcoholism can tolerate the taste of liquor after such an experience.

2. Desire for a drink at definite periods throughout the day.
3. The desire to be alone while drinking.
4. Drinking to conquer a sense of inferiority, to impress others, or to display an air of nonchalance.
5. Moodiness, jealousy, irritability, and nervousness as a result of drinking.
6. An allergic reaction to alcohol.

The alcoholic is often proud and sensitive, has a high degree of intelligence and a highly sensitive nervous system. He is frequently a capable person; consequently, pride can wall off his drinking from its cure. Here is the greatest work of Alcoholics Anonymous - seeking out and serving the individual alcoholic before his condition reaches its lowest level. The alcoholic knows he doesn't want to get drunk; he doesn't want to cause trouble to himself and to his family; but he doesn't like to admit he is no longer able to control his drinking. The alcoholic must admit that he has a serious problem that he cannot handle by himself. He must seek the help of almighty God, the Power above himself; here prayer comes into the program. In a most practical way the alcoholic is taught to pray; considering this attainment, a man may even consider himself fortunate to have been an alcoholic, if he has learned the secret of his own weakness and the power of God's help.

In the Alcoholics Anonymous the victim has the companionship of other alcoholics who appreciate his trial, know his difficulties because of their own experiences, and do not tempt him with more drinking. They understand what the alcoholic is up against, and in each they see themselves, realizing, "there but for the grace of God go I." They know their own success is measured by their assistance and service to others.

In working with Alcoholics Anonymous members, I have found great humility, excellent natural ability, and practical Christian charity. They seem to have a deeper understanding of spiritual values than many other lay people. Love for one's neighbor, willingness to go all out to save one life is manifest. Few hospitals would not co-operate diligently with such a group of men whose free time is dedicated to the service of others.

In service to alcoholics, Catholic hospitals have unlimited possibilities. United as the Catholic hospitals are with the Church, they have the means to cure body and soul. Because of their unified authority, they could, with one stroke of the pen, open their doors to victims of acute alcoholism. They would have at their disposal the experience and assistance of every member of Alcoholics Anonymous. Catholic hospitals can lead the way to a new



officials and others interested in the alcoholic problem confronting the public today.

The Rock Hill, S. C., Group was host to all the North and South Carolina groups at a meeting last month. Two hundred representatives were present from Raleigh, Chapel Hill, Charlotte, Shelby, Winston-Salem, Asheville, Hendersonville, N. C., and Columbia, Anderson, Chester, Greenville, S. C. . . . Marty Mann of the NCEA spoke last month to the student body of Winthrop College, South Carolina's largest female institution. She also spoke to the South Carolina Legislature; the student body of the University of South Carolina at an open meeting of the Carolina groups.

Oklahoma City A.A.s are preparing to establish a group in Clinton. Shawnee, the latest town in the Sooner State to form a group, now has 15 members, and they are steadily rolling 'em in. . . . A.A.s of Philadelphia attended a lecture on mental hygiene at the Philadelphia County Medical Society. . . . To better serve new members, give them more individual attention, the Atlanta, Ga., A.A.s have branched out into a second group. . . . Last November a group was formed in Wakefield, Neb., which later combined with the Pender Group. Jointly, they have 11 active members and several prospective "customers." They are running ads in the three local papers.

. . .  
. The Deep East Texas Group comprises members from Centerville, Palestine, Longview, Nacogdoches, Lufkin, Diboll and San Augustine.

The Syracuse, N. Y., Group now has 100 active members, and the women's auxiliary, recently organized, about 30 members. . . . On invitation, Lt. Col. Samuel Paster, psychiatrist at Kennedy General Hospital, addressed the Memphis Group, outlining the responsibility of society resulting from the psychiatric disturbances caused

by  
World  
War II, and the possible help that A.A. might contribute. . . . Fort Smith,  
Ark.,  
boasting 24 members and more new ones each week, has moved into new clubrooms  
at  
708½  
Garrison Avenue.

Manhattan's loss is Florida's gain. Two members, Bill W. and Art C., who have  
moved  
south, are now spark-plugging the Sarasota group which numbers about 20, half  
of  
them  
transients during the winter months. John A. of Manhattan, visiting there for  
six  
weeks, has also attended meetings of the Tampa Group, which now boasts more  
than  
70  
active members and maintains clubrooms in the DeSoto Hotel. The Tampa group  
was  
organized by Roy Y. while he was stationed there with the Army. A.A.s from  
Fort  
Myers, Bradentown and Venice drive to the Sarasota and Tampa meetings often,  
John  
reports.

"A.A.s live democracy," said a Glendale member, speaking at a big meeting of  
the  
San  
Bernardino, Calif., Group. ". . . Our goal is not to be better than someone  
else  
but  
to be better than ourselves. . . . When an A.A. told me I was emotionally  
immature I  
didn't mind. So was he."

The seven-year-old Dayton, Ohio, Group saved 1,700 manpower hours per week  
during the  
war by putting alcoholics back on the job. "A cell is a medieval instrument of  
detention and has little or no place in the fight against alcoholism today,"  
declared  
Dr. James Sagebiel, Dayton psychiatrist who, like the A.A.s, deplures Dayton's  
lack  
of hospital facilities for treatment of alcoholics.

In New England they don't seem to mind the weather. Brockton, Mass., A.A.s  
braved

hazardous travel conditions in a downpour to be on hand for their usual meeting.

Membership of the three-month-old group has been boosted to over 30 and all of them, plus several new prospects, showed up during the storm, wet without, dry within.

The story of A.A. was heard at a meeting of the Council for Coordination of Community Services in Montgomery, Ala., as the first in a series of programs built around the theme "Developing Citizenship," selected by the program committee of the council. The Montgomery Group cooperated with the committee in arranging details.

An Indianapolis, Ind., A.A., at the fourth of a series of forums at the West Lafayette First Methodist Church, answered questions on the purpose and methods of A.A. . . . The South Jersey Group heard a talk by Dr. C. Nelson Davis of the Psychopathic Division, Philadelphia General Hospital. . . . The St. Petersburg, Fla., Group observed their first anniversary with a dinner and meeting;. . . . The Denver, Colo., Group, now four years old, gave a ball to obtain funds for clubrooms large enough to accommodate their rapidly increasing membership.

In 1940 there was only one group in Connecticut, located in Greenwich. Today there are 14. They are located in Bridgeport, Bristol, Cornwall Bridge, Danbury, Derby, Greenwich, Hartford, Meriden-Middletown, New Britain, New Haven, Norwalk, Norwich, Stamford, and Waterbury.

In a eulogistic piece about a New Haven meeting, attended also by members from the New Britain Group, a local paper wrote: "A.A. recognizes both sides of the truth that a man must help himself, and that self-help may be greatly supplemented by the moral support and comradeship of fellow victims and victors."

The Montgomery, Ala., A.A.s recently had their second anniversary gathering.

...

A

Baton Rouge, La., A.A. spoke at a luncheon of the Cooperative Club of that city.

In

the same state, the Alexandria Group is now holding meetings in the Salvation Army's Red Shield center.

A little over a year ago four Norwalk, Ohio, men met in one of their homes and held the first Norwalk A.A. meeting. In 12 months the group had grown to 22. Their first, anniversary dinner was attended by 136 members representing seven counties and 12 cities and towns in North Central Ohio. .

. . A Tallahassee, Fla., member outlined the A.A. program in a talk before the Rotary Club. . . . Wilmington, Del., A.A.s received as guest speaker Col. Charles I. Carpenter, head of the Air Force chaplain service in Washington, D. C.

Addressing a St. Louis, Mo., A.A. meeting, Dr. Joseph B. Kendis of that city said

that the ratio of women alcoholics is increasing in astounding proportions.

Formerly,

the doctor said, there were four-and-one-half male alcoholics to one female; now

there are two to one. . . . The new clubrooms of the Pittsburgh, Pa., Group are

at

615 West Diamond Street, Northside. . . . "Alcoholics Anonymous" tops the alphabetical list of 81 civic organizations published by the Bloomfield, N.

J.,

Independent Press. . . . Niagara Falls A.A.s meet at the local International Institute, where 15 other organizations also hold their meetings.

Clergymen and city officials were among the more than 60 persons who attended the

second anniversary get-together of the New Bedford, Mass., Group at which an A.A.

speaker told of taking his first drink when he was seven years old. "My mother had a

party for my older brother. While my folks and the guests were in one room, I was in

another draining the glasses." He drank from that time on until Labor Day 1943,

when

he was hospitalized and immediately afterward came into A.A. via the Boston Group. He



Bill had been sober for five months. One of the things that had kept him sober was his frequent visits to other alcoholics in an effort to sober them up. He hadn't been successful, but at least it had helped to keep him sober. The other thing that Bill found a help in his fight with alcohol was his interest in an Oxford Group. Here he found some resources which gave him strength.

Sobriety had brought with it a new success in his business. He was slowly trying to put his affairs on solid ground after years of neglect. To do this he had to make a trip from New York to Akron. Legal entanglements produced problems, and as the days stretched into weeks, and success was not yet at hand the old battle with alcohol grew stronger. Yet here he was, miles away from any alcoholics whom he knew, and far from his Oxford Group. Out of sheer desperation Bill, searching for an Oxford Group and contact with a man who was having trouble similar to his, called a minister in Akron. This call brought him together with Dr. Bob.

Dr. Bob had been fighting his problem with alcohol for 35 years, ever since medical school days. All the resources at his disposal seemed to be of no avail. He too had had an interest in the Oxford Group, but even this was not enough. He and Bill shared their common problem and the resources they had found to help them. Dr. Bob was interested in Bill's added "technique" of trying to help other alcoholics as a means of keeping sober himself. Bill moved from the hotel into Dr. Bob's home and together they set out to find other alcoholics whom they might help. When Bill returned to New York six months later he left behind not only Dr. Bob but two other alcoholics who had joined them in this program of mutual aid. With the encouragement of the fellowship he had found in Akron, Bill began again to work with alcoholics and soon there was a small group who gathered together in New York. Out of these two small groups of men has grown the movement which is now known as Alcoholics Anonymous. Today A.A. is a movement which has about 80,000 members scattered throughout the United States and in 29 countries around the globe. While no exact figures are kept, it is estimated that about 50% of those who undertake the A.A. program remain sober, another 25% have a few "slips" and the remainder can best be classified as "doubtful." The power of these figures can only be realized when we note that traditional medical and religious "cures" for alcoholism can best claim effectiveness somewhere under 5%. Honesty requires mentioning however that as the size of the A.A. movement increases the percentage of effectiveness decreases. What this means will be discussed shortly.

What is A.A. and how does it work? The answers to this question can best be found in the book "Alcoholics Anonymous" first published in 1939 when the group consisted of about 100 men and women. It was the publishing of this book that changed A.A. from a small localized group of alcoholics to the world movement it is today. It explains the principles and program of A.A. and gives the personal stories of a number of those who first found their strength in A.A. It is urged that those with an interest in A.A. should have the book on

their shelf.

We can give a brief answer to the question, however, by mentioning three of the central aspects of the A.A. program: -1.) The Twelve Steps 2.) The Fellowship 3.) Twelfth Step Work.

The Twelve Steps of A.A. are: -

Step One We admitted we were powerless over alcohol - that our lives had become unmanageable.

Step Two We came to believe that a Power greater than ourselves could restore us to sanity.

Step Three We made a decision to turn our will and our lives over to the care of God, AS WE UNDERSTOOD HIM.

Step Four We made a searching and fearless moral inventory of ourselves.

Step Five We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step Six We were entirely ready to have God remove all these defects of character.

Step Seven We humbly asked Him to remove our shortcomings.

Step Eight We made a list of all persons we had harmed, and became willing to make amends to them all.

Step Nine We made direct amends to such people wherever possible, except when to do so would injure them or others.

Step Ten We continued to take personal inventory, and when we were wrong promptly admitted it.

Step Eleven We 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.

Step Twelve Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

In a sense these Twelve Steps are self-explanatory. A few things should be mentioned however. A.A. does not offer these steps as a recipe for sobriety. They don't guarantee success. They are not steps which once taken are then finished. They are rather like a snowball - incorporating all the previous

steps in the one of immediate concern. They are not steps in the sense that one must be taken before the next can be started. If any one step seems too difficult, move on to the next, and return to that one later.

A second fundamental in the A.A. movement is its fellowship. This finds its fullest expression in the A.A. meeting where the group shares their experience and thoughts. This meeting often takes the character of a "testimonial" meeting followed by refreshments-usually coffee. It is found that unless a man shares in this fellowship the Twelve Steps are exceedingly difficult. It takes the place of lost "drinking companions" or fills a long empty gap of loneliness. Part of the fellowship, though subsidiary to the meeting, are such things as an A.A. Club House, picnics, and parties.

The third fundamental of A.A. is the 12th Step Work. It was this that Bill brought to Dr. Bob in Akron. Particularly if the going "gets rough" the A.A. immediately goes out to help others. They will spend long hours with one another, or a newcomer, or in the alcoholic wards of a hospital giving acceptance and hope to others. This is the final step, but it also points to a step before the first step, which is this - that if a man is going to take that first step he must feel that there are people whom he can rely on even though he admits he is "powerless over alcohol," people who know what he is experiencing, people who will accept him, at his lowest point, with love rather than judgement. It is only in this climate that a man can take this first step.

Even in such a brief statement of the history and fundamentals of the A.A. movement, one is impressed with the "religious" quality of the program, and the many parallels between A.A. and Christianity. There is for example an historic parallel. Almost everyone who becomes familiar with the spirit and voice of this fellowship remarks that it must be similar to that of the first century Church. As was true of the first century Christians, the alcoholics are a minority group who stand on the fringe of society. Misunderstood by the majority, often subject to the law, they find their security in their own fellowship. With the members of A.A. their fellowship is not only the result of their alcoholic exile, but also the sharing of a mutual redemptive experience, which soon becomes not just a means of sobriety but a way of life. Thus, central in both groups is the dynamic of a personal faith which resulted in salvation for each individual.

There is also a clear parallel in the Fellowship of A.A. with the congregational life of the church. Central in the A.A. meeting is the "word," the telling of the gospel of A.A., and the explanation of it. This is done by public testimony, which can be found in some form in all our churches. The A.A. groups also have a social expression similar to many churches. Socials, suppers, picnics and the like are reminiscent of the weekly activities in many churches. The A.A. Fellowship is a group who, having shared a common peril, now share in a common salvation. Is this not similar to the Christian fellowship which sings: -

Blest be the tie that binds Our hearts in Christian love

The fellowship of kindred minds

Is like to that above.

We share our mutual woes,

Our mutual burdens bear,

And often for each other flows

The sympathizing tear.

With the exception of the word "Christian" these verses perfectly describe the fellowship of Alcoholics Anonymous. It is particularly interesting to compare the principles, the theories and the "dogmatics" of A.A., with those of the Church. The Twelve Steps certainly are expressions of principles which have been central in Christian thought and teaching in all ages.

Step one, the admission that the alcoholic is powerless over alcohol, that his life has become unmanageable, immediately calls to mind Paul's:- "The good which I would I do not; but the evil which I would not, that I do." A.A. emphasizes that this lack of power is caused by something beyond the control of the individual. They speak of allergy and addiction - they are constitutionally alcoholics. There is something in their mind-body-spirit totality which makes this first step a fact. Is there not a similarity here with the concept of original sin? Both relieve the individual from the burden of guilt which hinders his admitting his sin (i.e. life being unmanageable), while leaving him with the possibility and responsibility of recognizing his sin, and thus making salvation possible.

Steps two and three are likewise particularized statements of fundamental Christian doctrine - the recognition and surrender of ourselves to a "Higher Power," to God, as the source of our salvation. These steps are similar to the first answer in the Heidelberg Catechism: -"That I-am not my own-." It is significant that these steps are the first three. It is an insistence upon faith as basic to salvation. The A.A. message is a message of salvation through faith, with works being the expression of that faith, rather than the source of salvation.

Steps four through seven make the distinction between original sin and particular sins. Besides being "alcoholic"-being in a constitutional state of sin- each individual has particular sins which he must acknowledge in step four. In step five, A.A. sees the value of the traditional Christian practice of confession. And in steps six and seven God is recognized as a forgiving God. All these steps are fundamentally Christian.

In steps eight and nine, where the alcoholic is urged to make amends to all those he has injured, we are reminded of the words of Jesus: -"If you are offering your gift at the altar, and there remember that your brother has something against you, leave your gift there before the altar and go; first to be reconciled to your brother-." That one's relation to God involves a certain responsibility to our brothers is here very clearly stated, just as it is constantly reaffirmed in the New Testament.

The Church has always insisted that a spiritual life requires constant effort and is a never ending process. This effort takes the form of turning frequently to the source of our spiritual power through prayer and meditation, and also of trying to live our daily lives, in our relationship to our brothers, according to God's will. A.A. expresses these principles in the tenth and eleventh steps.

Christianity has moved always under the commandment of the risen Christ: -"Go ye into all the world and preach the gospel to the whole creation." This has been the drive for the spread of Christianity. It has made Christianity the evangelistic religion of the world. It has resulted in missionary work around the globe. A.A. says in its twelfth step: -"having had a spiritual awakening-carry this message to alcoholics-." Recognizing these many close parallels between the A.A. movement and fundamental Christian thought and practice prompts us to ask a number of questions. How is it that A.A. is more successful in bringing a spiritual approach to alcoholics? Is there anything which the Church can learn from A.A.? How can the minister in his pastoral work best cooperate with A.A. in particular situations?

There is nothing really new in A.A. It is a synthesis of old ideas, and techniques, reemphasizing well known, perhaps forgotten principles. One might suspect that A.A. would point to some glaring error in the procedure of the churches in dealing with alcoholics, and with the world in general. Particularly this might be true at first glance regarding the matter of self-righteousness. It is true that many A.A.'s have expressed a dislike toward self-righteous helpers, and "preachers," but it includes all such people, and doesn't give the clergy or the Christian any special claim on this attitude.

The growth of the A.A. movement has served as evidence which should plead for more tolerance toward the errors of the churches. It has shown that in many of the ways the churches have erred this has been the result of their human frailty, rather than any insincerity or weakness in the institutions and members-as such. For example, the AA's point out that pride and self-righteousness are blocks in approaching newcomers, but as A.A. has grown large, in some circles it has established a reputation for these qualities. The author was visiting an alcoholic patient in one of our big city hospitals, and among other things suggested that he might contact the A.A.s His reply was significant. "I've had plenty of contact with the A.A. and I don't want any of

them coming here and looking at me and saying that `Anyway there is one bum in the world lower than I am.'"

We are touching here one of the fundamental dangers in the systematic and institutional expressions of man. What for A.A. was a somewhat systematic statement of the experience of a group of men, now becomes a system to which men must fit themselves. We ask the question: - "Is the system created for man, or man for the system?" It would appear that after the first systematization of an experience succeeding generations are more and more required to fit into the system. This has some practical meaning for the pastor who tries to help individuals with A.A. A.A. at this point is still quite fluid and free from rigid institutional forms. Its unique quality is this. It is still a group of people who have had an experience. However, the more that the clergy, families and interested people use A.A. as a referral agency the more it is deprived of this quality. That is why A.A. suggests that it establish contact with a newcomer as much as possible directly with him, so that he may become a part of that experience rather than as an outsider sent to A.A. to be "cured." A.A. is not a referral agency for a particular human problem.

One thing which A.A. can say to the Church is that it is a validation of some of the central tenets of Christianity, and the orthodox theology of salvation. This was the implication in the comments pointing out parallels between the A.A. principles and Christian teachings. For example we can look at the way the first step illustrates the importance of recognition of one's sin as the beginning of salvation. A similar validation is the recognition of the following steps that faith-faith in a loving and forgiving God-is the avenue of salvation, and that works are the expression of this faith and belong in the secondary position. We might note at this point the importance however of what was called the step before the first step. That is that before the man can come to recognize and admits his "state of sin" a climate of love, acceptance, and understanding must be present. Taking the first step is not the result of exhortations pointing out this "state of sin."

This brings us to the second major area in which we can learn something from A.A. The Church has always been troubled with the problem of a "point of contact" -how do we contact people to tell them the Gospel? It is here that A.A. has some important reemphasis to make.

The first of these is that the contact between members and non-members is a contact between saved sinners and unsaved sinners, with the emphasis upon the fact that both are sinners rather than emphasis upon the idea that one is saved and the other unsaved. When an A.A. approaches an alcoholic, his first job is not to show that he is sober, but to show that he understands and is fighting the same battle. An A.A. told the author that the reason why the clergy had a difficult time in making contact with alcoholics is that they don't have a common experience to serve as a basis of confidence. It is true that most clergymen don't have a similar alcoholic history, but certainly if

this point is emphasize there is a common experience, the experience of needing help, which can be shared. This is equally applicable to situations other than alcoholism.

It is well known that common peril makes strange bedfellows. The deer and the mountain lion run side by side in front of a burning forest fire. The point at which we contact not only the alcoholic, but the whole "city of the world," is that we all share a common peril. This is not only the point of contact, it is the dynamic of fellowship. Here we are reminded of Calvin's insistence that the Church is made for forgiven sinners rather than righteous men. The fellowship of A.A. stems from the fact that all members share the common peril of alcohol. And in a broader sense this is the source of fellowship with all men. A.A.'s have found that their fellowship is of the weak helping the weak, rather than the strong helping the weak. There is indeed something that we as churchmen can learn from this experience of A.A.

This brings us again to the problem of self-righteousness and pride. It is no doubt true that we can never get completely away from creating this feeling, because it stems to a degree from the sense of guilt which the one being helped feels. His pride is destroyed. He resents his need for help and counters it with doubts about the sincerity of others. However, much of this can be avoided if we are fully aware that our point of contact is that we all need help. It is perhaps significant at this point that A.A. tradition has stood resolutely against the development of any professional workers. The professional worker often has as his point of contact the fact that this is his job, his business. This tends to hide the more basic, more relevant, and more successful point of contact.

We might also note at this point the attitude which the A.A. has regarding his twelfth step work. For him it is not the consequence of his salvation, or a duty or expression of thanksgiving, but it is an integral part of his salvation. He does the sacrifice and the work involved in this step not simply because he wants to "help people," but because it is necessary and vital to his own welfare. There is the danger that in the Church we often forget this aspect of our "good works."

The second major area in which A.A. sheds light and worthwhile emphasis, concerning the "point of contact," is the well known idea of meeting people where they are. Particularly we might call attention to the A.A. use of the term "Higher Power," always qualified "as the individual understands Him." Here is the way to meet people just where they are. A.A. recognizes that many alcoholics have strong prejudices against many of the teachings and terms of the institutions of religion. And they are quick to remind us that arousing these prejudices is not the place to start the spiritual approach to sobriety. Go with a man the second mile on these prejudices. Meet him where he is religiously.

Does this not have some relevance to us as churchmen when we see how often our





++++Message 1245. . . . . RE: Question maybe you can answer?

From: Robert Stonebraker . . . . . 8/26/2003 1:24:00 PM

|||||

Dear Stephen,

I have a book entitled "Diary Of Two Motorcycle Hobos," written by Lois Wilson and edited by Ellie Van E. On the back cover is written: " You are invited to follow Bill W. and his wife Lois, on their Harley-Davidson motorcycle adventures in Eastern America in the late 1920's."

Bob S., from Indiana

P.S. This book was published in 1998.

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-----Original Message-----

From: Stephen Gentile [mailto:sagentile@hotmail.com]  
Sent: Tuesday, August 26, 2003 11:28 AM  
To: AAHistoryLovers@yahoogroups.com  
Subject: [AAHistoryLovers] Question maybe you can answer?

Did Bill Wilson ride a Moto Guzi motorcycle or was it a different model that they speak of ?

I have heard this shared at a meeting.

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MSN 8: Get 6 months for \$9.95/month. [8]

To unsubscribe from this group, send an email to:  
AAHistoryLovers-unsubscribe@yahoogroups.com

Your use of Yahoo! Groups is subject to the Yahoo! Terms of Service [2] .

|||||

++++Message 1246. . . . . Re: Question maybe you can answer?

From: Mel Barger . . . . . 8/26/2003 2:05:00 PM

|||||

A friend told me recently that Bill's motorcycle was a 1918 Harley-Davidson, 16 horsepower, with a new price of \$350.



Jolla, one of the world's leading scientists who studies the genetic factors of alcoholism can look at a glass and see it half-full. The data Dr. Marc A. Schuckit have collected in 30 years of research show certain strong biological links within families of alcoholics. A professor of medicine at the University of California, San Diego, Schuckit has dispelled several myths about the disease, as well as uncovered evidence that shows how genes interact with a person's environment to heighten the risk of becoming an alcoholic. He has great hope this research will lead to alcoholism-prevention techniques.

Across town, in three large houses in Golden Hill, 40 alcoholic men look at the glass and see it bone dry. These men, at the residential recovery homes operated by Pathfinders of San Diego, are tapped out. Each has hit his own personal bottom and is now--with the support of the others--undergoing the only known 'cure" for the disease of alcoholism: abstinence.

A few thousand other alcoholics are on the same course at dozens of recovery homes in the county. During stays at these homes, men and women are educated about their shared disease, with much of the medical information coming from Schuckit's work. They also learn that becoming sober is an event, while recovery from alcoholism is a lifelong process.

The public probably doesn't often think of alcoholism. A person's experience with the disease may be limited to a neighbor or a boss or a driver who's ready to pass him on a freeway. According to Schuckit, in the United States the risk of developing alcoholism is about 15 percent for men and 8 percent for women, giving rise to the oft-cited figure that approximately 10 percent of the population is alcoholic.

But the public ought to be interested in what alcoholism and other drug abuse costs them. Nationally, the figure is about \$500 billion a year. In San Diego County, it's estimated at \$3.8 billion a year, including direct costs--such as emergency medical care --and indirect costs, such as loss of earnings when a family breadwinner dies of alcoholism.

Yet a cost-effectiveness study funded by the state Department of Alcohol & Drug Programs shows that each \$1 invested in a treatment program saves taxpayers \$4 to \$7, mostly due to reductions in crime and need for medical care. These studies have the attention of the county Board of Supervisors, which adds \$6 million to \$7 million annually to the \$45 million in state and federal funding San Diego receives for alcohol and drug programs. Much of the county money comes from tobacco settlement funds.

'In the past five years, San Diego has made its own investment of local resources in a big way," says Al Medina, the county's alcohol and drug services administrator, even with the steady erosion of state funding for alcohol programs because of budget cutbacks. California's current budget crisis undoubtedly means less funding in the coming fiscal year, Medina says, although he is uncertain where cuts will be made.

"There is a treatment gap," he adds. "Despite the substantial evidence of the cost benefits gained through treatment and prevention, there hasn't been an equal investment in expanding the programs that provide it."

To help alcoholics who are committed to becoming--and staying--sober, the county contracts with 24 state-licensed and certified recovery homes and a network of outpatient services. Seventeen of these homes are known in the recovery world as social-model systems--programs strongly rooted in the 12-step philosophy of Alcoholics Anonymous, focusing on self-motivation and peer support. There are no doctors or therapists in a social-model program, only other alcoholics who are in varying stages of sobriety. Employees at these homes are usually in long-term recovery themselves.

Lots of alcoholics, of course, stop drinking and stay sober without going to a residential recovery program. Many do it through AA (there are more than 700 AA meetings each week in San Diego County). Some seek counseling. Some check into the Betty Ford Center, a medical-based program in the Palm Springs area, where a 28-day stay can cost nearly \$20,000.

Schuckit cites research that shows as many as 30 percent of alcoholics go through a 'permanent spontaneous remission.'" For some unknown reason, these drinkers say for the umpteenth time they'll quit, and they do, and--unlike all the other times when they started drinking again--this time their sobriety sticks.

For other alcoholics, 'the safe, supportive and structured environment of a recovery home is needed for them to change," says Medina, 'and that's where the social model comes into play."

Pathfinders of San Diego is the state's oldest alcohol recovery home and a pioneer in social-model programs. Several men who were AA members opened it in 1950 in a downtown storefront where men living on Skid Row could find a sober setting.

"The idea was simple and effective," says S.G. "Stan" Stanley, executive director of Pathfinders. "Sober alcoholics were helping practicing alcoholics stop drinking. We're still doing it 53 years later." Pathfinders grew through the years and was incorporated as a nonprofit organization. Three residences in Golden Hill were purchased in the 1960s and remain today as the group's main recovery homes.

The program was one of the first organizations to be given a county contract for alcohol recovery services. Pathfinders currently receives about \$245,000 a year from the county for the 40 recovery 'beds" it provides--roughly half its operating budget, with the remainder made up from donations and residents' fees of \$250 per month.

'We've had doctors, lawyers, welders, teachers, street drunks, you name it," Stanley says of Pathfinders' residents. 'Most have tried to get sober many times and have failed miserably at it--that's what they have in common. By the time they come to us, they've lost family, relationships, jobs and possessions."

The only requirement for admission is a willingness to accept responsibility for one's own recovery, says Stanley, a Pathfinders resident 13 years ago. There is always a waiting list for admission, he adds, and prospective residents are interviewed at length to gauge their commitment. 'We don't want anyone who is only here because of coercion from family, employers or the courts," he says. "They must have the sincere desire to help themselves."

As with most recovery homes, men at Pathfinders typically stay three to nine months in a highly structured environment. Once admitted, each is handed a five-page list of resident guidelines--'No sleeping in after 6 a.m.'" 'A copy of the Big Book of Alcoholics Anonymous MUST be on your nightstand.'" Daily AA meetings and alcohol education classes are mandatory, and residents must get a job, as well as volunteer for community-service projects. If a resident is caught drinking or taking drugs, he is immediately evicted and will not be readmitted.

How well does it work? How many stay sober after they leave? There are no official numbers for graduates of Pathfinders or other recovery programs, primarily due to federal Privacy Act provisions. Stanley estimates, however, that about 60 percent of Pathfinders alumni continue long-term sobriety. 'We usually get a good feel for it, because residents keep coming back to meetings, or they'll stay in touch by phone," he says. 'I heard from one guy the other day for the first time in three years. He's in Chicago, and he's still sober."

Researcher Schuckit says an alcoholic who remains sober for one year has about a 70 percent chance of long-term sobriety, especially if he or she has a support system of family and friends and has job skills. He also points to studies by other scientists that show with continued abstinence, body and brain damage caused by alcoholism--a terminal disease if not treated--continue to improve every month.

North County Serenity House opened in 1966 as the area's [9] first nonprofit social-model recovery home for female alcoholics. When Francine Anzalone-Byrd was hired as its executive director in 1994, North County Serenity House had 25 beds at its Escondido site. Today it provides housing for 172 women and children, including a 100-bed residential facility, three recovery homes, four transitional living homes and two child development centers. An eight-house project dubbed Serenity Village will open this year to provide an additional 48 beds. Escondido also is home to

several recovery groups for male substance abusers who want to get sober.

'Escondido has been extremely friendly to recovery homes, primarily because we have a proven track record of being good neighbors," says Anzalone-Byrd. She credits recently reelected Mayor Lori Holt-Pfeiler and the Escondido City Council for using some of the city's redevelopment funding to help Serenity House expand. The annual budget for Serenity House is \$5.3 million, with the county contributing about half, Anzalone-Byrd says. Residents pay \$275 a month for rent.

Serenity House began offering drug-abuse treatment in the 1980s as the connection between drug and alcohol abuse became more apparent, says Anzalone-Byrd, who has been a recovering alcoholic for 22 years. 'Now we refer to poly-substance abuse," she says, 'but the gateway drug is always alcohol." As with other recovery homes in the county, Serenity House has a long waiting list for admissions.

There's never enough money, and there are never enough beds," says Warren Stewart, president of the California Conference on Alcohol Problems, a 28-year-old program that focuses on issues related to social-model recovery homes across the state. 'Even if you do have the money, there's the problem of where to put the beds."

Stewart refers to what's become well-known as NIMBY--the not-in-my-backyard sentiment. In the context of recovery homes, it means a neighborhood's resistance to having health or other social services in the area.

'We have maxed out our available capacity of [recovery] beds," says the county's Medina. What solution does he see? 'We need to increase the public's understanding of alcohol- and drug-abuse recovery programs. We have to show the cost benefits [of these programs] to the taxpayer."

Stewart notes another facet of this problem: A substance-abuse recovery facility that provides six or fewer beds does not have to be licensed and certified by the state, nor must it have a conditional-use permit, which is required for a larger recovery program. These small facilities are often known as sober-living residences, but some may not provide even basic supervision for renters.

'A lot of these places are springing up, and they're fly-by-night operations," says Warren Stewart. "The public, though, often confuses them with legitimate recovery homes, and they give us all a bad name. It doesn't help in trying to get more sites for recovery homes."

How the county implements Proposition 36 concerns many operators of social-model alcohol recovery homes. Passed in 2000, the voter-approved statewide initiative allows many nonviolent drug offenders the choice of entering a recovery program rather than doing jail time. The county must provide about \$13 million for funding the proposition locally, and there's the dilemma of where to find beds for the participants who require residential treatment, estimated to number between 350 and 500.

Recovery home providers are concerned that funding for their programs will be reduced, and they don't want to have to accept court-ordered drug offenders solely to maintain county funding. Moreover, social-model advocates don't want residents who may be participating only to avoid jail, because their commitment to staying clean and sober is often lacking.

At some early point in their drinking careers, most alcoholics are proud they 'can drink anyone under the table." They knock back their drinks faster and longer than their pals and often don't appear to be as intoxicated as someone who's had the same amount to drink. Researcher Schuckit, who is also the director of the Alcohol Research Center operated by the V.A. Hospital in La Jolla, has discovered what's behind this phenomenon: genes.

These apparently high-tolerant pre-alcoholics, he believes, don't get the same physical reactions to alcohol as the usual person gets when drinking the same quantity. 'In other words," Schuckit says, 'they don't receive the same warning signals that it's time to stop drinking if heavy intoxication is to be avoided."

Schuckit's findings are drawn from ongoing research he began in 1978 by studying 227 sons of alcoholic fathers and a control group of 227 men who had no known alcoholic biological relatives; all were about 20 years old at the time. Today, 97 percent of the study's original participants are still involved in the research, although they're scattered across the United States. By studying these men at five-year intervals, Schuckit has found that the decreased





number of pertinent questions: If certain forms of misbehavior are sickness rather than sin, why does the same diagnosis not apply to other misdeeds?

By what criteria are judges to determine whether the rational individual who does wrong is willfully perverse or woefully pathological? If addiction to gambling is caused by a psychomotor disorder, why are not addictions to murder, adultery, stealing, lying, and other pernicious practices also attributable to the same ailment? Or does each represent a different but equally amoral reflex?

When Jesus answered the Pharisees who criticized him for associating with sinners, "They that are whole have no need of a physician, but they that are sick," what did he mean? In my opinion he meant to imply, not that sin is a form of sickness, but that sin produces a form of sickness. There is a radical difference between these two propositions. Certainly he did not intend to teach that all moral weakness, or even the worst type of it, is to be included in the category of illness over which the doer has no control. Just as the physician must go among those who are sick in order to heal them, so should the physician of souls go among those who are "sick" as a result of sinning to accomplish their conversion and redemption.

But there is a disposition in certain quarters to push the analogy much farther than Christ intended it to be carried. So we hear that those who violate recognized patterns and principles of behavior should have diagnosis rather than denunciation, treatment rather than punishment, cure rather than conversion. To insist that it is as irrational to stigmatize a person for gross offenses against right and decency as to stigmatize a patient for developing tuberculosis or cancer is pure sentimentalism.

Some schools of thought classify alcohol addiction as a medical rather than a moral problem and attribute it to sickness rather than to sin. Adherents of this attitude say in substance: Excessive indulgence in intoxicants is a symptom rather than a source of basic disorders in personality. The moralistic doctrine that the chronic alcoholic is a sinner and a criminal is medieval and unscientific. Those who are uncontrollably seduced by alcohol cannot be held responsible for the misfortunes they inflict upon themselves, their families and society. The trouble is not in the bottle but in the individual. Or it resides in certain structural ills of society, such as slums, broken homes, unemployment, maladjustments in jobs, racial conflicts, international tensions and war. This position not only removes all stigma from problem drinking but it has the highly convenient virtue of also completely absolving the liquor traffic from all blame for the manifold evils produced by its operations.

When Borden P. Browne was professor of philosophy at Boston University, a perplexed student asked him at the close of one of his classes, "Professor, did you say it was thus, or so?" Answered the philosopher: "My young friend, the longer you live in this strange world, the more things you will find in it of which you cannot truly say either-or, but must learn to say both-and." That

wise observation, with its implied warning against being confused and deceived by false dilemmas, is certainly applicable to the subject under consideration. It suggests that the following is a realistic analysis of the situation.

## MORAL AND MEDICAL

First, addiction to alcohol is both a medical and a moral problem. Neither the moral nor the medical approach is a sufficient solution in itself. Certainly the mere detention of drunks until they sober up is deplorably inadequate treatment of their condition. To confine problem drinkers in county jails, reformatories or houses of correction until the effects of intoxication have worn off, without any constructive effort to accomplish their permanent rehabilitation, is a medieval practice. Such cases should be under the care, not only of the police authorities, but of the public health authorities as well.

Unquestionably many of them should be sent to hospitals rather than to jails. A number of states, including Wisconsin, New Hampshire, Connecticut, New Jersey, Massachusetts and Virginia, have inaugurated enlightened programs for the treatment of compulsive drinkers. In general they substitute the hospital for the jail and place a major emphasis on medical rehabilitation.

But alcoholic addiction is also a moral problem and should continue to be regarded as such. Addiction indicates that there are basic defects not only in the constitution but also in the character of the addict. To insist that drunkenness is not a disgrace but a disease, and therefore to sentimentalize it and attempt to remove all reproach from it, is just as unscientific as going to the opposite extreme and declaring the drunk to be a criminal and a sinner who deserves only condemnation and punishment. Arbitrarily to remove the stigma from alcoholic excesses while continuing to keep it on numerous other practices which are legally and morally opprobrious would not only be gross inconsistency but rank injustice as well. Drunkenness is both a disease and a disgrace. It deserves to receive both treatment and punishment. The problem drinker requires reformation of his character as well as the rehabilitation of his condition.

## SCIENCE AND SPIRIT

Second, the solution of problem drinking demands both the scientific and spiritual approaches. Excessive indulgence in intoxicants is both a source of sickness and a symptom of it. The correct classification of the chronic alcoholic is a "sin-sick-soul." Making due allowance for different categories of problem drinkers, and acknowledging that no single type of treatment will be effective in every case, it nevertheless remains profoundly true that the most effective cures are obtained when the influences of religion are combined with the techniques of medicine.

That amazingly successful organization, Alcoholics Anonymous, recognizes this

principle and utilizes it with highly beneficial results. For that reason the processes of rehabilitation it employs are generally considered to be medically sound by physicians and religiously wholesome by clergymen. The organization refers a large number of its cases to medical practitioners, especially in the initial stages of treatment. But it also invokes the assistance of the dynamic forces of religion to accomplish the permanent cure. It proceeds on the assumption that in alcoholic excesses there is a reciprocal relation between sin and sickness in cause and effect. Consider the "Twelve Steps" outlined in the book, *Alcoholics Anonymous*:

1. We admitted that we were powerless over alcohol - that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We 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 it out.
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Note that the steps, which are the basis of A.A.'s remarkable success, are predominantly, definitely and deeply moral and spiritual. They are based on the conviction that the alcoholic is suffering from both sin and sickness, and







Fifteen years ago last June, in New York, Bill W. had met a person who for the first time brought God into his life, "a Power greater than himself, God as he understood Him." Bill W., after he got out of service in World War I, had been tremendously successful in a number of business ventures, and failed completely in just as many - sometimes because of economic changes, but frequently because of his addiction to alcohol.

Bill believed in God. He knew that nobody went out in the morning to pull up the sun, or went out in the evening to hang up the moon. He knew that animals did things that they were never taught. But he didn't have any idea of a personal God upon whom human beings are totally and completely dependent, in whom he should have a trusting confidence and love.

This man to whom he was speaking had been a drunkard too, and had done some remarkable things with his life because he went to God for grace and strength. And so for the first time Bill W. tried that and experienced a tremendous change.

He had been in Wall Street for many years, succeeding and failing frequently, and at this time he had under consideration a negotiation that was going to make him independent for life. He thought he had everything sewed up in the way of proxies to obtain complete control of a very successful industry in Akron, Ohio.

But somebody outsmarted him, and he learned at the stockholders' meeting held in Akron that he had failed. Everything that happened to him that day was all an alcoholic needed to go out and start on a real binge, but he didn't. He was in a hotel in the afternoon and had only five dollars. He had a hotel bill that was running up, and he debated whether to use that five dollars to get a bottle to take to his room and drown his troubles. While he was walking across the lobby he saw a church directory on the wall. He decided that he would pick some clergyman from that list, and through him, try to find some alcoholic with whom he could discuss his problem.

He called a clergyman, who had some grave doubts and misgivings about the genuineness of his purpose, and being unable to refer him to anybody who was addicted to excessive drink, he suggested that he might talk to Henrietta Sieberling. She had attended certain meetings which were also attended by men who had drinking problems.

So he called up Henrietta Sieberling and she too had at first some doubt about his sincerity, but she was rather intrigued by the subject and suggested that he come out to her house. While he was there she became convinced that he was sincere.

It was from her house that she called up Dr. Bob and learned from Dr. Bob's wife that the good doctor was drunk. So the engagement was postponed. They met the next day and discussed their common problem, and Doctor Bob admitted that

he had been going to these Oxford Group meetings regularly, and that he was praying some, but getting drunk just as often as before.

They decided that the next day they would look for a subject they could work on. They conceived the idea that faith and fellowship with prayer and the interest in their fellow drunkards was a solution for their individual problems, and for the problems of other alcoholics.

So the next day they called up the City Hospital. When they asked the man in charge if they had any drunks in there, he told them that they had one who was in there for about the eighth time, but that he was helplessly drunk.

They went down anyway, and there they saw in bed Bill D., an Akron lawyer, who had been in there for a day or two, and was still in restraint. They saw at once that he was in no fit condition to be talked to, but somehow or other they made a remark to him that registered. When they came back the next day he was comparatively sober and listened. So they proceeded to meet together frequently and attend the meetings at T. Henry Williams' home for some time thereafter.

In the first year four successful, totally abstemious alcoholics was their record. During the second year they obtained fourteen more; they obtained twenty-three by mid-August of 1937.

At the end of three years they had forty, at the end of four years, a hundred. It was about at that time that Jack Alexander of the Saturday Evening Post wrote an article, and the Cleveland Plain Dealer ran a series on A.A. And the growth began to be tremendous from then on.

During the first two years, as I have said, they met regularly at the home of T. Henry Williams, but after that it was decided that they were to begin to meet at King's School in Akron. Five or six remained with Williams out of a sense of loyalty to him, because they had attained their sobriety through the meetings that were conducted in his home. But all the others withdrew and started their meetings at King's School. When those grew too large (since majority were from Cleveland), the Cleveland group was formed.

From that beginning the groups we now have in Cleveland have grown to about a hundred, and of course you know the tremendous growth throughout the country, in every state in the union, and in many countries beyond our shores.

Now, there are many strange things that happened during the formation of this fellowship; things it seems that could not have been purely coincidental. The Big Book was drafted in the third year; the twelve steps were being formed by trial and error; and in the fourth year they had reached their final form.

I once heard it said by a Jesuit who made a thorough study of A.A. by close observation of its members and by a thorough reading of all the literature,



acting somewhat as 'character' witnesses.

I find it a bit hard to believe that it took till the 1960's (over 25 years!) before courts started using some form of attendance sheet. Perhaps the info you have just refers to California, or a particular area of that state.

Another early example, in the 1940's Chicago had a fairly prominent judge who was a member. I suspect that he was also releasing prisoners to attend AA.

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++++Message 1254. . . . . RE: Is there a list of who died sober out of first 100?  
From: Ed Adami . . . . . 8/28/2003 9:04:00 AM

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-----Original Message-----  
From: Stephen Gentile [mailto:sagentile@hotmail.com]  
Sent: Wednesday, August 27, 2003 12:39 PM  
To: AAHistoryLovers@yahoogroups.com  
Subject: [AAHistoryLovers] Is there a list of who died sober out of first 100?

I've often heard that only 13 died sober out of the first 100 in the big book. Is there a list compiled of the names anywhere? If so was Morgan R the radio man one of them?

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Stephen,

You may want to take a look at the following article posted on AAHISTORYLOVERS and also at silkworth.net

Ed A.

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From: NMOlson@a... [11]  
Date: Mon Jun 16, 2003 5:39 pm  
Subject: 12th Step Recovery

Ernie Kurtz passed this along to me. I don't know who wrote it.

Nancy

There's a new AA book out called Experience, Strength and Hope which is a compilation of the stories that were in the 1st, 2nd and 3rd editions, that no longer appear in the 4th edition. I've been reading through the early stories and comparing them with the histories of the authors, which may be found on the Silkworth.net. [NOTE: these were copied, with permission, from AA History Lovers.]

While we chug along in the year 2003, fat, sober and happy, it may be well to recall how many of the "first 100 men and women" got drunk. The authors of the 1st four stories in the first edition of the Big Book all got drunk.

"The Unbeliever": Hank P. They say the Big Book would not have been written without Bill W., and it wouldn't have been published without Hank P. He was probably the man that Dr. Silkworth refers to in the "Doctor's Opinion" as having changed so much after a year of sobriety that he was unrecognizable. After 3 1/2 years, he got drunk and never got sober again; died in 1954.

"A Feminine Victory": Florence R. They might have called it "100 Men," except for Florence. She was the first woman to come into AA and put together continuous sobriety. She stayed sober one year, then married a drunk, got drunk, and committed suicide in 1941.

"A Business Man's Recovery": William R. He's got a terrific, inspirational story in the Big Book, with all kinds of colorful details like fleeing to South America to work in the oil fields so he could learn to drink responsibly like the oil well workers; he thought that would help him. He was the first alcoholic trustee on the board of the Alcoholic Foundation; unfortunately he got drunk as soon as he was elected.

"A Different Slant": Harry B. Harry is probably "Fred" from the chapter "More About Alcoholism," the competent accountant who thought he didn't need AA, he could stay sober on self-knowledge, but inexplicably kept winding up in the hospital. He says in his story that he wants to illustrate that even a successful businessman, like himself, can become an alcoholic. He was elected to the board of the Alcoholic Foundation to take over when William R. got drunk, and promptly got drunk himself.

Curiously enough, the author of the "The Backslider," the 5th story, is the first one who stayed sober. His name was Walter B., and he was the first one admitted by Dr. Bob and Sister Ignatia to the hospital after they formed their partnership to hospitalize drunks.

The author of the 6th story, "The Seven Month Slip," actually slipped for about 30 years. His name was Ernie G., and he has the distinction of marrying Dr. Bob's daughter, Sue, while drunk, in 1941. Dr. Bob was against the marriage; in fact he found out they had gotten married by reading the newspaper. Both Dr. Bob's children married drunks. Ernie stayed sober about a





and

6.

... The Carnegie and Lakeshore Groups recently celebrated their first anniversaries.

The latter reports it has tripled in membership since its organization in April,

1945. . . . The Lorain-Antlers Group announces acquisition of new quarters, with

more

space for expanding attendance. . . . A fulltime secretary is in charge of the

new

central office opened by the Boston, Mass., Group at 30 Huntington Avenue. .

. .

The

Charleston, W. Va., Group, Box 924, reports excellent progress. . . .

Leading

ministers of all faiths, judges, physicians and prominent public officials address

the Richmond, Va., Group from time to time. This group now totals 50 members.

Richmond A.A.s are sending spokesmen to Norfolk and Staunton to assist new groups

founded there.

At the suggestion of the Baltimore Group a meeting of city officials and A.A.

representatives was arranged to consider the feasibility of establishing an alcoholic

clinic. Three committees were formed, the first to investigate available space,

the

second to promote the recruiting of a psychiatrist and a social worker, and an

A.A.

committee to determine the maximum number of candidates which could be effectively

handled by the Baltimore Group on a referral basis.

Much discussion was evoked in Baltimore business offices recently following a

two-column feature article on A.A., "Insurance Against a Lost Week-End," in the

Baltimore Advertising Club News Bulletin. . . . Women A.A.s of Baltimore have

laid

the foundation for a self-operating A.A. Group in the Women's House of Correction at

Jessups, Md.

Arkansas is rapidly becoming A.A.-ized from border to border. Thriving groups now are established in Fort Smith, El Dorado, Helena, Pine Bluff, and to a smaller degree in about 20 other towns; and the three groups in Little Rock have almost 200 members, with about 130 in the original group, 40 in the second, and 20 in the third.

. .  
.

The Stockton, Calif., Group was host at a dinner to members from Sacramento, Lodi, and Roseville. . . . Covington, La., A.A.s, whose membership encompasses Amite, Bogalusa, Franklinton, Hammond and Ponchatoula, are running a series of newspaper articles on alcoholism and A.A.

A.A., organized in Youngstown, Ohio, six years ago, today has its private hospital, clubrooms, and a membership of 500. The club rooms, hospital and offices are in one building; the hospital has 12 beds, for men only. . . . The Columbus Group, four and a half years old, with approximately 450 members, 100 for each year, is planning a big open meeting for June at Memorial Hall. The purpose is to present A.A. to the public as well as to Central Ohio members. This group now uses the facilities of two local nursing homes for work with alcoholics. . . . The Marion, Galion, and Mansfield Groups have made remarkable strides. At least a portion of their success lies, they state, in their friendly habit of attending neighboring meetings.

Denver A.A.s, since the establishment of their clubrooms, report that more drunks are finding their way into A.A. under their own power. . . . Fort Worth, Tex., now

has an  
Alcoholic Information Center, with an A.A. in charge. . . . The St. Georges,  
Bermuda,  
Group, originating in November, 1945, is currently running ads in the  
Mid-Ocean  
News.  
. . . A.A.s from Shelby, N. C., and Anderson, S. C., participated in a  
meeting  
of the  
Greenville, S. C., Group which started in November 1945, and today has over  
25  
members. . . . Celebrating its fifth anniversary, the Forest Hills, N. Y.,  
Group  
had  
as guest speakers at a dinner-meeting the Rev. Father James Griffin and  
Judge  
John  
O'Brien. This group has moved into larger quarters in the Queens County  
Medical  
Society Building, Queens Boulevard and 75th Avenue.

In the last few weeks the Milwaukee, Wis., Group has experienced a growth  
which  
some  
attribute partly to generous and constructive newspaper pieces on the A.A.  
program.  
The Coffee Bar is an outstanding feature of the new clubrooms. . . . In the  
past  
six  
months Albany, N. Y., A.A.s have doubled their membership, which now totals  
35.  
. . .  
The four-year-old Rochester, N. Y., Group has grown from 20 to 200. . . .  
Ithaca  
A.A.s, with a membership of 15, have instituted a series of monthly meetings  
open to  
the public. . . . A new group is getting under way in Poughkeepsie.

The San Francisco Group's institutional program is expanding. Added to the  
San  
Quentin program, in which Oakland, Richmond, Palo Alto and Vallejo groups  
cooperate,  
is a revival of the Napa State Hospital project, in which Oakland, Vallejo,  
and  
Santa  
Rosa have joined. Now the San Francisco Group has added a Marine Hospital  
program,  
with weekly meetings. Hand in hand with that expansion is a project for

districting  
the city and establishing small groups, which will remain identified with  
the  
central  
body. The Mission Group was established last year; the Marine-Midtown is now  
under  
way, as is the Marin County Group, all stemming from San Francisco. A public  
address  
system has been ordered for the combined clubhouse-meeting-hall.

The Upper Darby, Pa., Group, which was started in January, 1945, by a few  
members of  
the Philadelphia Group who live in the Upper Darby area, now has a  
membership of  
60.  
After having generously been provided with a meeting hall by the township  
commissioners, the group began to feel the necessity for a small clubroom of  
their  
own. They procured the necessary furniture and the clubroom opened for  
business  
last  
November 1, at 7020 Garrett Road. One hundred and twenty-five were present  
at  
the  
second open meeting, including doctors, magistrates, educators, lawyers and  
members  
of the clergy.

The annual banquet of the Baltimore Group was held on Easter Saturday  
evening,  
April  
20. Guest speakers were Dr. Edward F. Kerman, eminent Baltimore  
psychiatrist;  
the  
Rev. Fr. Dougherty, S.J., of St. Ignatius' Church; the Rev. Richard Baker of  
the  
Church, of the Redeemer. A.A. speakers came from Philadelphia, Washington  
and  
Newark  
Groups.

Kalamazoo, Mich., now has two active groups. . . . Starting in July, 1945,  
with  
six  
members, Seattle, Wash., A.A. has grown to a total membership of over 200,  
comprising  
nine groups. They have their own clubrooms. . . . The Fort Lauderdale, Fla.,  
Group

has observed its second anniversary.

On April 29 the story of A.A. in dramatized form was once again broadcast throughout the nation--over NBC's "Cavalcade of America" program.

The Memphis, Tenn., A.A.s a few month ago began making calls on the alcoholics at the West Tennessee State Hospital at Bolivar, at the request of doctors in charge.

Each band of visiting A.A.s is different from the preceding one. Some of the alcoholic patients, on release from the hospital, are now beginning to get in touch with the group. . . . A state's attorney attended an A.A. meeting in Lyndonville, Vt., last month and was much interested in what he heard. The meeting was held by the Montpelier and the St. Johnsbury groups as a first, venture in that town. The state's attorney participated in the open discussion, indicating deep interest in the age and type of men and women who are finding a new way of living through A.A. At the conclusion of the session he gave the group the names of two men in jail at the time as prospects for 12th stepping. Further, he asked for a list of A.A. groups in Vermont to use in sending a personal letter to the other 13 state attorneys in which he would suggest that A.A. be contacted on alcoholic cases.

Father Flannegan of Boys Town was a guest at the second anniversary get-together of the Sioux City, Iowa, Group. . . . The Albuquerque, N. M., Group, now one year old, has today a membership of 50, and a second group has already been formed In Cincinnati, you can usually find 12 or 15 A.A.s lunching every noon at The Colony.



I've heard a number of people make various claims about members in the 1st edition stories that drank again. But I have yet to see those assertions backed up with something more than conviction. Using 1st edition stories as a representative sample, it seems that the percentage of success (continued sobriety) was much higher than failure (a slip).

The information below is what I've been able to glean that can be corroborated by a written source reference. 8 slips out of the 28 1st edition stories yields a fairly decent (2/3) success rate. Some members who drank again continued drinking until they passed away - some sobered up again and stayed that way.

1. A Business Man's Recovery (Bill R, NY): from November 1938 to February 1939, Bill was the 1st Chairman of the Alcoholic Foundation Board (the actual title was "President" at the time). He got drunk within a few months of taking office and had to resign. He sobered up again and served on the Advisory Committee to the Board from February 1939 to April 1942. He passed away in 1962.

2. A Different Slant (Harry B, NY): from June 1939 to December 1939 he succeeded Bill R as the 2nd Chairman of the Alcoholic Foundation Board. He got drunk several months after assuming office and had to resign. He sobered up again. The experience of Bill R and Harry B may well be the reason the Board Chair has been a non-alcoholic ever since.

3. A Feminine Victory (Florence R, NY): she appears to have been the 1st woman member in NY (and is mentioned as one of the alcoholic residents at Bill W's house on Clinton St). I believe she was the wife of a past Wall St associate of Bill W. She went to Washington DC to help Fitz M and sadly committed suicide after returning to drinking.

4. Fired Again (Wally G, OH): he reputedly was Dr Bob's "right hand man" and a prodigious 12th Stepper. He got drunk after several years sobriety but sobered up again.

5. Lone Endeavor (Pat C, CA): his story was ghost written by Ruth Hock after he claimed to have sobered up using the manuscript. Invited to NY, he arrived very drunk. He reputedly sobered up.

6. The Back Slider (Walter B, OH) he was admitted to St Thomas Hospital in Akron by Sister Ingnatia and Dr Bob on August 16, 1939 as their 1st patient. His wife Marie wrote the 1st edition story An Alcoholic's Wife. I believe he sobered up again but cannot confirm it.

7. The Seven Month Slip (Ernie G, OH): Dr Bob's son-in-law. He was persistently on and off the wagon. In his later life, there was a terribly tragic situation regarding his granddaughter and daughter (a

murder/suicide). He died two years later to the day in 1971.

8. The Unbeliever (Hank P, NY): he also wrote the chapter To Employers. His situation is fairly well known. Hank served on the Advisory Committee to the Alcoholic Foundation Board from August 1938 to April 1940 when he got drunk again. He continued drinking and passed away in 1954 supposedly a very broken man.

9. Women Suffer Too (Marty M, NY - 2nd to 4th editions): started NCEA (later NCA & NCADD) and also helped start the Grapevine. She relapsed briefly sometime between 1959 and 1964. This was revealed in her 2001 biography by Sally and David Brown. There were those in NY AA and NCA who knew but kept it a guarded secret. She sobered up again. Marty passed away in 1980.

There is much info on Morgan R in Pass It On. He is also mentioned in AA Comes of Age but is not listed in the index. Morgan was in the advertising business and became a friend of Gabriel Heatter. In April 1939, he appeared on Heatter's radio program, We the People, to tell his story and make a pitch for the Big Book. That was the event where Bill W, Hank P and Co mailed out 20,000 post cards to physicians but received only 12 replies. Morgan served on the Advisory Committee to the Board from 1938 to 1940, was an attendee at the 1940 Rockefeller dinner and had Bill and Lois stay with him for about two months after they had to vacate their Clinton St home. I cannot find any information on whether he returned to drinking and presume (hopefully) that he stayed sober.

Cheers

Arthur

----- Original Message -----

From: Stephen Gentile

To: AAHistoryLovers@yahoogroups.com

Sent: Wednesday, August 27, 2003 12:38 PM

Subject: [AAHistoryLovers] Is there a list of who died sober out of first 100?

I've often heard that only 13 died sober out of the first 100 in the big book. Is there a list compiled of the names anywhere? If so was Morgan R the radio man one of them?

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Enter for your chance to IM with Bon Jovi, Seal, Bow Wow, or Mary J Blige



through. This fellow-feeling is very helpful. The alcoholic is asked simply to concentrate on keeping off one drink, the first, for one day at a time. He is not asked to take a pledge for life. Thus he is not from the outset frightened and depressed by the magnitude of the problem of his recovery. This problem has been reduced to and set out for him in manageable proportions. He is exhorted to realize his dependence upon God - Whose help must be earnestly asked. As a final step, the twelfth, the alcoholic has set before him the motive of bringing help and hope to others similarly afflicted. This is a vital and most valuable part of the programme. The alcoholic is made to realize that he can help others. This realization serves to lessen and to destroy his sense of failure and uselessness and to restore his self-respect. It becomes also a powerful incentive to the alcoholic to persevere in sobriety. The Fellowship has made no extravagant claims for the success of the treatment provided. It does not claim final cures - but rather the effective arresting of the disease. And there is abundant evidence to show that, by means of it and with due cooperation, very many so-called hopeless alcoholics have been rehabilitated.

Anyone who has experience of the great problem and heartbreak of trying to help and restore to normality and decency chronic alcoholics, will be grateful for the help which this Fellowship proffers. The emphasis of the programme is mainly upon the natural virtues of humility, sincerity, honesty with oneself, and then the need for the help of God. We see nothing in the program which need conflict in any way with Catholic principles. There is, indeed, evidence that Catholics have, through Alcoholics Anonymous, returned, not merely to sobriety, but to the regular practice of their religion. This is as might be expected. Restoration of a sense of responsibility and self-respect should naturally lead to a conscientious realization of religious duties.

There are just a few suggestions we would make. Firstly, we should like to see it admitted that, while alcoholism may easily enough reach the stage of being a serious disease in particular cases, this pass is generally reached as the result of earlier and culpable excesses. This admission would have no deleterious effects. It would rather serve as a greater incentive to strive for recovery. Secondly, for the sake of Catholics, we should like to see a reference to the necessity and incalculable value of supernatural helps for the alcoholic in his struggle towards sobriety. These helps can be abundantly obtained by frequent reception of the sacraments. The difficulty about inserting such a reference into the general programme of recovery is that it is desired to keep this programme on non-sectarian lines. But, perhaps, priests who come into contact with members of Alcoholics Anonymous might make for those concerned the point to which we have referred. We are assured that suggestions and co-operation would be welcomed. Needless to say the use of the available supernatural means would serve to consolidate successes won along natural lines. The supernatural elevates, it does not destroy the natural.



them,  
after finding A.A. himself, started the Skidrow Group. In the months to come  
Toronto  
A.A.s expect to open a North End and a West End Group.

The New Orleans, La., Group, started March 30, 1943, has grown to an active  
membership of almost 200. They have been instrumental in assisting to  
organize  
groups  
in Covington, Abbeville, and Pollack, La.; and Tylertown, Miss. The latest  
one  
started on the Mississippi Gulf Coast includes members from Gulfport,  
Biloxi,  
and  
other towns in the vicinity. This group was suggested by the major in charge  
of  
the  
Veterans Hospital at Gulfport, who is interested in A.A. work. The same  
applies  
to  
the Marine Hospital in New Orleans, where the chief psychiatrist is a friend  
of  
A.A.  
and has made some several talks before the group.

At a recent open meeting of the Tacoma, Wash., Group the hall was crowded to  
capacity  
with members from that city and Seattle. The secretary of the Tacoma Group,  
who  
was  
called "Joe Alcohol Jr." for the evening, acted as chairman and introduced  
as  
the man  
responsible for the establishment of A.A. in the Pacific-Northwest a member  
who  
traced the history of A.A. Other speakers were a private in the Army, who is  
a  
member  
of the Philadelphia Group, and is temporarily stationed in Washington; a  
woman  
member; and one of the state's oldest A.A. members, dubbed "Joe Alcohol Sr."  
for  
the  
occasion.

In Sacramento, Calif., they've just settled a vexing telephone problem, the  
solution  
for which, they think, might help other groups in small cities. The group

was  
too  
small to afford a downtown office with a paid secretary, but members felt  
there  
should be a telephone listing so prospects could call. The satisfactory  
solution  
came  
through engaging 24-hour telephone service with a phone bureau.

In Vancouver, Canada, at some of the meetings a questionnaire is used. "How  
did  
you  
first come to join?", "What is the chief cause of slips?", and so on.  
Members  
are  
called upon without warning for two-minute impromptu talks in answer.

Oklahoma City A.A.s are now holding their meetings in a brand new  
modernistic,  
brick  
building, the property of the group and strictly a membership proposition,  
built  
from  
plans drawn by members, constructed by members, and paid for from funds  
contributed  
by members. The auditorium seats approximately 400 and the Clubhouse has a  
dining  
room, kitchen, offices, and men's and women's rest rooms. Today's total  
membership is  
over 200 divided into small groups for discussion meetings.

Two of the Oklahoma City members outlined the principles of A.A. before the  
Kiwanis  
Club of that city recently. A return engagement was requested.

The first joint meeting of the Greater Boston Groups of A.A.-- for the  
financial  
benefit of the office of the Boston Central Service Committee--was attended  
by  
about  
400. All contributions, and they were generous, went to help maintain  
Boston's  
Central Office. Visitors came from Hartford and Manchester, Conn.;  
Montpelier,  
Vt.;  
Maine, Massachusetts and other New England groups. One of the guest speakers  
was  
the

Rev. Father James Timmins of Manchester, Conn.

Members from Boston attended meetings of two new groups recently: Lawrence, Mass., and Dover, N. H. . . . A group is getting under way at the Veterans Hospital, Bedford, Mass.

The Montreal, Canada, Group is now well into its second year, the present membership totaling about 65, of which some 15 are women. The membership is divided into four groups, one of them an all-male section. The Building Fund for the Montreal clubhouse is growing.

The Rev. Arthur C. James, pastor of the Broad Street Memorial Methodist Church of Drexel Hill, Pa., recently attended an A.A. meeting for the first time, at Upper Darby. He was so impressed that he invited members of the group to speak at an evening church service --before a congregation of about 600. . . . Shreveport, La., members have helped the Minden Group to get started with two meetings weekly. .

. . The Seattle, Wash., Group now maintains a public clubroom downtown both for meetings and for dispensing information to those interested. Since July, 1945, the parent group of six members has grown to nine groups with over 200 in the fellowship. .

. . Beaumont, Tex., A.A.s have reported a growth from two members two and a half years ago to a present membership of 36. . . . Flushing, N. Y., members marked their third anniversary with a dance.

Glendale, Calif., A.A.s claim the distinction of having the oldest new A.A. member anywhere. A man of 78 walked into the Monday night meeting under his own power,

no  
sponsor, and shaking so badly he couldn't light his own cigarette. That was  
four  
months ago. He hasn't had a drink since.

Eighteen months ago the membership in the Glendale area was about 50, with  
two  
meetings a week. Today they number over 200, with nine meetings a week. They  
are  
sending members twice a month to meetings at the San Queutin Honor Road  
Camp, a  
group  
which they helped to organize over a year ago, and from which today they  
have  
some  
very active paroled members. Their women's group now totals 40, their  
sobriety  
running from a year to four and one-half years.

The latest group to get going in Manhattan is in the Chelsea district. It  
meets  
at  
the Y.M.C.A., 215 West 23rd St., on Wednesdays. . . . The Long Beach,  
Calif.,  
Women's  
Group reports steady progress. . . . Ann Arbor, Mich., now has two groups  
with a  
total membership well over 50. The original group is 16 months old; the  
other  
was  
formed early this year.

Montpelier, Vt.. A.A.s have accepted an invitation to a sugaring-off party  
on  
the  
farm of a fellow member. . . . Since organization of the Marin Group in San  
Anselmo,  
Calif., six months ago, membership has more than tripled and is now at about  
20.

. . .  
. The Newark A.A. Group has assisted in inaugurating meetings at the  
Salvation  
Army  
Men's Social Service Center. From 25 to 30 men attend the meetings every  
Friday  
night. Mrs. Ivy Cunningham, personnel worker at the Center, is helping to  
sponsor the  
project, which is about four months old. . . . The Anderson, S. C., Group,

is in  
its  
seventh month and is experiencing rapid growth--as are those in Greenville.  
Spartanburg, Columbia, and Charleston. . . . St. Petersburg and Tampa  
members  
joined  
Clearwater, Fla., A.A.s to celebrated the latters' first birthday.

City, criminal and juvenile judges were in attendance at the third  
anniversary  
banquet of the Jacksonville, Fla.. Group. Other Florida groups represented  
were  
Daytona Beach, Gainesville, and Tampa. Georgia A.A.s came from Valdosta.  
Waycross.  
Atlanta, and Rome. A.A.s from Boston. Mass., were also present. With  
Jacksonville's  
several small group weekly meetings, new members are delighted that there  
are  
now  
meetings every night in the week.

When Paterson, N. J., A.A.s held their second birthday party recently, the  
70  
members  
were joined by several hundred guests from neighboring groups. The group  
grew  
from a  
nucleus of four members meeting in a hotel room two years ago. The Rev. Dr.  
Howard A.  
Adair, pastor of the Eastside Presbyterian Church, has befriended the group,  
which  
uses the church facilities for its meetings. . . . A series of radio  
programs  
devoted  
to A.A. and broadcast over the local station at Hartford, Conn., have won an  
award  
from Variety, national show business paper. A.A. Membership in the Hartford  
area  
has  
increased over 200 per cent, and nine new groups have been started, in two  
years.

The eleventh anniversary of A.A. will be celebrated by groups in two Ohio  
cities. It  
was June 10, 1935, that Bill's first successful 12th step case, Dr. Bob,  
took  
his  
last drink. Dayton members will sponsor a banquet Saturday, June 15, at a



to recover?'

## VICTOR

Our correspondent has kindly sent us a number of leaflets and booklets in which are set out and explained the constitution, the aims and the methods of the Fellowship of Alcoholics Anonymous. We have examined this literature carefully and have also read some independent descriptions of the work and history of the Fellowship-which was founded in America in 1934, and now has a membership of over 100,000 scattered over thirty countries. We have been very favourably blessed by what we have read on this subject.

The Fellowship is a voluntary, non-sectarian, non-political society of alcoholics who have an honest and earnest desire to recover (and to stay recovered) from their unfortunate state. It is emphasized that this state is truly a disease in the case of the real alcoholic - a disease which is partly a physical allergy but mainly a form of mental obsession. The aim of the society of Alcoholics Anonymous is to rehabilitate those so afflicted and diseased. The means are social therapy and a programme of recovery which is summarized in twelve steps. The psychological approach seems to be very sound and well-considered. We shall only mention a few points here. The alcoholic finds great human sympathy, understanding and strength in the company of those who have been afflicted as he is, and who are winning through. This fellow-feeling is very helpful. The alcoholic is asked simply to concentrate on keeping off one drink, the first, for one day at a time. He is not asked to take a pledge for life. Thus he is not from the outset frightened and depressed by the magnitude of the problem of his recovery. This problem has been reduced to and set out for him in manageable proportions. He is exhorted to realize his dependence upon God - Whose help must be earnestly asked. As a final step, the twelfth, the alcoholic has set before him the motive of bringing help and hope to others similarly afflicted. This is a vital and most valuable part of the programme. The alcoholic is made to realize that he can help others. This realization serves to lessen and to destroy his sense of failure and uselessness and to restore his self-respect. It becomes also a powerful incentive to the alcoholic to persevere in sobriety. The Fellowship has made no extravagant claims for the success of the treatment provided. It does not claim final cures - but rather the effective arresting of the disease. And there is abundant evidence to show that, by means of it and with due cooperation, very many so-called hopeless alcoholics have been rehabilitated.

Anyone who has experience of the great problem and heartbreak of trying to help and restore to normality and decency chronic alcoholics, will be grateful for the help which this Fellowship proffers. The emphasis of the programme is mainly upon the natural virtues of humility, sincerity, honesty with oneself, and then the need for the help of God. We see nothing in the program which need conflict in any way with Catholic principles. There is, indeed, evidence that Catholics have, through Alcoholics Anonymous,









Grapevine, July 1946

#### A.A.'s Country-Wide News Circuit

A.A. in Atlanta, Ga., has made great progress since its birth five years ago.

The two

groups are plugging for the establishment of an alcoholic ward in the big Fulton-DeKalb County Hospital soon to be built. . . . The Newark Group has moved

into

its new meeting quarters at 66 North 7th Street, about one block from the Alanon

Clubhouse. More than 100 people were at the first meeting in their new home.

Another

group, known as the North Newark A.A., is growing to such an extent that they

are now

forming a second one. Other new groups in this vicinity are the Vailsburg and

Clinton

Hill. . . . Rochester's fourth birthday dinner was attended by 230 members and

guests. This group has branched out into morning meetings to provide for night

shift

workers or others who are unable to attend evening meetings. . . . To extend the

scope of its usefulness, the Middletown, Conn., Group each week invites six different

guests: doctors, pastors, judges or other substantial citizens.

Two new A.A. broadcasts have gone on the air--in Dallas and Los Angeles. . .

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The

Cincinnati Fellowship of A.A. celebrated its first anniversary in the new clubhouse

early in July. When the idea of obtaining a new clubhouse was first suggested

there

were numerous objections and many predictions were made of future trouble regarding

the administration of the affairs of the club. Happily, none of these predictions has

materialized. The financial and administrative affairs of the club are handled

by  
elected representatives and the Board of Trustees, all of whom are  
two-year-old  
members.

Cooperating with the Fort Worth Group, Dr. W. B. Nies, City-County  
physician,  
addressed the Texas State Medical Association in Galveston on "Relation of  
Alcoholism  
to Public Health." Dr. Nies presented his facts on alcoholism to this  
medical  
body  
for the first time in Texas; other city-county health officials became  
interested,  
asked for more information and expressed their desire to cooperate more  
closely  
with  
A.A. groups throughout the state. . . . Growing membership of the  
four-year-old  
Dallas Group (approximately 150 strong) has necessitated division into 10  
units  
for  
the weekly closed meetings held in members' homes, offices and hotels. This  
group,  
now searching for permanent quarters, reports an increasing cooperation of  
medical,  
clergy and law-enforcement officials.

The Indianapolis Group now numbers about 275 members. There are five  
sectional  
groups: Broad Ripple (bi-partitioned this spring because of luxuriant  
growth),  
East  
Side, West Side, Women's Group and the Meyerson Group. The present  
arrangement  
provides a meeting by one of the sub-groups every night in the week.

The Pensacola, Fla., Group is receiving many inquiries as a result of an  
A.A.  
advertisement in their local paper. . . . After some five and one-half years  
there  
are now nine well-established groups in California's San Diego County: La  
Mesa,  
San  
Marcos, Chula Vista, Old Town, Presidio, City Jail Group, Pacific Beach  
Women's  
Group, San Diego Women's Group and the San Diego Group. A group of San Diego  
A.A.s

were present at the first meeting in El Centro; representatives of the local clergy, civil authorities and radio were present.

Big crowds of Cleveland A.A.s were attracted to the Little Theatre when Mack's Merrie Minstrels presented their third annual minstrel show. It ran two nights and was a complete success, with end men, an interlocutor, a chorus, and even a big olio.

. . . .  
That city's Lorain Avenue Monday Group celebrated its fifth anniversary with a meeting and dance. . . . Another big event for the Ohioans was the third annual A.A. boxing show. Five hundred fight fans saw the nine bouts. The previous night, the A.A. Bowling League Banquet (for members of 32 participating teams) was served to 200. Teams from the Glenville and West Side Morning Groups were declared champions.

In "Easy Does It." its second annual variety show, the East Orange, N. J., Group went to town again this year, displaying lots of talent and ingenuity. The show was produced and directed by the group, with scenery painted by the members. Stage crew, electricians, tickettakers and ushers, all were recruited from the local A.A.s. And the cast of 36 "Easy-doers ' came from the group. The music was furnished by the Alanon orchestra from Newark. This entirely A.A. production brought an audience of 600 A.A.s and friends from nearby communities. Some of the rollicking musical numbers and satirical skits were "The March of Crime," "You Made Him What He Is Today," "Boys

Will Be Girls," and "Don't Point."

This has been "open season" for members of the Boston, Mass., area. More than 500 people gathered to hear the talks at the recent open meeting in Worcester; about 200 attended the first open meeting of the Woburn Group. The second monthly joint meeting of the Greater Boston Groups, for the benefit of the Central Service Committee, had as guest speaker Austen Lake, columnist and war correspondent. A member of the Boston Group addressed a gathering of the District Nurses' Association in Swampscott. .

.. The Pittsfield, Mass., Group, started last November, has now reached a point where it is beginning to be felt in the community. Today the total membership is 18. At the first open dinner meeting five-minute speakers were heard from Albany, Schenectady and Troy, N. Y.; Hartford, Conn.; Springfield and Boston, Mass.

The one-man group in Mission, Tex., has been 12th stepping by writing letters to be read at meetings of larger groups. He got going about six months ago. . . . Such a large number of California state institutions have asked groups in the Los Angeles area to introduce A.A. to their patients that the Los Angeles Central Committee has had to coordinate the work among the various groups. . . . The Mill Creek Group of Salem, Ore., recently held an essay contest for members, who wrote on "What A.A. Means to Me." . . . Des Moines A.A.s recently had a professional movie camera crew

record activities at one of their regular Saturday night open house parties at their newly-painted clubhouse. The showing (for members and friends only) is scheduled for July.

With help from the Denver, Colo., Group, an A.A. brunch got started in Cheyenne, Wyo. . . . A Detroit A.A. spoke for the Saginaw County (Mich.) Public Health Association at a community dinner meeting on "Alcoholism" attended by teachers, doctors, public officials and other interested residents. . . . A transcription of the "Cavalcade of America" A.A. story was played at an open meeting of the Seattle, Wash., Group.

The Kansas City, Mo., Group, which recently observed its fifth anniversary with a supper and door show, some time ago started holding small neighborhood meetings. Beginning with 10 units, there are now 17. The success of these small neighborhood discussion units is reflected in the increased attendance at the weekly central meetings, where the average number has risen from 125 to 250. The group's membership has doubled since its fourth anniversary. . . . A district group meeting, representing the four groups that sprang from the Bellevue, Ohio, Group--Norwalk, Sandusky, Port Clinton and Fremont--was held at the Bellevue Town Hall. . .

The Fresno, Calif., Group, which held its first meeting March 1, now has nine active members. The address is P. O. Box 131. . . . Memphis, Tenn. A.A.s observed their second anniversary with an open house for members and friends.

The newly organized Alano Club in Milwaukee, which was incorporated under the state laws of Wisconsin, is holding a series of Sunday evening buffet suppers. The Milwaukee A.A.s invite out-of-town members to their clubrooms in the



Tiebout identified this "X-factor" for his fellow psychiatrists. It was, he said, "a religious component, a spiritual development, a belief in God - a conversion."

Dr. Tiebout was appraising the program of Alcoholics Anonymous, an informal fellowship of arrested alcoholics, then numbering nearly 15,000 men and women. If he were addressing the psychiatric profession this year, he could count on a much wider understanding of his theme. For 96,475 people in 34 countries will tell you today that they have stopped drinking through A.A. The fraternity and sorority of ex-drunks is increasing at the rate of more than 20,000 a year - an achievement that has won the interest and the applause of prominent spokesmen for medicine and religion.

As a matter of fact, Alcoholics Anonymous had been in existence for a decade before it became the subject of discussions before medical societies. Its beginnings go back to a night in November, 1934, with a former Wall Street broker sitting in his kitchen wondering where, before his wife returned, he could hide the bottle of gin needed to tide him over till morning. He desperately desired to stop drinking but found himself helpless. Promising business opportunities he had ruined beyond remedy. Continuous trips to hospitals and sanitariums had at last brought the verdict that he faced no more than a year of life before the inevitable heart attack during delirium tremens. Blank, terrifying despair coupled with an insatiable, murderous craving for alcohol made the hiding of that bottle the most pressing concern of his life.

His reverie was interrupted by the visit of an old school friend, a familiar drinking companion of former days, rumored to have been committed as an alcoholic psychotic. The rumor was obviously mad, triumphantly false. For here was the former drinking companion with hew health, a new and strange serenity and a new and curious idea: God could manage our lives if we would only allow Him. It was an idea he had learned from the Oxford Group, the disciples of Dr. Frank Buchman, with their teaching of Surrender, Sharing, Change, Quiet Time and Witnessing, and the four imperatives - Absolute Honesty, Absolute Purity, Absolute Unselfishness and Absolute Love. That had been enough to beat John Barleycorn and supply a new vision of a God-centered way of living.

Ancient prejudices against religion were mocked by evidence of the buoyant happiness that came from someone's saying very simply that God had done for him what he could not do for himself.

The protestations of the ex-stockbroker that he knew little about God and believed less were met with the suggestion that a willingness to believe in a Power greater than one's self would suffice. A trip to the hospital to dry out provided an opportunity for a complete surrender to God. A determination to make personal reparation for wrong done to others brought a wonderful sense of victory, a fresh confidence and a resolve to bring to other

hopeless alcoholics the encouraging and saving message of God's nearness to those who want Him.

A business trip to Akron the following spring gave the sometime broker an opportunity - indeed a compulsion - to carry out his resolve. Tense because of a setback in a dragged-out lawsuit, he felt he must help someone or lose himself in self-pity and, consequently, in alcohol. Providentially, he was introduced to a surgeon, a despairing victim of drink, who responded to the message of hope - that God exalts the humble and strongly supports those who put their lives in His keeping. In the local Catholic hospital the doctor and the businessman brought fellow alcoholics the assurance that there is a way out for those who want to stop drinking. The two were soon five, then a group overflowing the doctor's home for the weekly gatherings, then a fraternity spread across the country by salesmen who carried with their lines of goods a new and compelling idea.

By April 1939 there were a hundred whose pooled experience was set down in a book that reached Dr. Tiebout at his Greenwich sanitarium in its provisional multilithed form. He gave it to a thirty-four-year-old woman alcoholic whose character structure, he confessed, defeated all of his skills and all of her own pitiable resolves. The book she read contained a collection of case histories of people who had conquered their addiction to alcohol. It contained also a good deal of hard headed advice, and it outlined a Program of Recovery. The way out of the squirrel-cage of shakes, night sweats, jittery nerves and horrible dreams, she read, consisted of twelve steps, none of which could be skipped. The ladder to sobriety for a hundred ex-drunks had been sealed, these ex-alcoholics said, when:

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 awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

(In the Twelfth Step "spiritual awakening" was substituted for the phrase "spiritual experience" employed in the first printing of the book, *Alcoholics Anonymous*. An overwhelming and sensible emotional upheaval, it was learned, did not always accompany acceptance of the Twelve-Step Program of Recovery. Nor was it needed: an inevitable alteration of attitude followed gradually any honest determination to give the greater Power management of one's life.)

Dr. Tiebout's patient was impressed by the book he gave her; She attended a meeting of a group of Alcoholics Anonymous, listened to personal accounts of how the program had worked for others and soon became an active member of the group. The psychiatrist described the consequent personality change in his patient as a dissolving of the character structure which had been blocking all help.

Intensive research over the past several years has failed to establish a common "character structure" in people for whom one drink is too much and a thousand not enough. Perhaps, as some scientists hold, there is a physical rather than a psychic deficiency afflicting our three million problem drinkers. Whether excessive drinking produces or is the product of personality disorders, there is certainly an emotional immaturity noted in alcoholics of which addiction to the bottle is only a symptom. There is a rooted dissatisfaction with life, manifesting itself in festering resentments, flight from responsibility, displays of grandiosity, all operating in a penumbra of fear, concealed self-doubt and whining self-pity. Spiritual writers have always labeled such self-centeredness as "pride," and have acknowledged that pride can flourish in a person who is not all vain. The classic cure for pride, religion teaches, is humiliations.

Humiliations engendering humility are inevitable for anyone attempting the A.A. Twelve Steps. There is the initial acknowledgment of helplessness, jettisoning the protestation that the alcoholic can somehow by some ingenious change of habits join the ranks of America's 60 million "social

drinkers." The false and grasping self, getting in the way of God's management, must be cauterized by ruthless self-examination, the smothering of all resentments and the honest reparation of all injuries to others, whatever the cost to self-esteem. Prayer to keep one's mind responsive to God %s!3 imperative, despite all ridicule of religiosity. Apostolic activity on behalf of other alcoholics, however inconvenient and unpleasant, is held essential as an expression of gratitude to God and a self-strengthening service of others.

For the Twelve Steps are to be a new way of life, a kind of living that counts on God's incessant interest and expresses that reliance by unconcern for the future. Living is reduced to a manageable Twenty-Four-Hour Plan, with "Easy Does It" as the motto of a trust that relaxes tensions.

That is the program that an A.A. will explain when called to help a fellow alcoholic. There will be no talking down to the inebriate (the A.A. realizes that he is only one drink away from sharing the same plight). There will be no moralizing (the A.A. will freely give him another drink if needed to steady him). There will be no excuses putting off the central point of the discussion: does the drinker want to stop drinking? The A.A., you see, has a crucial advantage over all other visitors: there isn't any depth of physical misery or mental torment that he can't match from personal experience. He can truly say that he understands. He can add, with convincing power, that he has a real answer.

The AA visitor will explain that there is such a thing as an allergy to alcohol, that drinking for some people is as disastrous as the eating of sugar would be for a diabetic. No permanent cure for alcoholism is promised, merely relief from the burden of a self-centered personality, stupidly smothered in drink. For an honest and resolute following of the Twelve Steps there is the assurance of sobriety, a serene, vital, active sobriety, a full and satisfying life.

Does it work?

Alcoholics Anonymous estimates that 50 per cent of those who accept the program achieve immediate sobriety. Another 25 per cent, after slips occasioned by over confidence and neglect of some part of the program, permanently abstain from alcohol.

A.A. describes itself as a spiritual entity, a movement rather than an organization. It has no dues, membership lists, constitution or by-laws. It doesn't bother to keep records nor will it turn its back on a lapsed member. To help spread the message, to provide service for the 3,527 local groups and to answer inquiries from all over the world, there is an office, called The Alcoholic Foundation, at 141 East 44th Street, New York City. Governed by trustees, a majority of whom are non-alcoholics, the Alcoholic Foundation is determined to keep the spiritual nature of its work uppermost. On



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Note by G.C. This introduction to the steps was originally published in Detroit as a twenty-page pamphlet when A.A. first began, when the newcomers were gathered in large sessions and allowed to ask questions of a panel of people with longer sobriety - - it is a marvellous example of early old-time A.A. teaching. The original version is still obtainable from Alcoholics Anonymous of Greater Detroit, 380 Hilton Road, Ferndale MI 48220.

The twelve steps are divided up so they can be dealt with in four separate discussion sessions: Admission (Step 1), Spiritual (Steps 2, 3, 5, 6, 7, 11), Inventory/Restitution (Steps 4, 8, 9, 10), and Active (Step 12). If the group meets once a week, all twelve steps can then be covered in a month.

An edition with reset type was prepared in 1995 for use in A.A. discussion meetings in northern Indiana, where it proved equally successful in providing worthwhile topics, not only for the newcomers, but for the oldtimers too. After going through the pamphlet several times in a row over a period of three or four months, it was surprising how the apparently simple language led you deeper and deeper into profound spiritual insights. In this discussion-meeting format, the pamphlet was passed around the table, with each person reading a few paragraphs of that week's section of the pamphlet, and then after all of that section had been read, each person in turn around the table was given an opportunity to talk about the topics that had been raised.

Parts of this pamphlet have also been used in recent years for Saturday morning beginners' meetings in Elkhart, Indiana, where the teacher reads from and then talks about the material on one or another of the steps for the newcomers. It seems to many of the oldtimers to work better than anything else they have tried for getting raw beginners into serious thought about the way the program works.

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++++Message 1270. . . . . Re: Conference approval  
From: Arthur Sheehan . . . . . 9/2/2003 10:51:00 PM

|||||

Hi

The Delegates wasted no time in implementing the Conference-approval process

for AA literature. It was one of the first items they addressed. The General Service Conferences began in 1951 on an experimental basis with Panel 1 (consisting of 1/2 of the Delegates). The 1951 Conference passed an advisory action to the effect: "In future years, AA textbook literature should have Conference approval." It also retroactively approved the 1st edition Big Book and Alcoholic Foundation Board pamphlets in existence at the time.

The Conference-approval process for literature was firmly in place in 1952 after the 2nd Conference (Panel 2 - the first Conference that included all the Delegates). Based on the 1951 Conference advisory action, the Alcoholic Foundation Board formed a special committee on literature and submitted a report to the 1952 Conference recommending literature items that should be retained and future literature items that would be needed. Bill W also made a presentation to the 1952 Conference of the various literature projects he was engaged in. As stated in the Final Report of the 1952 Conference, Bill's projects included:

- 1) "Updating the Story section of the Big Book"
- 2) "A series of orderly point by point essays on the Twelve Steps."
- 3) "A new series of anecdotal analyses of the Twelve Traditions"
- 4) "A kind of popular history of AA and its ideas of recovery, tradition and service"
- 5) "A book on the application of AA philosophy on the total problem of living"
- 6) "A reference manual stating our total experience with the whole idea of service functions"

The 1952 Conference unanimously approved both the Alcoholic Foundation Board proposals and Bill's literature projects. Bill's approved projects would eventually lead to the development of: (1) the Twelve Steps and Twelve Traditions, (2) the 2nd edition of the Big Book - Alcoholics Anonymous, (3) AA Comes of Age, (4) The AA way of Life (later renamed to As Bill Sees It) and (4) The AA Service Manual and Twelve Concepts for World Service (developed separately and later combined).

The 1952 Conference also approved an advisory action to the effect: That the following be incorporated on all literature publish by the Works Publishing Inc.:

"Issued by Works Publishing Inc., the sole publishing agency for the Society of Alcoholics Anonymous. Approved by the General Service Conference of A.A."

The 1953 Conference reaffirmed the 1952 Conference advisory actions. Bill W provided the 1953 Conference with a list of specific pamphlets to be developed as well as a specimen copy of the 12&12. The 1953 Conference approved the name change of Work Publishing Inc to AA Publishing Inc. The new name first appeared in the 12&12 published in June 1953.

The 1954 Conference recommended that "All Conference-approved literature have on its face an identifying symbol." this would give birth to the circle and triangle logo. They also approved renaming a publication then called The Bulletin (started in 1940) to The Exchange Bulletin (which was later renamed to Box 459 in 1966).

The 1955 Conference approved a retail price of \$4.50 (\$27 in 2003 dollars) for the 2nd edition Big Book which was introduced at the 1955 International Convention (in July). The International Convention also ended the "experimental" nature of the Conference and it became the Guardian of the Traditions and voice of the group conscience of the entire Fellowship. AA Comes of Age was approved in 1956 and published in 1957. The 1959 Conference approved renaming AA Publishing Inc. to AA World Services Inc. The Twelve Concepts for World Service was approved by the 1962 Conference which also recommended that it be a supplement to The Third Legacy Manual (first published in 1950-1951). The AA Way of Life was published in 1967 (and later renamed to As Bill Sees It in 1975). The 1969 Conference approved The AA Service Manual (to replace The Third Legacy Manual). It and the Twelve Concepts for World Service were combined into one publication by the 1981 Conference.

All the above publications came out of the list of Bill's projects presented to, and approved by, the 1952 Conference.

Cheers

Arthur

----- Original Message -----

From: jenny andrews

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, September 02, 2003 5:46 AM

Subject: [AAHistoryLovers] Conference approval

Neither the 12 and 12 nor Big Book (first three editions) were AA Conference-approved - presumably because there was no Conference to approve them when they were published. Can anyone tell me when Conference first began approving AA literature, and whether a decision was taken at a Conference to endorse previous publications and decisions for which the Alcoholic Foundation was responsible. Laurie A.

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salvation.

From my experience in A.A., I can say in all honesty: I am a better Catholic because I am a member of Alcoholics Anonymous. I am a better A.A. because I am striving daily to be a better Catholic.

### Fifteen Years Old

Alcoholics Anonymous is just more than fifteen years old. There came a belief to a New York investment consultant that, with the help of God, he could cease drinking. The belief came as he lay in an alcoholic hospital. And through what psychologists describe as an ecstatic religious experience - something akin to what happened to Saul of Tarsus on the Damascus road.

The New Yorker ceased to drink. Though he strove earnestly, he won no converts. Some six months later, he was in Akron on a business trip. Always in his work with other alcoholics, he thought that he was conferring a favor on them, that he was helping them for their sake. That Saturday afternoon in Akron, he realized he must talk to another alcoholic; that if he didn't find an alcoholic and talk to him that he would get drunk. There followed a providential meeting with an alcoholic surgeon of that city and the founding of Alcoholics Anonymous. But the experience of that Saturday afternoon, the need for an alcoholic to talk with another alcoholic, has been of the very warp and woof of the A.A. code. So it is that when we A.A.'s work with another alcoholic, when we strive to show him the road to sobriety, we are doing it not only out of our gratitude to God but for the very selfish reason that this helps us to keep ourselves sober. Very definitely, it is not done as a favor to the other alcoholic, nor in the spirit of evangelism or reform.

It is an important point. A man can't become overly self-righteous, he can't develop the reformer complex when the thing he is doing is primarily for himself. It is one of the things that differentiate A.A. from many a temperance movement of the past. Another thing is that we stick to our own knitting. We don't engage in controversy. We have no official position, for or against anything. We operate under the naive belief that what God wants us to do, for the most part, is to keep sober ourselves and to help other alcoholics get sober and stay sober.

A member's attitude toward Prohibition, toward liquor, is his own. I continue to serve drinks on occasion in my home to non-alcoholic guests. My Irish relatives would object strenuously were I to change. And well they might. I'd object, too, if I were a guest in a diabetic's home and he forbade me the use of sugar.

### Alcoholism - a Disease

Which brings us to the question of alcoholism. Following the general belief

in the medical profession, we in A.A. look upon alcoholism as a disease, a symptom of a disease or something in the nature of an allergy.

This is not done with any intent to evade or disclaim our own moral responsibility in the matter. The Twelve Steps of the Recovery Program, printed elsewhere in this article, are a direct denial of any such thought.

We emphasize the point of disease or allergy to help the alcoholic hold out his alcoholism at arm's length and examine it. We want him to look upon it with rational objectivity. We want him to consider it as he would consider a heart ailment, hypertension or any disease. To separate it from himself. We as alcoholics know that the alcoholic has an obsession that his drinking problem is peculiar to himself, that he is the only one in the world who is so afflicted that he drinks because he has to, that other drunkards drink too much because they want to.

We go to see a prospective member of A.A. We tell him of our own drinking experiences - the things we did, the thoughts we had, the futile attempts at seeking to control our drinking. We tell him of the, black despair and the bitter remorse we suffered.

We know that at first he'll listen to us with doubt, with suspicion, with the belief, perhaps, that these clear-eyed men are just a couple of reformers, busybodies who mean well but who just don't know the score.

But as we tell about ourselves, the alcoholic knows that we know about alcoholics. He has seen a stranger in an alien land and suddenly he hears his native tongue. And often he takes the conversation away from us. He has found someone who understands and he wants to pour out the thoughts that have been bottled up - no pun intended - within him. And often, within minutes, he is confiding to us things that his wife, his relatives, his friends have never been told.

I recall a woman whose husband came into A.A. Half indignantly, she remarked: "For years I begged John to quit drinking, for his own sake, for my sake, for the sake of the children. And he wouldn't do a thing. Now along comes a couple of strangers and John quits drinking - just like that."

Her error, apart from the fact that she should have been thanking God for John's sobriety, was in thinking of the A.A.'s as strangers. John knew otherwise.

We tell the prospect not to quarrel with the word "alcoholic" that an alcoholic is simply an uncontrolled drinker. Alcohol does something to us, we say, that it does not do to the ordinary person.

When we start to drink, chances are that if nothing drastic interferes, we'll keep on drinking until we are drunk.

## "The More You Eat"

You who are not alcoholic have sat down with a bag of peanuts or a bowl of popcorn and started to nibble away. Each bite you took, led to another. That "the more you eat, the more you want" appetite multiplied by a million (I am being slightly conservative) might give you some idea as to the desire set up in an alcoholic by his first drink.

There's another obsession we must combat. The practicing alcoholic suffers from the delusion that somehow, somewhere, some day - maybe "the next time" - he is going to drink in a controlled manner. This despite his record, this despite the thousand and one failures in his attempts to be a normal drinker.

We have to hammer home to the man we are calling on that once an alcoholic, always an alcoholic. Never in the history of Alcoholics Anonymous, with its hundred thousand members, never in the history of medicine or psychiatry (so far as we know) has a man ever been able to drink in a controlled manner once he has passed the line that separates the uncontrolled drinker, the alcoholic, from the social drinker.

Never, we say out of our experience, can such a man hope to drink in a controlled fashion. So we point out that it isn't the fifteenth drink that gets us into trouble - it's the first one.

"We are all one drink from being drunkards, we A.A.'s.

No man that I have heard of set out to become an alcoholic. He drank for the reasons other people drink - for sociability, in a festive spirit, to accentuate a mood. His predisposition to alcohol did the rest.

There's a Texas physician, a member of A.A., who says: "Alcoholism is like the seven year itch. It's no disgrace to get it. But it's a disgrace to keep it."

Which brings to mind some of the remarks that relatives of alcoholics have been making these many generations: "Why don't you just have a couple of drinks like your Uncle Gus? Why don't you exercise your will power?"

The only time an alcoholic can exercise his will power is before the first drink, a thing most non-alcoholics do not understand. That first drink shatters the alcoholic's will power. The reason for this, perhaps, is that alcohol is not a stimulant, as so many fondly believe. It is a narcotic, a depressant, a drug, and the alcoholic is particularly and peculiarly sensitive to its effects.

Our first effort with the new man is to seek to bring him to the firm

conviction that he is an alcoholic, that being an alcoholic he can never drink without drunkenness and ruin. We have seen alcoholics, after periods of sobriety up to ten and twelve years, make the experiment of trying to drink normally. We have seen the tragedy that followed.

That is why "the pledge," as given in the Catholic Church, ordinarily protects the drinker only for the duration of the pledge and rarely has lasting results. A period of sobriety adds nothing to an alcoholic's ability to control his drinking. That's from the record.

"OK," says our prospect, "so I'm an alcoholic, so I can't ever drink again. Now what do I do?"

### The Twelve Steps

Then we tell him about the rule of life in the Twelve Steps of the Recovery Program of Alcoholics Anonymous. These, translated into Catholic terms, are what A.A. demands of a man.

He must admit he is an alcoholic.

He must seek to live in all things in accordance with the will of God.

He must make a thorough examination of conscience plus an analysis of his character.

He must make a general confession.

He must seek with the help of God to rid himself of his sins, his shortcomings, his character defects.

He must make amends to those he has harmed, except where to do so would bring another greater harm.

He must continue to examine his conscience regularly and when wrong "promptly admit it."

He must seek "through prayer and meditation" to come closer to God, "praying only for knowledge of His will for us and the power to carry that out."

He must, following a spiritual awakening, try to carry this message to other alcoholics and to practice these principles in all his affairs.

Now a priest, someone schooled in Theology, might out of his learning have devised some such set of exercises. You will note that they are in accord with principles for the devout life, ancient in the Catholic Church: Contrition, a turning to God, seeking to rid ourselves of the things that keep us from God and then doing the things that will bring us closer to God.

But no. The Twelve Steps were devised by men who had little religious background. They had been exposed but briefly to Dr. Frank Buchman's Oxford Group movement. We think it beautifully strange that a spiritual program so sound should be thought of by men whom any theologian, Catholic or otherwise, might well regard as spiritual ignoramuses, theological tyros.

The similarity between the Recovery Program and the first week of St. Ignatius' Exercises has been remarked by more than one Jesuit.

One of the greatest gifts of A.A. over and above sobriety is the 24-hour idea. When a man becomes an A.A., he makes no promises, signs no documents, takes no pledges that never again will he drink.

He is asked to quit drinking just for today.

This may seem a childish device - this 24-hour idea. But it works. First thing in the morning I ask God to help me not to drink today. When night comes, I thank God for His help in keeping me from alcohol that day.

So the days pass, one at a time, without alcohol. The days become weeks. The weeks are now months. We have been dry just a day at a time but now we have been dry for months.

My mind is clearer. Hope, long dead, lives again. Faith, once submerged in alcohol, begins to rise. And charity. It is an old saying among us that A.A. is charity in action - not merely something believed, but something lived.

### "Give Us This Day"

We begin to live all of our lives within the compass of 24 hours. "Give us this day our daily bread" takes on a new meaning. We close the door on the past, leaving it to God's mercy. We refuse to thrust ourselves into the future, leaving that to God's providence. We concentrate on living in the here and now to the fullest. A Catholic writer refers to the Sacrament of the Present Moment. I knew just what he meant. So would any Catholic A.A.

The new man coming into A.A. is told of the necessity of asking for His help.

The Catholic might protest that he had prayed. We say to him, out of our own experience, that his prayers had been like this:

He prayed only to get out of trouble and the moment the jam was over, he lost fervor. Or he prayed for what we alcoholics believe the impossible - that he is able to drink "like a gentleman." Or he prayed with his lips and did nothing to merit the help of God.

He must pray, but he must also seek to do the Will of God.

The scientists, looking at A.A.'s amazing success, speaks learnedly of group therapy. We Catholics know that God seeks to work His wonders through natural means. When He does otherwise, it is a miracle. It is an axiom of biology that every living thing tends to adapt itself to its environment. So the novice finds himself with alcoholics who understand him because they have come to know themselves. They give freely of their experience, their counsel, of their time and of themselves.

There is the misguided belief among some that A.A.'s sit around bragging about their drinking days, about the amounts they consumed; or that they sit around mourning the days that were, as a man now poor might recall the days of his wealth, or a man now old, the days of his youth.

We do talk a bit about our drinking careers. We do it to illustrate a point or to raise a laugh. We laugh easily in AA. We laugh frequently. It is easy to laugh when a man is happy.

But, for the most part, our conversations, our bull sessions, our meetings are concerned with God and the things of God. We discuss the steps of the program - how best to do them. What living according to the Will of God actually requires. What's the best way to combat pride and develop humility? How to rid yourself of resentments, jealousies, angers, fears, doubts, suspicions?

Many a Catholic has achieved a reputation among the non-Catholic brethren of being a minor Thomas Aquinas by reciting to them the words of the Baltimore catechism.

### He Learns Things

A Catholic isn't long in A.A. before a fellow Catholic, older in the movement, invites him to a Catholic lecture, a day of recollection, a week-end retreat. The new man finds that many of the Catholics are weekly communicants, that no few of them have a daily routine of Mass and Communion.

He learns, too, that not always were these Catholics thus. He learns that this one, prior to A.A., had been a careless, indifferent Catholic. He learns that that one, prior to A.A., had been away from the Sacraments for nineteen years.

What changed them?

Some sage has said: "Character is right thinking become a habit. But it is easier to live yourself unto right thinking than it is to think yourself into right living."

There is the principle that a man becomes Christlike by seeking always to do the Christlike thing. It is a principle used much in the formation of apostles in Catholic Action.

Because it is a principle, it operates in A.A. as elsewhere. The essence of the A.A. program is in the step wherein a man decides to turn his will and his life over to the care of God.

A man seeking to do the Will of God must seek to do the good thing, the honest thing, the pure thing, the unselfish thing, the loving thing, the Christlike thing.

And little by little, he becomes good, he becomes unselfish, he follows in Christ's steps.

We Catholics in A.A. come eventually to these thoughts: We need A.A. to remind us of the necessity of sobriety, to keep us alert against the things that might end our sobriety. We know we can't stay sober without the help of God. We can best get that help through the Church and the Sacraments. The more we tend toward God, the more grateful we become for His help. We begin to look upon our alcoholism in terms of Francis Thompson's "Hound of Heaven." It occurs to us that had we not been alcoholics, had we not, reluctant and unwilling, turned to God for help, our Catholicism might never have become the tremendous force that it is in our lives today. To know, to love and to serve God might have remained a half-remembered phrase from the catechism. We have learned, as Augustine did, that there can be no rest until we rest in God.

We do not obtrude our Catholicism upon our fellow A.A.'s. We, as they, are scrupulous about keeping discussions on non-denominational basis. A man says: "This is my view," or "This is what I believe." He does not say: "This is what the Catholic Church teaches," nor "The Methodist church insists that-

There are Catholics and Protestants, Christians and Jews, believers and non-believers in A.A. There is a sizeable number of agnostics, a few members who insist they are Atheists. They, too, in A.A. have a right to their opinions, a right to express their views. They see nothing anomalous, these doubters, in membership in a group which is basically God-centered. After all, Faith is a gift. Some eventually come to believe in God, but others remain doubting but dry. The why of this I do not understand. It has taken me a long time and many a suffered scar to learn that God knows what He is doing. I have ceased to question Him.

#### The Most Tolerant

Alcoholics, by and large, are the most tolerant of people. Because of what

we have suffered, there is a kinship among us that transcends color and creed. It is good for us Catholics to associate with our non-Catholic brethren. We learn to be so grateful for the Sacraments. We learn to be so grateful for Our Lady's intercession.

Generally - there are some notable exceptions - we Catholics are better informed about God and the things of the spirit. Generally the Catholic's concepts are clearer and he can express them better, therefore. So considerable Catholic thinking has entered into A.A., which is understandable because of its essential agreement of basic A.A. with Catholic principles.

We like to share our days of recollection, our retreats with our non-Catholic brethren. We like to recommend books on the proofs of the existence of God, "The Imitation of Christ," other spiritual books. We know these things will help the fellow who is having difficulty with the spiritual phases of the program. And so, on occasion, an erstwhile Atheist becomes a Catholic, a whilom doubting Thomas embraces the Faith. And we have known Protestants after a Catholic retreat to return to the church of their youth.

Suggest A.A.

Maybe you have a friend a relative who needs this help to stop drinking. First thing to do for him (or her - about 15 per cent of our members are women) is to pray. Then suggest A.A. to them. Or if you lack the opportunity or courage, ask his parish priest or physician to suggest A.A. Impress upon the alcoholic that there are no initiation fees, no dues, no officers, only the simple spiritual rules of the Recovery Program.

Make it clear to him that if he doesn't want A.A., A.A. doesn't want him. If, after he hears our story, what we have to offer, he does not want A.A., we'll leave him alone until the day he does want A.A. The only investment we ask of him is a half hour of his time. And don't forget your prayer.

Most Alcoholics Anonymous groups are listed in local telephone books. If one is not listed in your community, information as to the nearest group may be obtained by writing the Alcoholic Foundation, P.O. Box 459, Grand Central Annex, New York 17, N.Y.

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+++Message 1275. . . . . Gv July46 - New Groups  
From: t . . . . . 9/3/2003 5:53:00 AM

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Grapevine, July 1946



12.0pt;">Attendance in recent years has been limited to the 275 capacity of the dining room at The Oasis. So get your tickets early from one of the folks mentioned below - or through 234. Your group rep should also be able to sell tickets at \$22 per person.

12.0pt;">Tickets will be sold at the door - but don't get 'shut out".

12.0pt;">The fantastic 10AM Buffet is preceded by coffee and fellowship that usually kicks off well before 9. The meeting itself gets underway at 11.

12.0pt;">This year Ann M. long time Toronto area resident will travel from Ridgetown, Ontario to share with us. Ann will be joined by Ben W. a fixture at Thorncliffe Park.

12.0pt;">In addition Bob D., who recently celebrated his 45th anniversary in Barrie, will chair the meeting portion of the event.

12.0pt;">A display of Archives material will be set up in the main lobby for review.

12.0pt;">It is vital that we remain true to the vision of our founders.

12.0pt;">We have a responsibility to recognize the effort and dedication of early members who discovered through painful trial and error the successful methods that are now taken for granted by so many of us.

12.0pt;">So the purpose of The Breakfast is not only to celebrate the long term sobriety that so many of us enjoy but to remember our predecessors and to learn the lessons of the past.

12.0pt;">The steps and traditions 'come alive" when studied in the context of evolution.

12.0pt;">It is great opportunity for newcomers to learn of our rich history so come, bring a friend and enjoy great fellowship.

12.0pt;">

12.0pt;">Tickets are available from 234 (or Intergroup Rep)





(or Business) meeting. It could take a few hours to do if it is done thoroughly. There is a list of 13 questions defined in the pamphlet that form the basis for the inventory.

Something that is also very important, is to have an experienced, non-participating, moderator of the meeting as well as a recording secretary (your District Committee Member or somebody from your Area Committee might be a good candidate to be moderator). The Moderator reads a question, and then calls on each attendee, in turn, to speak no more than two minutes on the question. This allows all attendees to participate and keeps anyone from dominating the meeting or getting into debates. The recording secretary notes the comments made and summarizes them into minutes. This done for all 13 questions and attendees may also raise additional questions as well. It's helpful to announce the schedule of the inventory well in advance and also distribute copies of a list of the questions to Group members in advance so that attendees can prepare themselves.

The summarized minutes of the inventory are a good item to bring to a Group conscience meeting for discussion and action.

Cheers

Arthur

----- Original Message -----

From: Rachel Ivie

To: AAHistoryLovers@yahoogroups.com

Sent: Wednesday, September 03, 2003 3:34 PM

Subject: [AAHistoryLovers] AA History: Group conscience question

I have a question. I recall seeing some place an outline for groups to use at a group conscience to evaluate the groups effectiveness. Does anyone know where I can find this. Thanks for your help and for being here.

In His Grip,

Rachel I. Woodstock, Ga.

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well as giving the help of fellowship.

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Tradition Two: For our group purpose there is but one ultimate authority - a loving God as he may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern

1. Do I criticize or do I trust and support my group officers, AA committees, and office workers? newcomers? old-timers?
2. Am I absolutely trustworthy, even in secret, with AA twelfth step jobs or other AA responsibility?
3. Do I look for credit in my AA jobs? praise for my AA ideas?
4. Do I have to save face in group discussion, or can I yield in good spirit to the group consensus and work cheerfully along with it?
5. Although I have been sober a few years, am I still willing to serve my turn at AA chores?
6. In group discussions, do I sound off about matters on which I have no experience and little knowledge?

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Tradition Three: The only requirement for AA membership is a desire to stop drinking.

1. In my mind, do I prejudge some new AA members as losers?
2. Is there some kind of alcoholic whom I privately do not want in my AA group?
3. Do I set myself up as a judge of whether a newcomer is sincere or phony?
4. Do I let language, religion (or the lack of it), race, education, age, or other such things interfere with my carrying the message?
5. Am I over impressed by a celebrity? By a doctor, a clergyman, an ex-convict? Or can I just treat this new member simply and naturally as one more sick human, like the rest of us?
6. When someone turns up at AA, needing information or help (even if he can't ask for it aloud), does it really matter to me what he does for a living? Where he lives? What his domestic arrangements are?

Whether he has been to AA before? What his other problems are?

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Tradition Four: Each group should be autonomous except in matters affecting other groups or AA as a whole.

1. Do I insist that there are only a few right ways of doing things in AA?
2. Does my group always consider the welfare of the rest of AA? Of nearby groups? Of loners in Alaska? Of internationalists miles from port? Of a group in Rome or El Salvador?
3. Do I put down other members behavior when it is different from mine, or do I learn from it?
4. Do I always bear in mind that, to those outsiders who know I am in AA may I to some extent represent our entire beloved fellowship?
5. Am I willing to help a newcomer go to any lengths - his lengths, not mine- to stay sober?
6. Do I share my knowledge of AA tools with other members who may not have heard of them?

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Tradition Five: Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.

1. Do I ever cop out by saying, " I'm not a group, so this or that Tradition doesn't apply to me"?
2. Am I willing to explain firmly to a newcomer the limitations of AA help, even if he gets mad at me for not giving him a loan?
3. Have I today imposed on any AA member for a special favor or consideration simply because I am a fellow alcoholic?
4. Am I willing to twelfth-step the next newcomer without regard to who or what is in it for me?
5. Do I help my group in every way I can to fulfill our primary purpose?
6. Do I remember that AA old-timers, too, can be alcoholics who still suffer? Do I try to help them and to learn from them?

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Tradition Six: An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

1. Should my fellow group members and I raise money to endow several AA beds in our local hospital?
2. Is it good for a group to lease a small building?
3. Are all the officers and members of our local club for AAs familiar with "Guidelines on Clubs" (which is available free from GSO)?
4. Should the secretary of our group serve on the mayor's advisory committee on alcoholism?
5. Some alcoholics will stay around AA only if we have a TV and card room. If this is what is required to carry the message to them, shouldn't we have these facilities?

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Tradition Seven: Every AA group ought to be fully self-supporting, declining outside contributions.

1. Honestly now, do I do all I can to help AA (my group, my central office, my GSO) remain self-supporting? Could I put a little more into the basket on behalf of the new guy who can't afford it yet? How generous was I when tanked in a barroom?
2. Should the Grapevine sell advertising space to book publishers and drug companies, so it could make a big profit and become a bigger magazine, in full color, at a cheaper price per copy?
3. If GSO runs short on funds some year, wouldn't be okay to let the government subsidize AA groups in hospitals and prisons?
4. Is it more important to get a big AA collection from a few people, or a smaller collection in which more members participate?
5. Is a group's treasurer's report unimportant AA business? How does the treasurer feel about it?
6. How important in my recovery is the feeling of self respect, rather than the feeling of being always under obligation for charity received.

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Tradition Eight - Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

1. Is my own behavior accurately described by the Traditions? If not, what needs changing?
2. When I chafe about any particular Tradition, do I realize how it affects others.
3. Do I sometimes try to get some reward - even if not money - for my personal AA efforts.
4. Do I try to sound in AA like an expert on alcoholism? On recovery? On medicine? On sociology? On AA itself? On psychology? On spiritual matters? Or, heaven help me, even on humility?
5. Do I make an effort to understand what AA employees do? What workers in other alcoholism agencies do? Can I distinguish clearly among them?
6. In my own AA life, have I any experiences which illustrate the wisdom of this Tradition?
7. Have I paid enough attention to the book TWELVE STEPS AND TWELVE TRADITIONS? To the pamphlet "AA Tradition - How it Developed"?

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Tradition Nine: A. A. as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

1. Do I still try to boss things in A A?
2. Do I resist formal aspects of A A because I fear them as authoritative?
3. Am I mature enough to understand and use all elements of the A A program - even if no one makes me do so - with a sense of personal responsibility?
4. Do I exercise patience and humility in any A A job I take?
5. Am I aware of all those to whom I am responsible in any A A job?

6. Why doesn't every A A group need a constitution and bylaws?
7. Have I learned to step out of an A A job gracefully - and profit thereby - when the time comes?
8. What has rotation to do with anonymity? With humility?

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Tradition Ten: Alcoholics Anonymous has no opinion on outside issues; hence the A A name ought never be drawn into public controversy.

1. Do I ever give the impression that there really is an "AA opinion" on Antabuse? Tranquilizers? Doctors? Psychiatrists? Churches? Hospitals? Jails? Alcohol? The Federal or state government? Legalizing marijuana? Vitamins? Al-Anon? Alateen?
2. Can I honestly share my own personal experience concerning any of those without giving the impression I am stating the " A A opinion " ?
3. What in A A history gave rise to our Tenth Tradition?
4. Have I had a similar experience in my own A A life?
5. What would A A be without this Tradition? Where would I be?
6. Do I breach this or any of its supporting Traditions in subtle, perhaps unconscious, ways?
7. How can I manifest the spirit of this Tradition in my personal life outside A A? Inside A A?

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Tradition Eleven: Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

1. Do I sometimes promote A A so fanatically that I make it seem unattractive?
2. Am I always careful to keep the confidences reposed in me as an A A member?
3. Am I careful about throwing A A names around - even within the Fellowship?
4. Am I ashamed of being a recovered, or recovering, alcoholic?

5. What would A A be like if we were not guided by the ideas in Tradition eleven? Where would I be?

6. Is my A A sobriety attractive enough that a sick drunk would want such a quality for himself?

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Tradition Twelve: Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

1. Why is it a good idea for me to place the common welfare of all A A members before individual welfare? What would happen to me if A A as a whole disappeared?

2. When I do not trust A A's current servants, who do I wish had the authority to straighten them out?

3. In my opinions of and remarks about other AAs, am I implying membership requirements other than a desire to stay sober?

4. Do I ever try to get a certain A A group to conform to my standards, not its own?

5. Have I a personal responsibility in helping an A A group fulfill its primary purpose? What is my part?

6. Does my personal behavior reflect the Sixth Tradition - or belie it?

7. Do I do all I can do to support A A financially? When is the last time I anonymously gave away a Grapevine subscription?

8. Do I complain about certain AAs' behavior - especially if they are paid to work for A A? Who made me so smart?

9. Do I fulfill all A A responsibilities in such a way as to please privately even my own conscience? Really?

10. Do my utterances always reflect the Tenth Tradition, or do I give AA critics real ammunition?

11. Should I keep my A A membership a secret, or reveal it in private conversation when that may help another alcoholic (and therefore me)? Is my brand of A A so attractive that other drunks want it?



To the best of my knowledge, what I am calling the Detroit Pamphlet was first produced in Detroit (their Central Service Office still sells copies of it), but there seem to be versions of this pamphlet which were also produced in Washington D.C. very early on, and also on the West Coast. Early A.A.'s traded materials like this back and forth between different parts of the country so freely, that it is often impossible to find out for sure what place actually originally developed the material.

#### SOURCES:

Foreward to the 50th Anniversary Edition of The Little Red Book (Hazelden, 1996), p. xiv.

Wally P., Back to Basics: The Alcoholics Anonymous Beginners' Meetings. Quotes liberally from what I am calling the Detroit Pamphlet, and refers to this as the teachings of the early Detroit A.A. people, but seems to say in places that these quotes are actually taken from the Washington D.C. printing of that little pamphlet -- Wally P.'s description is not quite clear.

The Detroit Pamphlet material is the real meat of Wally P.'s Back to Basics book -- I always advise people to go back to the original Detroit Pamphlet -- it's much shorter and far less confusing and much more in the original A.A. spirit -- and also works better with beginners, even nowadays. If you want to find out what the good oldtimers actually taught newcomers when they came to their first meetings, the combination of the Little Red Book (which is what you seem to have) and the Detroit Pamphlet will give you a very good flavor of how and what they would have taught you.

Glenn Chesnut (South Bend IN)

----- Original Message -----

From: lent51001

Sent: Wednesday, September 03, 2003 6:17 AM

To: AAHistoryLovers@yahoo.com

Subject: [AAHistoryLovers] An Interpretation of the Twelve Steps of Alcoholics Anonymous

The book I'm researching came into the possession of a friend some time ago, acquired in treatment from another patient. It's copyright 1946, published by the Coll-Webb company. It is extremely similar to the "Little Red Book". I'm wondering who wrote it, and wether or not it's a first edition. I think under the publishers name is roman numerals for 1948. I heard it could be a periodical publication, but it seems then the copyright would also change every year.

The inside of the front cover is also autographed "To Linda from Bill", and the signature looks identical to those on reprints of



alcoholics along already proven lines of their own, there is nothing to be said, save to wish them more and greater success. To those who feel that it is not their problem, it must be said that they are wrong, for frequently they are the first to whom the distraught family, or even the sufferers themselves, turn for comfort and advice. And although they may know nothing about alcoholism now, they can learn enough to be of help. Enough is known, now, enough literature is available, so that no pastor need say he cannot understand alcoholism or the alcoholic. But he needs more than understanding of the problem and its human victims. He needs knowledge of the methods which have been able to help those victims, and then, through his understanding, he will be able to guide them toward the use of such methods.

This is where the majority, who have tried and tried in vain, can turn many of their failures into success. They have had understanding - at least enough to create sympathy and a great desire to help - but they have not had knowledge. Today they can remedy that lack. The National Committee on Alcoholism, 2 East 103rd Street, New York 29, is the distribution center for both general and specific information on alcoholism, and has prepared many pamphlets on various aspects of the problem. It also takes orders for my book, *Primer on Alcoholism*, recently published by Rinehart & Co. (\$2.00), which should be of enormous help in laying a foundation of basic knowledge.

Pastors, like everyone else, must start at the beginning. Their understanding has in most cases been intuitive, based on a love of humanity and an equal love for human beings as individuals, with all their faults and foibles, their tragic mistakes and their tremendous potentialities. Often that understanding has grown out of a real knowledge of the individual concerned, of their fundamental fitness of character, of their great potentiality for good. The pastor who kept on trying with that kind of understanding and its concomitant sympathy, kept going on the hope that his alcoholics would somehow, someday, "be themselves again." That is not enough. That intuitive understanding, fine as it is, must broaden itself and at the same time focus itself, with the aid of knowledge. It must learn to be a constructive understanding, able to teach the object of its sympathy what it knows.

It should be apparent to pastors with that much understanding that there is more to the problem of alcoholism than "moral weakness," and that therefore it will take more than moral strengthening or even the best spiritual guidance and bolstering to be of real help. Science tells us that alcoholism is a disease. Alcoholics Anonymous accepted that definition and uses it with effect on new "prospects" its members are trying to reach. A.A. defines the malady more specifically as "an obsession of the mind coupled with an 'allergy' or the body." The terms disease, malady, obsession, "allergy" - all are used to prove two points to the victim of alcoholism: 1. He is not alone, but is one of countless thousands suffering the identical illness. 2. He needs expert help to get well, just as he would if he had cancer, TB, or diabetes. The pastor could well incorporate this knowledge into his

understanding and sympathy with a great gain in its effectiveness on the alcoholic. The greatest gain, however, will come if he can instill hope.

Two things, then, are necessary to constructive understanding, and they are expressed in the first two of the three points made by the National Committee on Alcoholism: 1. That Alcoholism is a disease and the alcoholic is a sick person. 2. The alcoholic can be helped and is worth helping. Next comes specific knowledge.

Psychiatric and psychological treatment have helped many alcoholics. The problem is to find an expert practitioner with a real interest in alcoholism (which usually means that he specializes in it) who can win the confidence and trust of the specific alcoholic who needs his help. It may be a psychiatrist, an analyst, a psychologist, or a lay therapist - the requirements remain the same: that they be expert in their treatment and that they be able to inspire faith in them and their method. In the case of lay therapists who specialize in alcoholism, this last requirement is almost invariably met, for those few who are in practice are themselves recovered alcoholics and the very fact is faith-inspiring to an alcoholic patient. A greater problem, however, is the time and expense involved in this type of treatment, if and when the right doctor or therapist can be found. Most alcoholics have little money to spare, and when sober they either have or need to have work, which means they have little time either. There are cases, however, in which time and money are available and where one or the other of these methods are strongly indicated.

The conditioned reflex method of treatment has also had a good measure of success. Unfortunately, it is not widely given in its most effective form, and the patient will usually have to travel some distance to one of the three or four really good places. While this treatment does not take so much time, it is expensive, so once again it is not the answer for the majority of alcoholics.

Alcoholics Anonymous, however, offers none of these problems. It has had a greater success with a greater number of alcoholics than all the other methods put together. It costs nothing. And it is very nearly everywhere. 100,000 members in 2500 A.A. groups scattered throughout the United States, Canada, and some twenty foreign countries, are ready and eager to help any alcoholic who wants help in recovering from that terrible malady known as alcoholism. In fact they need alcoholics to help, for it is in helping others that they help themselves to stay well. Knowledge about Alcoholics Anonymous, therefore, is probably the most useful knowledge that a pastor could have to implement his understanding. The day may come when pastors and all other groups who have struggled in vain with this hydra-headed problem: the courts, the social agencies, employers, bewildered families, even the doctors themselves, will have all of these methods available at no cost, to be used either singly or in conjunction with each other according to the needs of the individual alcoholic. That day will come when Alcoholic

Information Centers and alcoholic clinics are established everywhere. Twenty-two such clinics now exist, located in different parts of the country, from Massachusetts to California. Thirty-five Alcoholic Information Centers are operating, each established by a local Committee for Education on Alcoholism. It is one of the major activities of the National Committee on Alcoholism to promote the establishment of such centers and clinics, and great headway is being made. When the National Committee's three points are finally and completely accepted by the public at large, every city and town will boast its information center and clinic, for the third point insists on action: 3. This is a public health problem and a public responsibility. Pastors can help gain acceptance for these concepts and can help to promote action on them. It is our hope that they will continue to take an active part in this work, as many of them have already done.

Meanwhile they are faced with the problem and must make do with the limited resources at hand. They already know what help they can expect from the Salvation Army, for instance, and how to obtain that help. For many years the Salvation Army was the only group who would extend a helping hand to the alcoholic, especially the down and out one. And they know of the Lutheran Inner Missions

and that many of them have made a special effort to help alcoholics. Some social agencies, too, have tried to do more than they could do. It is a proud but pitiful record, the hopeless, ever-hopeful efforts of these groups, and their all too occasional successes. Organized religion in itself, through all denominations, has had occasional success, for a true religious conversion can heal alcoholism as well as other ailments. The difficulty lies in repeating the success with the next alcoholic in the long endless line waiting for help. That chain-reaction did not come until Alcoholics Anonymous came into being.

It is not the purpose of this article to explain the workings of Alcoholics Anonymous as a method of recovery. Such information can be had for the asking by writing them at Box 459, Grand Central Annex, New York 17. But there are many practical questions relating to the use of A.A. by other groups such as doctors, ministers, social workers, etc., which are not dealt with in the present A.A. literature. For instance, how can the pastor, in his professional capacity, work with A.A. and get help from it?

First, he will want to know if there is an A.A. group in his area. A letter to the Box 459 address will get him this information immediately, plus a local address to which he can again write for further details. Such a local address is usually just a P.O. Box number, but a letter there will reach the local group secretary who handles inquiries. The pastor should ask for a personal interview, either with the group secretary, or with some member who is willing to call on him and describe the set-up and workings of that local group. It is necessary to point out, especially to professional people used to working with organizations in the usual sense of the word, that A.A.

groups are not organizations in that sense. They are rather loosely-knit fellowships, held together and operating on a purely voluntary and individual basis. No single member, including the secretary, can speak for the group as a whole. He or she can only offer his or her personal cooperation, and that of such other members as signify their interest and willingness to cooperate on that particular job. Therefore it is important that a pastor establish a working relationship with an individual or several individual members on who he can call for assistance. They will frankly tell him just how much he can count on, and describe their own limitations in that area.

Such limitations are obvious to those who are familiar with any A.A. group, but often seem to surprise people newly acquainted with A.A., particularly professional people. A.A. has no magic formula, for instance. Members cannot descend on an unwilling prospect and magic him or her into willingness and cooperation with the program of recovery. As in any other illness, the patient must want to get well - have the "will to live" as doctors phrase it for other maladies. Those who have accepted alcoholism as a disease will recognize this truth if they stop to think a moment. There are cases, however, in which the desire to get well is not evident to the family, friends, or pastor, but is nevertheless there. Sometimes, in such cases, if a meeting can be arranged between the "practicing" alcoholic and an A.A. member, the latter will be able to break through the wall of defiance which the alcoholic has built up against all efforts to help him (and which he calls "pushing him around" and "curtailing his right to live as he wishes"), and bring out the underlying wish to recover. It is my firm belief that very few alcoholics who have actually crossed the line from excessive drinking into true alcoholism, and therefore felt all the agonies and horrors of an exceedingly painful disease, actually wish to continue being like that. They want to get well, but unfortunately what they really want is to be as they used to be, able to drink normally without suffering. They do not know that they are victims of an incurable malady, and that, like diabetics who can never again touch sugar if they are to regain and maintain health, they can never again safely touch alcohol in any form. Once again, if they can be brought to accept alcoholism as a disease they, too, will eventually recognize this truth, and with that recognition, their cooperation in a program of recovery can usually be obtained.

A word of warning is in order here to pastors who are unfamiliar with alcoholism. A.A. cannot, and has no wish to help excessive drinkers back to moderation. It is a program designed specifically for true alcoholics, those who have lost the power of choice in the matter of where, when, and how much they drink, those who, when they drink at all, almost invariably end up in drunkenness. Many people mistakenly lump all drinkers who ever drink to excess under the heading of "alcoholics." Nothing could be further from the truth. Possibly many excessive drinkers, "spree drinkers," "Saturday night drunks," "party drunks," are indeed potential alcoholics in grave danger of crossing the line into true alcoholism, but the A.A. program rarely, if

ever, appeals to such drinkers. Education in what alcoholism is, and how nearly they may be approaching it, might conceivably stop them in their tracks, (I have, in fact, seen that happen a few times) but an effort to push them into A.A. usually backfires. A.A. members know this, and through their vast experiences can recognize such drinkers as being outside their province. On the other hand, there are many alcoholics who have only recently crossed the line - or at least, only recently has it been apparent that their drinking has changed - and who have not yet lost anything - job, friends, or family, who can be reached by A.A. These are questions which can best be passed upon by A.A. members, and which the pastor would do well to discuss with them in the light of such knowledge as he has of the case, before either approaching the suspect himself or arranging any contact with A.A.

In short, the pastor's relationship with his local A.A. group should be one of reciprocity, of a free exchange of information and ideas on the particular case for which he desires help. Often the pastor will be able to get the patient interested in A.A. before he brings an A.A. member on the scene. It is assumed that he will have made every effort to learn about and thoroughly understand the workings of A.A. first; that he will have attended many meetings and talked with many members in addition to having read all the literature. In that case he should be able to vividly describe the set-up and the people in terms which will appeal to the alcoholic. He will be able to arouse his curiosity and at the same time to allay his fears, for he will have learned that there are no "musts" and no "dont's" in A.A., but only a great willingness to pass on the tricks of the trade" which have enabled the members to get sober and stay sober, and a great eagerness to accept newcomers as instant equals and as members in good standing from the moment of their entrance.

The pastor will also have discovered that he, himself, cannot do an A.A. job on the alcoholic. He will see with his own eyes at meetings and at interviews he may witness, that the man or woman who has actually been through the appalling experiences of alcoholism has an edge on him that no substitute knowledge can replace. For one thing, the sober A.A. member is the embodiment of hope. He is the living promise that it can be done. He makes faith in the possibility of recovery a thing that can be seen and touched and heard - himself. And, step by step, he can tell not how it can be done, but how he did it. The psychological value of such an object lesson for a helpless, hopeless sufferer cannot be matched. The nearest that the pastor can come to this is to relate a vivid and accurate story of the rehabilitation through A.A. of another alcoholic whom he personally knew. If he has that A.A. member's permission to give his name and to produce him as the first contact with A.A., the effect will be even better.

Of course it should be made clear that A.A. members are in no sense trained experts, nor do they make any such claim. They are strictly amateurs, but amateurs with a difference. In a field where all too few trained experts

exist, the man with experience is in a unique position. And in this case the experience itself is unique: it is inside knowledge which gives its possessor an inside track to the heart of the problem involved.

Nevertheless, in spite of all these advantages; a sound program which has thoroughly proven itself, and specially qualified exponents of that program, A.A. does not claim 100% success. There are alcoholics who cannot be reached by this method (a rough estimate is 75% success) and this fact must be recognized. Then, too, there are those who are primarily mental cases with alcoholism as one of their symptoms -they are not good A.A. material.

Another word of warning comes to mind. The pastor should never forget that all alcoholics are consumed with guilt. They do not need to be scolded and lectured, or reminded of their sins. They have suffered pangs of remorse over their own behavior and what it has done to those who love them as well as themselves, that are beyond the comprehension of normal people. In fact, their mental suffering, their guilt if you like, is abnormally acute, and therefore abnormally agonizing. These feelings of unbearable guilt are so much a part of the picture of alcoholism that many alcoholics drink because of them; in other words, they cannot bear to be sober, and remember clearly the things they have done. They endure torments inexpressible save by a Dante whenever they think clearly.... at least until time has dimmed the recollections. This state of affairs, incidentally, explains the alcoholic's reluctance, often downright refusal, to talk about his problem when he has been sober for a while. It is unbearable for him to look clearly at his memories. They hurt too much.

The pastor who understands this will not preach when an alcoholic comes to him for help. If he is a man of true compassion, he will be hard put to it not to overdo his proffered comfort. An attitude of objective sympathy and real comprehension - the opposites of condemnation and contempt - will prove the most helpful. Ministers perhaps do not realize that in the minds of the alcoholic whom they are anxious to help, they themselves offer the greatest obstacle. The reason is simple. The alcoholic considers himself a pretty low fellow when he looks squarely at his drinking problem and his behavior because of it. He may try to avoid such a conclusion, but in his heart he has admitted it. The minister, on the other hand, is a symbol of good. He stands for righteousness and upright behavior in the middle of his parishioners. He is a Godly man - in fact he stands for the voice of God in his Church. The alcoholic who goes to his pastor for help, in effect is bringing himself to judgement. If he has been persuaded or forced to go to his pastor by his family, he is being brought by them for judgment. And he does not want judgment by any man, even a man of God, for he has already judged himself and found himself wanting. What is more, judgment will not help him, as he has already discovered. What he needs is comfort, enlightenment, and hope. The pastor who can offer these can be really effective with alcoholics, can properly prepare them for the supreme effort they themselves must make in order to recover. In giving such comfort and hope, he can and should be pretty tough under the heading of enlightenment -

he should never minimize the desperate seriousness of alcoholism, its progressive nature, its possible fatal end. He can stress the comparative hopelessness of any victim of such a terrifying disease attempting to cope with it unaided, even though his own intensive effort is essential if he is to use such aid.

Here, then, are some suggested techniques for getting an alcoholic interested in A.A.: a thorough familiarity with A.A.; an understanding of alcoholism and an acceptance of it as an illness (that it is a spiritual sickness as well as a mental and physical one, no A.A. member will deny); acceptance of the fact that he, the minister, can rarely ever do the whole job himself; the presentation of A.A. not as an abstract philosophy nor as a miracle-working mystical something, but in the form of a humanized personal story of what it did for someone real and live, who can be produced in the flesh; the offering of comfort, hope, and a straight-from-the-shoulder enlightenment. Now the pastor is ready to either produce an A.A. member for a private interview with his alcoholic, or to take the alcoholic to an A.A. meeting and there introduce him to several members, in both cases turning him over for A.A. to finish the job.

Do the wrong methods still need to be enumerated? There are a few glaring ones that perhaps should be further pointed up. First and foremost, do not preach - or indicate to the alcoholic what a miserable sinner he is. He knows it. Do not attempt to take over the whole job of regenerating this poor devil - unless you want a large proportion of your time and energy taken up with small chance of success after all your pains. Once you have led him, (or her) into A.A., let go. In A.A. they say, "let go and let God." It's not impossible that A.A. may lead him more directly to God than you could. In which case, incidentally, he will return to you - eagerly, and full of gratitude for your guidance.

This brings us directly to the question of what does and does not work in speaking of religion to an alcoholic. A.A. of course has a spiritual basis: the words Higher Power or God are used in six of the twelve steps of the program. Of vital importance, however, is the fact that following the word God in Step 3 are the words, "As we understood Him" - in caps for greater emphasis. This takes into account the extreme individuality of the alcoholic, and the never-to-be-forgotten fact that each one must be treated as an individual case, according to his or her specific needs. There is no effort in A.A. to force the spiritual part of the program on a newcomer, and in many cases this is the last thing about A.A. to be accepted. Too many alcoholics have gone completely away from their religious connections, either drifted away or in some cases deliberately turned their backs upon all things religious. In such cases it is most unwise to stress religious or spiritual matters, it would merely serve to close the door on that person's chances for recovery. A.A. believes in leaving the door open, the wider the better, allowing the newcomer to make use of the purely psychological steps, the group therapy, and the social benefits of A.A. until such time as he or

she is ready to progress a bit further. That time, incidentally, always comes.

In the case of the pastor, he will undoubtedly know the religious status and attitude of the alcoholic he is trying to help, and can be guided accordingly in speaking of spiritual matters. If he is not sure of the alcoholic's attitude he would be wise to understate the spiritual aspects, not only of A.A., but of his own interest in the case. One thing almost every alcoholic is terrified of is "being prayed over," as they put it. Some of them, who have read the A.A. literature and especially the twelve steps, stay away from meetings for some time for fear that will happen when they go there. Possibly they do not feel worthy of such efforts at the time they are asking for help! Certainly I have heard many of them say, "If I could not appeal to God when things weren't too bad, or thank Him when they were good, I have no right to ask Him for help when everything seems lost." Most of them, however, would probably put praying along with preaching - it only increases their sense of guilt at a time when they can't stand it.

The pastor who feels it is his bound duty to act as a spiritual mentor to an alcoholic who come to him, could perhaps succeed if he could recall out of his own experience some time of deep crisis or personal suffering in which he found comfort from his faith, and could tell that story simply and directly. In other words, if he could come down from his symbolic mountain above the battle and meet the tormented soul of the alcoholic on its own level of suffering, that soul could perhaps accept comfort from him and gain some of his faith.

Most of the foregoing has taken for granted the existence of an A.A. group within reach of the minister who wishes to make use of it. But there may be some towns where A.A. has not yet started. The pastor who finds himself in such a situation need not give up hope. It takes two alcoholics trying to get well to make a group, but only one alcoholic trying to get well to start a group. If the pastor knows even one alcoholic whom he thinks really wants to stop drinking, he can very well help him to start an A.A. group. But he must always remember that it is the alcoholic who is starting the group, and not himself. In other words, he should remain in the background, ready to offer advice and assistance but not taking a prominent part in the activities of the one, two, or three alcoholics who are trying to get started. His greatest usefulness will always be in providing new prospects for the first ones to work on, in spreading the word around among his colleagues, and even in actually bringing the A.A. and the new prospect together. Possibly he will have trouble getting his first man - or woman. If he finds that talking it over and giving them all the literature and such suggestions as he may have derived from it are not enough to get that one started, he can take a further step. Correspondence with the A.A. central office or the nearest group, may bring a visit from a travelling A.A. who can call on the alcoholic, or he may be able to take his alcoholic on a visit to the nearest group. Ten years ago when there were not many groups, a

Catholic priest in St. Louis shepherded several alcoholics whom he was trying to interest in A.A. up to Chicago where they could see it for themselves. The St. Louis group was started.

There is an important point here which needs re-emphasizing. A pastor may be vital to the starting of an A.A. group, but he will remain important to that group just so long as he does not try to take it over, just so long as he stays in the background. Non-alcoholics cannot successfully run A.A. groups. A.A. has been well called a "self-help" fellowship. This is particularly true of ministers, since if the group were too closely associated with a man of religion it might keep out agnostics, and a large portion of alcoholics think they are just that. They must get into the group to find out differently, and they will not come in if they think it is a religious outfit. Then, too, a close association with any one denomination might keep members of other faiths away, and A.A. has no particular creed, faith, or denomination - it numbers all of them within its ranks.

One more word, I think, needs to be said. Many ministers have asked me if A.A. drew people away from their church. Quite the contrary. Those who had a church, from which they had probably drifted away, almost invariably return to it. Some who had never had a church connection, make one after a while in A.A. A large proportion still had a connection, although most likely it was a tenuous one - such A.A. members can become very good church members. There is no conflict whatever between A.A. and the church - any church.

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+++Message 1284. . . . . How early AA"s introduced themselves at meetings  
From: Glenn Chesnut . . . . . 9/3/2003 10:25:00 PM

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The question was asked by Larry in New Mexico, "How did the tradition of introducing ourselves as an alcoholic at meetings get started?"

Sgt. Bill S. (Sonoma CA), who celebrated 55 years of sobriety in July, has just published a book telling about his early years in the program, and touches on this topic in one of his chapters. The book is a goldmine of information about early A.A. Bill started the first officially sanctioned military alcoholism treatment programs in the U.S. He was aided by Mrs. Marty Mann, and also spent a year studying the way that Sister Ignatia ran her treatment program at St. Thomas Hospital in Akron. He achieved a fifty percent success rate in the alcoholism treatment program he ran at Lackland Air Force Base in San Antonio, Texas, during the early 1950's.

In Chapter 12, "Getting Sober: July 5, 1948," Sgt. Bill S. says:

As I began spreading the message [in 1948] among other alcoholics there at Mitchell Air Force Base [on Long Island, just a few miles from New York city], and taking them to A.A. meetings at Valley Stream and Hempstead and other towns in the vicinity of our base, all of us found a friendly, welcoming atmosphere. The civilian A.A. members were outgoing, and extended us the kind of support which made us feel like we truly belonged. It removed our feelings of rejection and isolation, and helped turn our lives around.

The meetings in those days were somewhat different from the present ones. There were both open meetings, and closed meetings for alcoholics only, just as there are nowadays. But the format was different. There was no reading of the preamble at the beginning, for example. On the east coast, in and around New York city, we introduced ourselves by saying, "My name is \_\_\_\_\_ ; my sobriety date is \_\_\_\_\_ ." In those days, I think that introducing yourself by saying, "My name is \_\_\_\_\_ ; I am an alcoholic" was more midwestern, and may have come out of Akron, but I am not sure. When I went out to California later on, in 1965, and would introduce myself in meetings by giving my name and sobriety date, people just thought I was doing that because I was bragging, so I switched over to the other style.

I do not really think that things like this are very important though. When people in A.A. begin worrying too much about this sort of thing, it becomes like the kind of traditional dogmatic religion where the members are terrified that they will be condemned if they use the wrong word in some ritual phrase. A.A. is concerned with spirituality, and was not intended to be some new, rule-bound, legalistic set of doctrines and dogmas and complex rituals. No one ever resolved crippling subconscious conflicts, nor do people ever heal the resentments, fears and guilt which are destroying their happiness and their lives, by repeating a handful of mechanical words and phrases over and over. You remember that I had learned how to "say words" in A.A. meetings back in Warren, Ohio, in 1946, but I still kept on feeling bad about myself, and after less than three months, went back to drinking again.

#### SOURCES:

Sgt. Bill S., *On the Military Firing Line in the Alcoholism Treatment Program: The Air Force Sergeant Who Beat Alcoholism and Taught Others to Do the Same* (Hindsfoot Foundation/iUniverse, August 2003).

See also the sections on Sgt. Bill's work in:

Nancy Olson, *With a Lot of Help from Our Friends: The Politics of Alcoholism*, Hindsfoot Foundation/iUniverse, March 2003, which also talks about Capt. Joe Zuska's extremely successful work with alcoholics in the Navy later on in the 1960's.

Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Hazelden, 2001), for the connection with



Company on the title page is 1948, it is presumably not a first printing which you have, but some later printing (second or third printing, or something like that).

Hazelden claims on their copyright page that their version (the one that is currently in print) is taken straight from the original 1946 Coll-Webb version.

You can click on this Indiana University web link and obtain downloadable copies of some other early A.A. pamphlets of this sort from their collection:

<http://mypage.iusb.edu/~gchesnut/hs00.html>

The Detroit Pamphlet has on its title page, "Alcoholics Anonymous: An Interpretation of the Twelve Steps," but I do not believe it was ever printed by Coll-Webb, and it is a very short ! pamphlet, around 12 pages or so when it is printed as a little! booklet . If you want to compare your book with that, you can find the Detroit Pamphlet at that Indiana University web site:

<http://mypage.iusb.edu/~gchesnut/hsdetr0.html>

To the best of my knowledge, what I am calling the Detroit Pamphlet was first produced in Detroit (their Central Service Office still sells copies of it), but there seem to be versions of this pamphlet which were also produced in Washington D.C. very early on, and also on the West Coast. Early A.A.'s traded materials like this back and forth between different parts of the country so freely, that it is often impossible to find out for sure what place actually originally developed the material.

#### SOURCES:

Foreward to the 50th Anniversar! y Edition of The Little Red Book (Hazelden, 1996), p. xiv.

Wally P., Back to Basics: The Alcoholics Anonymous Beginners' Meetings. Quotes liberally from what I am calling the Detroit Pamphlet, and refers to this as the teachings of the early Detroit A.A. people, but seems to say in places that these quotes are actually taken from the Washington D.C. printing of that little pamphlet -- Wally P.'s description is not quite clear.

The Detroit Pamphlet material is the real meat of Wally P.'s Back to Basics book -- I always advise people to go back to the original Detroit Pamphlet -- it's much shorter and far less confusing and much more in the original A.A. spirit -- and also works better with beginners, even nowadays. If you want to find out what the good oldtimers actually taught

newcomers when they came to their first meetings, the combinati! on of the Little Red Book (which is what you seem to have) and! the Det roit Pamphlet will give you a very good flavor of how and what they would have taught you.

Glenn Chesnut (South Bend IN)

----- Original Message -----

From: lent51001

Sent: Wednesday, September 03, 2003 6:17 AM

To: AAHistoryLovers@yahoogroups.com

Subject: [AAHistoryLovers] An Interpretation of the Twelve Steps of Alcoholics Anonymous

The book I'm researching came into the possession of a friend some time ago, acquired in treatment from another patient. It's copyright 1946, published by the Coll-Webb company. It is! extremely similar to the "Little Red Book". I'm wondering who wrote it, and wether or not it's a first edition. I think under the publishers name is roman numerals for 1948. I heard it could be a periodical publication, but it seems then the copyright would also change every year.

The inside of the front cover is also autographed "To Linda from Bill", and the signature looks identical to those on reprints of other photos autographed by Bill W.

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Hello,

The First General Service Conference took place in 1951 and the 12 & 12 was printed in 1953. So there was a conference before this book was published. My copy of the Twelve Steps and Twelve Traditions 10th printing 1971 clearly states it is "Conference Approved." At the very first General Service Conference in 1951, it was agreed that any published items by the Alcoholic Foundation be Conference Approved. Here is page 15 from the 1951 Conference Report.

Hope this helps.

Charles from California

-----  
General Service Conference - 1951

#### CONFERENCE ADVISORY ACTIONS

\*\*\*\*\*

Six subjects were put before the Conference at its closing session by the Committee on Agenda. The Committee reported that it had considered a long list of items on which it would be useful to have an expression of Conference opinion and that the six subjects selected were "chosed deemed to be of particular importance at the present time.

1. "Should non-alcoholics continue to serve on the Board of Trustees of the Alcoholic Foundation?"

The Conference voted affirmatively, with complete unanimity.

2. "This Conference feels that in future years A.A. textbook literature should have Conference approval."

The Conference voted, affirmatively, with complete unanimity.

Prior to the vote on this subject, it was pointed out that adoption of the suggestion would not preclude the continued issuance of various printed documents by non-Foundation sources. No desire to review, edit or censor non-Foundation material is implied. The objective is to provide, in the future, a means of distinguishing Foundation literature from that issued locally or by non-A.A. interests.

3. "It is the sense of this Conference that the alcoholic members of the Board of Trustees ought to have a fixed term of office."

The Conference voted affirmatively, with complete unanimity.

4. "Should attendance at next year's Conference sessions be United to members only?"

The Conference voted affirmatively, with complete unanimity.

(In addition to delegates. Conference members include Trustees of the Alcoholic Foundation and accredited staff members of the General Service Office and. the Grapevine.)

5. "It is the sense of this Committee that the subject of A.A. auxiliaries or family groups should, be taken back to local groups for further discussion and be considered at the 1952 General Service Conference."

The Conference voted, affirmatively to support the opinion of the Committee.

----- Original Message -----

From: jenny andrews

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, September 02, 2003 3:46 AM

Subject: [AAHistoryLovers] Conference approval

Neither the 12 and 12 nor Big Book (first three editions) were AA Conference-approved - presumably because there was no Conference to approve them when they were published. Can anyone tell me when Conference first began approving AA literature, and whether a decision was taken at a Conference to endorse previous publications and decisions for which the Alcoholic Foundation was responsible. Laurie A.

---

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members.

The one-man "group," in McLean, Tex., reports that a number of A.A.s from Amarillo came to McLean to assist him in holding the first open meeting in that town.

..

.

San Francisco A.A.s are now so numerous that they have to rent Druids' Hall for central meetings. A picnic in July, a fish fry this month, and a "Days of '49" party in September are highlights of their social activities during the summer. .

..

A.A.s of the Washington State Penitentiary Group (Walla Walla) are setting up a small library of their own. . . . Three California judges spoke at a meeting of the Los Angeles Group which was attended by about 400 people. They are Justice Thomas P. White, California Court of Appeals; Superior Court Judge John Gee Clark, and Municipal Judge Robert Clifton.

Three A.A.s from Chicago and one from South Bend attended a meeting of the A.A.s in the Indiana State Prison in Michigan City. . . . The Nashville, Tenn., Group has recently opened club rooms at 308½ Fifth Ave. North, in the heart of the business section. They are open daily until midnight.

After driving to A.A. meetings in January, 1944, in Oklahoma City, a resident of Tulsa decided to see if there were not enough Tulsans who would like to give the program a whirl. In May, 1944., he and two other alcoholics met. That was the first session of the Tulsa A.A. Group, which celebrated its second anniversary in its own club rooms at 114½ North Denver Ave. this year. During the first year, the membership stood at 33, compared to the 97 men and women on the rolls today. . . . the

noted

Philadelphia neuro-psychiatrist, Dr. C. Nelson Davis, was guest speaker at a meeting of the Lehigh Valley, Pa., Group, which maintains club rooms in Allentown. . .

the

newly organized Bronxville, N. Y. A.A.s held their first open meeting in the Bronxville Public Library.

The group at Hays, Kansas, now numbers 28 active members, which is encouraging

growth

for a comparatively short time, especially in a small community. . . . The

Sioux

City, Iowa, Group now has more than 100 members.

Down in Monterrey, Mexico, a Group of 25 has resulted from correspondence (in

Spanish) with a Spanish-speaking A.A. in Cleveland. The Group began a little over a

year ago when a woman in Monterrey wrote the Cleveland downtown office asking

for

help for her husband. . . . Outdoor eating is high on the popularity list in the

Cleveland area. Groups holding annual picnics or breakfasts include Canton, Massillon, Borton, and Euclid-Wade. The last one celebrated its fourth anniversary in

late July. . . . the Tulare, Calif., Group is now three months old, having started in

May with the help of members from the Los Angeles Central Sunday Night Group.

Tulare

A.A.s occasionally hold meetings with the members working in Giant Forest, Sequoia

National Park.

On station WFIL a member of the Philadelphia Group recently outlined A.A. on a

regular variety show called "This Week in Philadelphia." . . . the Group in Ann

Arbor, Mich., is one of many cooperating with theaters and newspapers during the

showing of the March of Time feature, "Problem Drinkers," the first public film

record of A.A. work. Stories in Ann Arbor newspapers about the movie refer interested

readers to the local Group for further information and help. . . .

Incidentally,  
Westbrook Van Voorhis, the "voice" in MOT films, recently spoke about  
"Problem  
Drinkers" to the Cleveland Advertising Club.

A three-member team of Palo Alto, Calif., A.A.s recently explained the 12  
Steps  
at  
their First Methodist Church. Other Groups that have furnished speakers for  
non-alcoholic meetings lately include those in Westport and Bridgeport,  
Conn.;  
Scotch  
Plains, N. J.; Hanover, Pa.; Columbia, S. C.; and Eau Claire, Wis.

The Monroe County (Rochester, N. Y.) Group held a forum on the part played  
by  
the  
wife in the rehabilitation of an alcoholic husband. These A.A.s report a 50%  
increase  
in membership over a period of a few weeks. . . . Six founders of the New  
Rochelle  
Group spoke at their second anniversary meeting, which was attended by A.A.s  
from  
White Plains, Mt. Vernon, Peekskill, Yonkers, Mt. Kisco, and Bronxville. . .

.  
Over  
125 members from Kingston, Central Valley, New Paltz, Newburgh and New York  
City  
attended a dinner party in Croton-on-Hudson sponsored by Peekskill A.A.s.

Doctors, clergymen, city officials and social workers were present at an  
"educational" open meeting conducted by the Mt. Vernon, N. Y., Group. . . .

When  
the  
Twin City Group ( Benton Harbor-St. Joseph, Mich.) celebrated its first  
anniversary  
with a dinner in St. Joseph, 160 delegates attended from Kalamazoo, Elkhart,  
South  
Bend, Chicago, Mishawaka and LaPorte. This Group holds its weekly meetings  
over  
a  
Sunday breakfast and has planned a vigorous program for its second year. . .

.  
Wilmington, Del., members heard an address by the Rev. Dr. J. Francis  
Tucker,  
pastor  
of St. Anthony's Church there, on a program which also included talks by two  
Philadelphia A.A.s.



cause a harrowing of soul. It has at times led me to the despairful conviction that my moral weakness, was such as to cut me off forever from the goodness my mind saw and my heart desired. It has brought me - a man with an unusually thorough training in philosophy and theology - to making distinctions between the application of the moral teaching of my Church and the intention of God. Many times my uncontrolled craving for alcohol has dominated, even obliterated, every other consideration, including that of my own welfare, the welfare of any other human being, and my relationship to my Creator and Redeemer.

Unlike non-Catholic alcoholics, I did not taste the dregs of those years in the pain caused to family and friends, in the betrayals of trust, in the thousands of mean deceptions, or in the repeated social degradations. Those did hurt. But engulfing them all and reducing them to items of minor importance, was the unspeakable terror of feeling cut off from goodness and from God - the terror, quite literally, of Hell. Beside it, nothing else mattered.

And all this went on, mind you, while I was living an outwardly adequate, active Catholic life. There are people who have known me all those years who do not to this moment know that I am an alcoholic, others who only know it at second-hand. That was possible because my particular "pattern" of drinking did not involve disappearances for days or weeks at a time. It was rather a question of extending an evening (sometimes a mid-day) drinking session into the following dawn and then stumbling through the next day by a series of subterfuges. My career could be portrayed by the endless repetition of one picture: a man pushing himself up from the gutter, walking dazedly for a few steps, refreshing himself with deep breaths of clean air till he was striding forward with vigorous resolve only to trip over his own feet and land back on his face.

By a certain gratuitous grace of God, I kept getting up, and each time I got to my feet I was absolutely certain I would stay up. The certainty was sometimes belied within hours.

I tried the Sacraments. Between drinking bouts I made frequent and intensive use of the channels of grace available to me. They did not seem to help.

When not drinking, I was a daily communicant, I did a lot of spiritual reading, I made frequent retreats, I have knelt far into the night saying the rosary with arms outstretched in penance and petition.

But I have come from a private closed retreat made with the utmost fervor and devotion - and walked into the first saloon I met. I have frequently been at Holy Communion in the morning and drunk the same night. I have seen my rosary emptied out on a police blotter with my tie, my belt and the contents of my pockets, before I was led off to a cell.

This went on for years with something under two weeks - and that only attained once - as my record period of abstinence.

Then a few months ago, on the advice of friends and with their assistance, I quite suddenly broke the pattern and stopped drinking. I did it by the combined use of two of the techniques recently evolved for the rehabilitation of alcoholics. That is, I followed one of the treatments against a background of knowledge of and contact with the other.

It is now an established fact that I have gone without alcohol for a much longer period than ever since the drinking started. My drinking has been arrested. I have not been cured of alcoholism. I am still an alcoholic and a moment of carelessness or over-confidence could start me back on the old cycle within an hour of writing these words. But I am not drinking. I am doing my best to fulfill my duty to myself, to my fellow man and to God. I am, within the limitations of human nature and my own temperament, at peace.

That is a fact and the fact raises some questions.

How is it that the natural means succeeded when the supernatural means failed? If a man can resist the "compulsion" to drink because he has taken a pill that will make him violently ill if he does drink, why can he not resist it because it will land him in Hell? Or, to put it positively, is the pill a greater help than the grace of God?

If a man can stop drinking because another man convinces him he is an alcoholic and one drink means disaster, why can he not stop when a priest tells him that he has a chronic weakness and is bound under pain of mortal sin to avoid the occasion of sin?

If a man can stop drinking because other alcoholics have done it before him and are willing to help him do the same, why can he not deny himself when Christ, the saints and his whole Church tell him that it is the only way to salvation and they are willing to help him along it?

If a man can stop drinking by following twelve rules of conduct laid down by two drunks, why can he not stop it by following the ten commandments and the moral and ascetic teaching of his faith?

One answer can be given to all these questions if we take them in their absolute sense, "he can." But we do not live in absolutes. The unfortunate fact of experience is that the man doesn't and he doesn't because he can't. That is neither theory nor excuse. It is a cold fact of experience to which I and thousands like me can attest. Most non-alcoholics must, with all the good will in the world, find it difficult, if not impossible, to accept this declaration of powerlessness over the habit. Common sense and their own experience of fighting against desire tell them that the reason the man can not is that he will not. His love of the pleasurable, they can scarcely

avoid concluding, is greater than his desire for the good. He is, whatever the cause or however you dress up the conditions, a moral weakling. He is a sinner, unwilling to be separated from his sin. This is quite understandable and reasonable attitude has in the past done irreparable harm to the victim of alcoholism by plunging him, each time he met it, further and further down the ever-descending spiral of his despair. It is still all too prevalent; but the harm it does is no longer irreparable. For today the alcoholic finds his hitherto unheeded avowal of helplessness supported by an army of scientifically established evidence that no just man who studies it will contest. This evidence comes from the research of physicians, psychologists, and latterly -thanks be to God! - such Catholic moralists as Father John C. Ford, S.J.

### Theological Study of the Problem

Immediately upon bringing in the name of a Catholic moralist, I must again stress that there is no question of the absolute impossibility of an alcoholic's stopping drinking "only" by spiritual motives and supernatural aid. That would be absurd and contrary to fact. There has been a glorious parade of unsung Matt Talbots. The question is one of moral responsibility which may be rooted either in subjective failure to understand and/or co-operate intelligently with the spiritual and the supernatural, or in some objective defect in necessary concomitants to the ordinary channels through which spiritual and supernatural aid reach the ordinary Catholic.

The nature and extent of this "moral impossibility" is obviously a question of great importance for the alcoholic and for his confessor or anyone else who wants to help him. Before offering an opinion on it out of my own experience and knowledge, I should like to lay the ground by a brief discussion from an alcoholic's point of view of a recent work of Father Ford's. For, in this paper, *Depth Psychology, Morality and Alcoholism* (Weston College, Weston 93, Mass., 1.00\$), the eminent Jesuit moralist discusses the present state of knowledge on Depth Psychology (with its much quoted findings about compulsive behavior) and on alcoholism as a disease. After separating what may be regarded as scientifically established fact from what is not certainly such, he deals first with the general question of subjective morality in the light of depth psychology and then with the particular question of subjective responsibility in alcoholism.

The paper (reprinted from the Proceedings of the Fifth Annual Meeting of The Catholic Theological Society of America, held at Washington last summer) is divided into two parts: "Depth Psychology and Morality" and "Alcoholism." Father Ford states that the two parts are "not closely related to one another," a statement which can only be accepted, on the evidence of the author's own findings in the second part, after a somewhat nice distinction of the meaning of the word "closely."

It begins with what to the non-expert seems to be an impartial presentation

of unconscious motivation as described in the Freudian and derived systems. After distinguishing three levels in the Freudian system - metaphysics, psychology and therapeutics - it quotes from Catholic psychiatrists who find much that is good on the latter two levels of Freudian thinking. These Catholics include Father Jean Rimbaud who says, in the words of Father Ford's summary, "Psychoanalysis, apart from its errors and excesses, has discovered a new man. It makes the treatise *De Actibus Humanis* more or less obsolete. At least it must all be rewritten lest we base our morality on something illusory - a 'man' or 'conscience' that does not exist." Then Father Ford presents a convincing mass of reputable opinion, Catholic and non-Catholic, which makes the Freudian school suspect of the capital scientific sin of treating an hypothesis, as an established fact and accuses it of the error of making the abnormal the norm of the normal.

In offering his conclusions as a moralist, Father Ford wisely waves any claim to pass upon the scientific issue. He says: "Unconscious motivation as described in the Freudian and derived systems is a controversial theory, not yet established, nor agreed upon by psychologists generally - hence the moralist is not forced to re-write his treatise *De Actibus Humanis* in the light of that psychology. But even if it is accepted that unconscious motivation exists and influences notably our conscious human activity, there is no proof that it eliminates or notably impairs the freedom of our everyday deliberate decisions. The direct testimony of the conscience of the individual agent in his individual acts is, up to this moment, a better criterion of subjective morality than the quicksands of depth psychology."

That is no new conclusion, but it is refreshing to find it arrived at with such patient and understanding study of contrary opinion.

The second part of the essay gets to immediate grips with the special problem of alcoholism in these words: "Whereas the first part of our essay dealt with subjective responsibility in normal individuals, it should become apparent from the present discussion that the alcoholic is not a normal individual where responsibility for his drinking is concerned. He is across the line on the abnormal side and his drinking is correctly termed pathological."

Before going further, Father Ford throws off the casual statement that "psychoanalysis has been unsuccessful with alcoholism." I am sure the author could defend this. But I feel equally certain that proportionately as many psychiatrists would resent it as would priests that other generalization, "religion has been unsuccessful with alcoholism." Both dissenting groups would be likely to borrow words from Chesterton and reply, "It has not failed. It has not been tried."

#### Distinction between Drunkenness and Alcoholism

The first important point established by Father Ford is the distinction

between mere drunkenness and its morality and the morality of alcoholism. He says: "Alcoholism is not the same thing as drunkenness; not even the same thing as excessive drinking; nor even the same thing as excessive drinking over a long period of time." For, as he points out, there are people who can do all these things without becoming alcoholics. They can stop if they want to, much as a man with a long habit of smoking can give it up.

The author proceeds from here with an authoritative and completely accurate discussion of the nature of alcoholism. Since it was not within his intention, he did not dwell upon the implications and the consequences, therapeutic and moral, of the distinction between drunkenness and morality. From my own experience and the experience and knowledge of others, I know that acceptance of this distinction and an attitude based on such acceptance form the all-important first step that must be taken by both the victim of alcoholism and by anyone who would aid in his rehabilitation. It is a hard step for both parties to take. The first is extremely unwilling to admit that he is not as other men - that he is an alcoholic. The second, if he is a non-alcoholic, cannot for the life of him see why the other cannot pull himself together and put an end to his bad habit. Each can overcome his different obstacles to taking the step if he has good will, is willing to make inquiry and accept authority.

For the alcoholic, or the person who suspects he may be an alcoholic, the handiest way of making inquiry might be the twenty-questions test, devised by Dr. Seliger, formerly of Johns Hopkins University, and cited in a footnote to Father Ford's paper:

(1) Do you lose time from work due to drinking? (2) Is drinking making your home life unhappy? (3) Do you drink because you are shy with other people? (4) Is drinking affecting your reputation? (5) Have you ever felt remorse after drinking? (6) Have you ever gotten into financial difficulties as a result of drinking? (7) Do you turn to lower companions and an inferior environment when drinking? (8) Does your drinking make you careless of your family's welfare? (9) Has your ambition decreased since drinking? (10) Do you crave a drink at a definite time daily? (11) Do you want a drink the next morning? (12) Does your drinking cause you to have difficulty in sleeping? (13) Has your efficiency decreased since drinking? (14) Is drinking jeopardizing your job or business? (15) Do you drink to escape from worries or troubles? (16) Do you drink alone? (17) Have you ever had a complete loss of memory due to drinking? (18) Has your physician ever treated you for drinking? (19) Do you drink to build up self-confidence? (20) Have you ever been to a hospital or institution on account of drinking?

Father Ford sets forth general medical and psychiatric agreement that alcoholism is a twofold disease of the body and of the mind. Then he indicates the extent to which efforts to determine the causes of each of these ills have gone. "There is good reason for believing that there is a psychological basis for the alcoholism of many alcoholics; that there is a

bodily pathology which contributes to their condition. But there is no unanimity yet among scientific men as to the existence of these factors; nor have they succeeded in identifying them to everyone's satisfaction, but we can assert with probability that alcoholism is a bodily disease in many alcoholics. This is the sense in which it may be called a bodily disease." In what sense is it called a disease of the mind? "Not in the sense that alcoholics are insane, although, as already mentioned, among alcoholics there are psychotic individuals, and there are some who as a partial result of their alcoholism suffer from delirium tremens, or hallucinations, or Korsakoff's psychosis, etc. But when we say alcoholism is a disease, or disorder, or sickness of a mental kind we mean that the drinking itself is to a greater or lesser degree compulsive. Many psychiatrists describe it as psychoneurosis of the obsessive-compulsive type. On this point - the compulsive character of the alcoholic's drinking - I believe there is great unanimity among all the psychiatrists and other specialists in the field."

In the course of discussing this compulsion, Father Ford makes a statement which I, as an alcoholic, would beg you, a non-alcoholic, to accept even if you do not understand how it can be so. He writes: "There are times when the alcoholic reaches for a drink blindly and compulsively even when he has had nothing to drink for a considerable period. I was not ready to believe this at first. But after listening to hundreds of alcoholics tell their stories, and after questioning many of them on that very point, I am convinced that not only after having had some drinks but even after a considerable period of sobriety the alcoholic reaches out compulsively and blindly for the first drink."

That statement is stark truth and the compulsion and blindness take many forms. In my own experience, after having "dropped in for a couple of beers with the boys" and finished up by drinking to drunkenness not once or twice or ten or eleven times, but time after time after time for years, I have again gone in to have a drink with the boys and felt absolutely certain and clear in my conscience that I was just going in for a couple of drinks and go home. I am so certain of the honesty of my belief at those moments that I can affirm it before God. I am also fully aware that it is against all reason and common sense that I could possibly have felt like that when I knew so well what had happened so often before. I am also aware that it is the common excuse of any moral coward to say, "I couldn't help it." But neither the shame of being accused of that, nor the fear of ridicule alters the fact that I was quite certain I was only going to have a couple of beers.

In my case I had not yet fully admitted that I was an alcoholic. But whatever the reason, the fact stands and it demands recognition.

So there, I think, we have the first basic step in the rehabilitation of the alcoholic: the non-alcoholic accepting authoritative opinion that there is, as distinct from common drunkenness, such a thing as a disease called

alcoholism; the alcoholic accepting authoritative opinion that he is subject to that disease.

The fundamental reason for the success of Alcoholics Anonymous is the absolute finality with which that first step is taken by both sides. For both "doctor" and "patient" are alcoholics who have made the admission that "I am powerless over alcohol." There is no lack of understanding on the one side, no feeling of being unjustly despised on the other.

### A Triple Sickness

So far we have nothing more than a moralist's report on the findings of science about alcoholism. Father Ford now takes up the moral aspect and adds to bodily and mental sickness a third sickness of soul. He says: "But I do not believe we have any adequate picture of the disease of alcoholism unless we add a third fact. Alcoholism is also a sickness of the soul. The sickness of the soul is sin. Alcoholics have no monopoly on this sickness but they have to a greater extent than other people the unhappy faculty of letting their sins become manifest." The paper then speaks of neurosis and sin and says I "Psychiatrists who do not believe in sin will class all these persons as neurotics. Religious-minded people who know nothing of neurosis will class all these people as sinners. But I see no inherent difficulty in admitting that the same person can be both a neurotic and sinner. In the case of the alcoholic, he can be both a compulsive drinker and a sinner, his misconduct being at times the product of his compulsion and at other times of his willfulness."

The alcoholic will agree to that. In fact, he will be glad about it as a just and clarifying judgment.

Then Father Ford supports his "sickness of soul" finding by reference to the success of Alcoholics Anonymous whose members attain lasting sobriety through adherence to the Twelve Steps, which "are nothing but a program of moral and spiritual regeneration, a program of self-discipline and asceticism that has been compared to the First Week of the Exercises of Saint Ignatius."

Here are the Twelve Steps:

- (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 awakening as the result of these steps we tried to carry this message to alcoholics and to alcoholics and to practice these principles in all our affairs.

The reader will notice that emphasis of this program is all on spiritual values, and that alcohol is only mentioned once. The priest will at once say that these are the things he has been telling people all his life and that if the alcoholic would only listen to him he would not need doctors, psychiatrists, A.A. or anything else.

Which brings us back to one of the questions we posed earlier. Why is it that A.A.'s could stop an alcoholic's drinking when the Church failed?

#### Inadequate Use of Religious Means

To my mind, the primary reason lies in that first step of which I have spoken above: the recognition by both priest and penitent of the distinction between mere drunkenness and alcoholism as a disease. Berating an alcoholic for being a no-good drunk, or whining at him for "doing this to me and the children" does nothing but drive him back to drink. The alcoholic may or may not be a reprobate. He is certainly a sick man.

The second reason I give for the success of A.A. is a rather shocking one. I offer it in humility and with all due respect. Alcoholics Anonymous insists more vigorously on the practice of those principles of Christian ascetics and the spiritual life than do priests of the Church of Christ.

Let's look at the Twelve Steps. From Steps 3 to 10 they describe in substance the requirements for a good Confession as we learned them from our catechism. They lack the priest and the grace of Sacrament. Yet they bring about conversion of life where sacramental Confession has failed. Now, the grace of God never fails. So there must have been something blocking the channel. That block can only be man's failure to co-operate with the grace. The failure, in turn, must essentially lie in the understanding or in the will of the penitent. Granting that the penitent alcoholic really wants to stop, and allowing for the weakness of will born of habitual indulgence, we must put a large part of the blame on the penitent's understanding. He does not understand the nature of his soul-sickness and he does not understand the absolute necessity of specific remedial action.

This is where the priest should come in as a physician of souls. And this is where the priest so often fails. He fails to enlighten the penitent's understanding. He fails to prescribe a regime for the strengthening of his

will. A.A. does both. It not only tells the man what is the matter with him but it adds, "Here is what you have to do if you want to get better." Now the Church in its general teachings does the same for all Christians. But the priest, the immediate point of contact through which the Church's teachings passes to the individual, does not bring this teaching to bear in the specific instance. Were you ever asked to make restitution as specifically as the member of A.A. is in Steps 8 and 9? Where outside a retreat for religious is anyone ever asked to "make a list" of all the people he has harmed? Where can the layman go to receive individual guidance and help through a course of spiritual exercises to strengthen him against his particular weakness?

He is asked to do these things and does get this aid in A.A. which also gives him in Step 11 an invitation to perfection and a doorway to the Church. Many alcoholics find in the A.A. program all the religion they need, more urgent demand for the practice of soul satisfying Christian virtue than in the Churches to which they may have belonged. For these people A.A. is a religion, although I objectively and in itself it is most definitely nothing of the kind. It is an aid to sobriety for people of any religion. The fact that it does satisfy a religious hunger where the Churches do not is one more reason for the priests of the Church of Christ informing themselves on the nature and treatment of alcoholism. It is one more reason for urging our Christian people to more knowledge and stronger practice of Christian asceticism.

If a layman may presume from the depths of his own experience on the outside of the confessional grill, I should like to outline a procedure which I think would have helped me and perhaps enabled grace to perform its healing work.

I would have liked the priest to have questioned me along the lines of Seliger's twenty questions and then have told me that I was an alcoholic, a sick man who had to take special measures to remove his weakness. I would have liked him to be, like Father Ford, "of the opinion that it is generally unwise for the confessor or counselor to tell excessive drinkers that they are obliged sub gravi not to drink at all." I think I would have been helped if he had asked me to come back to him frequently, to call upon him at once as a patient would a doctor in case of relapse, to get it out of my head that he might think I wasn't even trying. I would have been glad if he had encouraged me to distinguish between the times I was aware I was putting myself in the occasion of sin and the times I wasn't. I would have liked him to recommend literature on alcoholism and to suggest that I join A.A. I would have been eased in soul had he laid down as a condition of forgiveness that I set about making reparation to those I had offended. I would have liked him to explain to me the technique of the particular examen. I would have liked him to explain to me that grace builds on nature and that I had to take the available natural means to strengthen my soul.

For my part, and this gets me back to Father Ford's paper, I would not have wanted to escape responsibility for my drunken conduct. I would have agreed that "The average alcoholic feels himself more or less guilty for the things that happen while he is in this state, although his general confusion of mind is an attenuating circumstance"; and that "His responsibility for his drinking is generally diminished to a considerable extent, and sometimes eliminated, but each alcoholic, each drinking episode, and even each act of drinking must be judged separately...the honest and enlightened testimony of his own conscience is the best criterion we have of his responsibility... and in the final analysis the judgment must be left to a merciful God."

It still remains true that extraneous aids have worked with me and with thousands of others, where unaided religion has not. Father Ford goes so far to say, "Co-operation with Alcoholics Anonymous is essential to the successful pastoral care of alcoholics." But it makes a big difference to the Catholic alcoholic whether or not he seeks this outside aid with the blessing and understanding of his Church. When he does so, his alcoholism is transformed from a soul-eating monster to a felix culpa which turns him toward the practice of Christian perfection.

|||||

+++Message 1293. . . . . RE: Conference approval - Meeting Opening  
From: ny-aa@att.net . . . . . 9/5/2003 8:29:00 AM

|||||

The A.A. Preamble is copyright by the AA Grapevine. As such, though, it is just as acceptable as Conferenced Approved literature for use at any meeting.

The other one, the Open Meeting side and the Closed Meeting side of The Blue Card, is "service material" which was written by GSO staff because the groups indicated through the Conference many some of them wanted standardized opening statements to be available. Its use is not required at meetings. It isn't, "GSO wants us to read this to start our meetings. It is used - or not - as determined by group conscience.

|||||

+++Message 1294. . . . . RE: Conference approval  
From: ny-aa@att.net . . . . . 9/5/2003 8:32:00 AM

|||||

Hi again, Nancy:



stop drinking," suggesting that since "honest" does not appear in the Third Tradition, it might be deleted from the Preamble. In discussion, most Conference members felt that as AA had matured, it had become almost impossible to determine what constitutes an honest desire to stop drinking, and also that some who might be interested in the program could be confused by the phrase. Thus, as part of the evolution of AA, the phrase had been dropped from common usage. The midsummer 1958 meeting of the General Service Board of Trustees ratified the deletion, and since then the Preamble has read simply "a desire to stop drinking."

At the same time, the phrase "AA has no dues or fees" was clarified to read as it presently does: "There are no dues or fees for AA membership; we are self-supporting through our own contributions." The current version of the Preamble appears on page one of every issue of the Grapevine.

The above info is posted on the AA Grapevine web site and is in the Best of the Grapevine, Volume 1 pgs 274-275.

The wording of the Conference advisory action that made this change is very curious and can erroneously give the impression that the Conference made a change to the short form of Tradition Three. The 1958 advisory action reads "The Conference recognize [sic] the original use of the word 'honest' before 'desire to stop drinking' and its deletion from the Traditions as part of the evolution of the AA movement. Any change to be left to the discretion of AA Publishing Inc." The word "Traditions" really should have said "Preamble." Also there is no specific mention of the "dues or fees" change in the advisory action.

By Conference advisory action, Grapevine was given approval (sometimes to the consternation of some members) to publish what its trusted servants decide. A 1985 (and an editing change in 1986) advisory action read: "Since each issue of the Grapevine cannot go through the Conference-approved process, the Conference recognizes the AA Grapevine as the international journal of Alcoholics Anonymous."

The matter of what "Conference-approved" means, and just as important what it doesn't mean, might be worthy of some discussion and research in the History Lovers group. I'm going to dig up a service piece (GSO item # F-29) on the topic and post it. Some folks (and Groups) get just a wee bit too orthodox and inflexible with the term (usually to keep the "psycho-babble" books out of meetings or to qualify what literature gets sold). There is a fairly substantial body of AA literature that is not required to go through the Conference-approval process:

Grapevine (and its non-English counterparts)

Box 459

Guidelines (the "yellow sheets")

Workbooks (e.g. Archives, PI and CPC, Treatment and Correction Facilities service committees)

Markings (the Archives newsletter)

About AA (PI releases)

Directories

Advisory Actions of the General Service Conference of AA (M-39)

Final reports of the General Service Conference

Literature published by General Service Offices other than the US/Canada and AAWS.

Final reports of the World Service Conference

Memento booklets from International Conventions

Literature catalogs and flyers (AAWS and Grapevine)

Non-English interpretations of books/pamphlets (which rarely can be exact word-for-word translations)

(and I've probably missed others)

The above are all legitimate "AA literature." Some members have the notion that if a piece of paper doesn't have the "Conference-approved" stamp on it then it's "not legit and not AA." That's really not the case.

Cheers

Arthur

----- Original Message -----

From: Lash, William (Bill)

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, September 04, 2003 8:03 PM

Subject: RE: [AAHistoryLovers] Conference approval

Does anyone know what the deal is with whether or not the "What Is AA"

reading that most groups open with (published by the AA Grapevine) is Conference Approved or not? I always get a weird answer whenever I ask G.S.O. Thanks!

Just Love,

Barefoot Bill

-----Original Message-----

From: cdknapp [mailto:charles@aahistory.com]  
Sent: Wednesday, September 03, 2003 1:43 AM  
To: AAHistoryLovers@yahoogroups.com  
Subject: Re: [AAHistoryLovers] Conference approval

Hello,

The First General Service Conference took place in 1951 and the 12 & 12 was printed in 1953. So there was a conference before this book was published. My copy of the Twelve Steps and Twelve Traditions 10th printing 1971 clearly states it is "Conference Approved." At the very first General Service Conference in 1951, it was agreed that any published items by the Alcoholic Foundation be Conference Approved. Here is page 15 from the 1951 Conference Report.

Hope this helps.

Charles from California

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General Service Conference - 1951

#### CONFERENCE ADVISORY ACTIONS

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Six subjects were put before the Conference at its closing session by the Committee on Agenda. The Committee reported that it had considered a long list of items on which it would be useful to have an expression of Conference opinion and that the six subjects selected were "those deemed to be of particular importance at the present time.

1. "Should non-alcoholics continue to serve on the Board of Trustees of the Alcoholic Foundation?"

The Conference voted affirmatively, with complete unanimity.

2. "This Conference feels that in future years A.A. textbook literature should have Conference approval."

The Conference voted, affirmatively, with complete unanimity.

Prior to the vote on this subject, it was pointed out that adoption of the suggestion would not preclude the continued issuance of various printed documents by non-Foundation sources. No desire to review, edit or censor non-Foundation material is implied. The objective is to provide, in the future, a means of distinguishing Foundation literature from that issued locally or by non-A.A. interests.

3. "It is the sense of this Conference that the alcoholic members of the Board of Trustees ought to have a fixed term of office."

The Conference voted affirmatively, with complete unanimity.

4. "Should attendance at next year's Conference sessions be United to members only?"

The Conference voted affirmatively, with complete unanimity.

(In addition to delegates. Conference members include Trustees of the Alcoholic Foundation and accredited staff members of the General Service Office and. the Grapevine.)

5. "It is the sense of this Committee that the subject of A.A. auxiliaries or family groups should, be taken back to local groups for further discussion and be considered at the 1952 General Service Conference."

The Conference voted, affirmatively to support the opinion of the Committee.

----- Original Message -----

From: jenny andrews

To: AAHistoryLovers@yahoogroups.com

Sent: Tuesday, September 02, 2003 3:46 AM

Subject: [AAHistoryLovers] Conference approval

Neither the 12 and 12 nor Big Book (first three editions) were AA Conference-approved - presumably because there was no Conference to approve them when they were published. Can anyone tell me when Conference first began approving AA literature, and whether a decision was taken at a





Look for the statement on books, pamphlets and films:

"This is A.A. General Service Conference-approved literature"

All "A.A. Literature" Is Not Conference-approved

Central offices and intergroups do write and distribute pamphlets or booklets that are not Conference-approved. If such pieces meet the needs of the local membership, they may be legitimately classified as "A.A. literature." There is no conflict between A.A. World Services, Inc. (A.A.W.S. - publishers of Conference-approved literature), and central offices or intergroups - rather they complement each other. The Conference does not disapprove of such material.

G.S.O. does develop some literature that does not have to be approved by the Conference, such as service material, Guidelines and bulletins.

Available at Most A.A. Groups

Most local A.A. groups purchase and display a representative sampling of Conference-approved pamphlets, and usually carry a supply of hardcover books. Conference-approved literature may be available at central offices and intergroups, or it may be ordered directly from G.S.O. Groups normally offer pamphlets free of charge, and the books at cost.

Copyright

Conference-approved literature is copyrighted with the Copyright Office, Library of Congress, Washington, D.C., U.S.A. To insure the continued integrity of A.A. literature, and to make sure the A.A. recovery programs will not be distorted or diluted, permission to reprint must be obtained from A.A.W.S. in writing.

However, A.A. newsletters, bulletins, or meeting lists have blanket permission to use the material, providing proper credit is given to insure that the copyrights of A.A. literature are protected.

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10/93

F-29 (handwritten)





1969 - Apr., the 19th General Service Conference (GSC) recommended that: (a) the GSC approve the recommendations to incorporate into existing AA Guidelines the questions on how AA and Al-Anon can cooperate with regard to central offices and area and regional get-togethers and conventions and (b) the GSC approved a resolution of gratitude to AFG.

1986 - Sep. 12-16, the first permanent International Al-Anon General Services Meeting. (AFG pamphlet AR-2)

1988 - Oct. 5, Lois Burnham Wilson (age 97) co-founder of Al-Anon Family Groups, died. (AACOA xi) Her contributions to the AA and AFG Fellowships entitle her to be considered co-founder of both. Michael Alexander, past Chairman of the General Service Board is cited "many AAs today feel their lives are owed to Lois as well as Bill, Dr. Bob and Anne S." (WPR 53)

Cheers

Arthur

----- Original Message -----

From: Art B

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, September 05, 2003 1:14 PM

Subject: [AAHistoryLovers] AA Auxiliaries

Dear members,

cdknapp sent some 1951 conference decisions. One is as follows:

From: cdknapp [mailto:charles@aahistory.com]

Sent: Wednesday, September 03, 2003 1:43 AM

5. "It is the sense of this Committee that the subject of A.A. auxiliaries or family groups should, be taken back to local groups for further discussion and be considered at the 1952 General Service Conference."

The Conference voted, affirmatively to support the opinion of the Committee.

What did the local groups discuss and the 1952 Conference consider or decide?

Art Boudreault  
artb@netwiz.net



monthly meetings to discuss AA program and go over the 12 Steps of N-AA, believed to have originated in Syracuse N.Y. Also mentions plans for weekly picnics, boat rides, buffet suppers and other social events for the group - both AAs and N-AAs.

Nov 47

in News Circuit column mentions formation of 'Another Womens Auxiliary' in Hickory N.C. with "36 members who plan to study A.A. as well as help other women who are 'going through what we have, and maybe through the wives bring other men into A.A.' There are two meetings and one social every month."

Dec 47

In the News Circuit column, mentions the Twin City Group, composed of members from Benton Harbor and St. Joseph, Mich., have formed the A.A.A. or Alcoholics Anonymous Auxiliary. The members are trying to live by 11 Steps, all but the first of the 12. They advocate attending all open meetings and lectures, as well as social gatherings in order to learn all they can about alcoholics, their own associates in particular.

Jan 48

In the News Circuit column, mentions San Antonio, Tex womens auxiliary

Feb 48

In the News Circuit column, mentions how Non-A.A.s of the Suburban Group in Houston Texas aid the growth of the group.

March 48

In the News Circuit column, mentions Kansas City Mo groups Ladies Auxiliary, both in planning social events/parties and in helping wives of new members.

same column mentions formation of auxiliary by the wives of the Cheraw and Bennettsville groups (W. Va.)

May 48

article "Non-Alcoholic Wives form AA Auxiliary" by a member in Rome, Ga.

June 48

in 'Group Meeting Methods Discussed' article, there is mention of  
Louisville, Ky  
having seven neighborhood groups and a recently formed Ladies Auxiliary  
who's  
members  
are sometimes referred to as 'Dry-Mates'.

-----

Grapevine, Aug 46

God Made Our Relatives Too

If there are more than twenty thousand A.A.s scattered throughout the land,  
there  
must be. guessing conservatively, at least sixty thousand of their  
relatives.

That  
means 60,000 additional problems--ours! Our attitudes toward them affect our  
sobriety, both in quality and duration. Should we not consider carefully  
what  
those  
attitudes are, since family is often the most important influence in our  
lives?

Over here on the right, ladies and gentlemen, you find a school of A.A.s who  
mentally  
tack up a large sign: No Relatives Or Dogs Allowed! And over here on the  
left,  
is  
another group who complain that their relatives take only a long-suffering,  
skeptical  
interest in the program. Again, here and there, dotted around the country,  
are  
A.A.  
groups that are actually relative-ridden. Some groups don't even dare to  
have  
closed  
meetings. because relatives object. Some gatherings are attended by more  
relatives  
than alcoholics; the wives and husbands come, even if their A.A. is sick or  
out  
of  
town--kin. hell-bent on getting well for them!

An old-timer recently hazarded a guess that 95 per cent of the relatives had never read the chapter written just for them in our book *Alcoholics Anonymous*. Most of them, however, did not know there was such a chapter; of course a lot of them didn't know there was a book!

#### Urge Rending of Book

Point One might well be, then, to introduce the book and chapter to our own families, and to relatives of those on whom we are doing Twelfth Step work, and urge them to read it! But that is only a starter. If we expect to be happy in our own A.A. life, and want newcomers to make the grade, we must be more understanding of our near-and-dear ones.. We are so sick and weak ourselves by the time we reach A.A.; we are so full of physical aches, mental pains, moral sores and spiritual bruises, that it is hard for us to realize that those who have lived through our binges with us are generally neurotic cases, too. At this point, relatives are not their real selves at all, they have lived too long in hourly fear, dashed hopes, privations, humiliations and disgust; they have been the objects too often of drunken revenge, vituperation and betrayal. Justly or not, they have been blamed extravagantly for everything. Is it not natural that they, too, will have to go through a faltering period of recovery and readjustment and recapture of faith ?

Certainly, they need sympathetic understanding, too--and need it badly. And they can come to see, and let us hope, experience, how eleven of the Steps can be adapted to their own benefit. Human nature being what it is, it is not likely they are going to

achieve all this alone; they need help as we do.

Sponsors and older members can do a generous service by pointing out these values repeatedly during a newcomer's early months.

The more that our relatives appreciate the program, take an interest in the group, are welcomed among A.A.s, and given a sense of belonging, sharing and helping to further the good work, the less friction, frustration and hindrance each of us will suffer in progress.

Take, for example, the extreme disapproval of so many relatives in regard to our closed meetings. Or consider the resentment many of them feel about the long, intimate twosome A.A. powwows that are a major aid to clarifying our outlook.

Naturally, such occasions must seem suspect to relatives left out in the cold.

If the situations were reversed, might we not conclude that we and our intimate affairs were being discussed --with no chance given for us to tell our side of the story?

Or, according to our imaginations, might not we surmise that these were bull sessions, and sex discussions, and might we not be jolly well articulate about it all?

Or, supposing we were long-suffering enough to forbear, wouldn't we feel estranged and self-conscious?

Only by thoroughly understanding that an alcoholic will talk to another alcoholic as to no other human, can our relatives possibly come to tolerate, approve and even encourage meetings and confidential sessions.

And as their complete understanding is necessary on this point, so the solution to a great many of the conflicts that often put relatives on one side of a

barbed-wire

fence, and members on another, lies in the enlightenment of relatives in the whole

A.A. program and all that it implies and entails. We should stress the word enlightenment too--and avoid the word instruction --for the very righteous, ego-puffing attitude that the word "instruction" causes us often to adopt, is

salt in

a suffering relative's wounds and detrimental to our own pursuit of humility.

It is said--and rightly--that A.A. is the greatest example of democracy in the world.

But don't we risk that ideal if we make and feel a class distinction against normal

drinkers or non-drinkers, and find ourselves associating happily with alcoholics

only? The luxury of being understood, and of being able to talk freely can wreck

us

if overdone. As soon as we are able to look out as well as in, we might do well

to

set ourselves a definite goal, to meet and like all our fellows, rich and poor,

educated and uneducated, men and women, young and old, bores and charmers, alcoholic

and non-alcoholic! With our slogan of "live and let live," we soon learn to sympathize, to listen patiently, to shrug at the prejudices, the foibles, the

eccentricities, of perfectly stranger fellow-drinkers, giving them time to iron

out

their character snags, helping them to do so when we can. and even examining ourselves exhaustively on a challenged point, to reaffirm or readjust our own

views.

It stands to reason that it would pay off in spiritual and social growth to give

the

same tolerance and kind patience to non-A.A.s. All non-A.A.s. but most especially

non-A.A. relatives.

#### Relatives Can Be Helpful

There are any number of relatives who would be happy to feel useful and a part

of things. Why waste such a source of good works? Why not tap such a powerhouse of constructive effort? We find ourselves with a great work to do --helping other alcoholics--and because we seem ordained by our own suffering to do that work as no one else can, and since it helps us "make amends" to the world we live in to do so, we know the strength and healing help that being useful gives us. No relative who properly understands will want to interfere with or intrude on 12th Step work--it's not his forte. But why can't our folk help with the relatives of our newcomer? And aren't there often a dozen things to be attended to for a new and perhaps rambunctious prospect--anything from broken earphones to be fixed, irate landladies to be calmed, broken appointments to be explained, trains to be met in place of the drunk--and wouldn't a surprising lot of relatives be happy and proud to work as co-partner on some of our cases? Certainly there is more work to be done than there are A.A.s to do it fully and competently. What A.A. hasn't wished, at some point, that he had 48 hours in his day? We have all heard many relatives say, with real humility, that they would gladly be "hewers of wood and drawers of water"--errand-boys and envelope addressers, if it would help. And as soon as they learn loyalty to observe the sacredness of our anonymity, so that they can be trusted, not gossip or spread information, what mistaken altruists we make of ourselves to refuse their help!

#### Why Deprive Them of Joy?

If, however, the feeling persists with an A.A. that relatives must not be involved in any way directly with our activities, should this exposure to the joy and

strength to  
be obtained through direct personal giving of oneself to help another go  
completely  
to waste? A husband or wife, mother, son or daughter might be encouraged to  
find  
another avenue of good samaritan practice. There is too much suffering in  
the  
world  
besides alcoholism for them not to find an absorbing source of spiritual  
growth  
in  
unselfish aid, with our enthusiastic support.

In some towns, relatives have asked for Relatives' Meetings, and some of  
these  
are  
successfully under way with one or two A.A.s speaking briefly, two relatives  
speaking  
and a long question-discussion period.

Many of the old-timers around the country are beginning to wonder whether  
further  
development might not be a great contribution to happiness and co-operation  
all  
around. Why not groups of relatives, run as sort of auxiliary? They might  
welcome a  
list of things to be done from which they could choose their activities;  
chief  
of  
which might well be to welcome relatives of newcomers and work with them as  
we  
work  
with the alcoholics. There are so many kind things to be done for newcomers  
AND  
their  
families, to bridge them into peace with themselves and ease with the the  
world,  
all  
quite aside from the program help which only an alcoholic can give to an  
alcoholic.  
There are some groups that put across outings, bowling teams, baseball or  
softball  
games successfully. Frequent and smaller get-togethers might be stimulating,  
helping  
relatives to know each other.

Express Your Appreciation

On the little matter of parties--it might go big if more A.A.s expressed

appreciation

and praise oftener to those wives of members who are forever giving forth with sandwiches, cookies, cakes and coffee after meetings. We are apt to take so much for granted, and neglect the graciousness that could give a kindly heart joy.

With women A.A. members, the opinion and attitude, of relatives are, often, the keynote of recovery and success. Women are generally more answerable to their relatives, less apt to have freedom of movement and time without disrupting a household. If The woman A.A. is a wife and/or mother, or even a daughter, her comings and goings affect other people. And she, even more than a man, needs the warmth of approval, interest, enthusiasm of those closest to her. Unshared interests do not contribute to a happy relationship or a harmonious household. The understanding of her folks can do much to cement a woman A.A. to her new activities and can certainly add to the quality of her sobriety. Surely, there is little serenity when a woman is trying to readjust her whole mode of living amidst surroundings that are cold, unresponsive and filled with misgiving, or even downright disapproval or tinged with ridicule. It would seem wise, therefore, to make a far more concerted effort with the relatives of women A.A.s than any other. A husband greeted, welcomed and treated as an important element in the picture may be an oblique kind of 12th Step work that can well forestall a future slip.

Isn't all of this collateral 12th Step work in its way--certainly, "practicing these principles in all our affairs?" In winning and helping a relative to our way



consider that their membership numbers over 100,000, while starting in 1935 with two, we must conclude that their methods are proving effective.

A Catholic member of A.A. should be a better Catholic as the result of his affiliation with this society and vice versa.

The Twelve Steps which the members of Alcoholics Anonymous have taken as their program for recovery are spiritually sound and would do credit to anyone schooled in theology; yet, strangely enough, they were drawn up by men who had meager religious backgrounds. Let's take a look at these Twelve Steps which constitute a successful way of life for alcoholics:

- 1) They admitted they were powerless over alcohol - that their lives had become unmanageable. Catholics are taught their great need of God and their utter dependence upon Him, that they cannot do anything without His grace.
2. They came to believe that a Power greater than themselves could restore them to sanity. " I believe in God, the Father Almighty...."
3. They made a decision to turn their wills and their lives over to the care of God as they understood Him. "Thy will be done, on earth..."
4. They made a searching and fearless moral inventory of themselves. Examination of conscience.
- 5) They admitted to God, to themselves, and to another human being the exact nature of their wrongs. Confession.
- 6) They were entirely ready to have God remove all of these defects of character. The disposition of the will toward allowing grace to flow into the soul.
- 7) They humbly asked Him to remove their shortcomings. Even as every humble Catholic..
8. They made a list of all persons they had harmed, and became willing to make amends to them all. Further examination of conscience and a readiness to restore all things to their rightful owners.
9. They made direct amends to such people wherever possible, except when to do so would injure them or others. A Catholic must do likewise after he makes a good confession; he must make restitution when he has robbed another, be it material goods or his neighbor's good name, and is required to rectify this harm whenever possible.
10. They continued to take personal inventory, and when they were wrong, promptly admitted it. Catholics are urged to make a daily examination of

conscience that they may move forward toward spiritual perfection.

11. They sought through prayer and meditation to improve their conscious contact with God as they understood Him, praying only for knowledge of His Will for them and the power to carry that out. "Thy will be my will - show me the way, O Lord..."

12. Having had a spiritual experience as a result of these steps, they tried to carry this message to alcoholics, and to practice these principles in all their affairs. None of that "Sunday morning Catholic" idea here; then "business as usual" the remainder of the week. Propagation of the faith. "Faith without works is dead."

None of the members claims perfect adherence to these principles. They are not saints. This prescribed course is a guide to progress, and the members claim spiritual progress rather than spiritual perfection.

Since we see such conformity of these Twelve Steps with Catholic teaching, one might well ask: "Why does a Catholic alcoholic need A.A.?"

For one thing, Catholics believe that faith is a gift; yet this gift is not meted out to each individual in the same proportions. A somnolent or arrested faith can become active through A.A.

We also know that we have not all learned how to pray; nor do we all know when our prayers are answered.

Sometimes victims of alcohol drift into this vice through social drinking that seems harmless (and is harmless for some), then find themselves enslaved by a phenomenon of craving to such a degree that they are too mentally confused to pray. Free will fails to function through long periods of disuse or abuse by alcohol. Alcoholics are not alone in that they pray to get out of trouble, storm heaven with prayers; then, as soon as the crisis passes, their prayers cease, or at best, lose fervor. Many another also gives lip service to God, yet does not try to search for God's will in relation to his own life. A.A. opens many eyes to this faulty practice. Pride is the enemy of alcoholics; it is likewise the enemy of many a Catholic.

Does a Catholic alcoholic need A.A.? In one diocese that we know of, the Bishop has appointed a priest to do nothing but study this problem and the work of Alcoholics Anonymous with a view toward aiding Catholic victims and giving their families some insight into this problem so that they are in a position to help and not hinder the sufferer's advancement toward recovery.

Numerous Catholic victims of alcoholism are brought to A.A. through the influence of nuns and priests who have seen the efficacy of the program in others with whom they have come in contact. A.A. groups are listed in the



have attempted to serve as a "clearing house" for the expanding movement.

3. FAMILY GROUP REPRESENTATIVES HAVE AFFIRMED THEIR DISTINCT ENTITY. The family groups are filling a distinct need, according to the evidence from areas where the idea has taken hold, and the groups are not seeking to use the "A.A." name. As a movement with local groups in all parts of this country and in Canada, the non-alcoholics have their own committees and their own program. As now set up they do not impinge on A. A. and do not seek to do so.

4. DEVELOPMENT OF FAMILY GROUPS IS VIEWED SYMPATHETICALLY IN VIRTUALLY ALL AREAS. Only two delegates out of 77 came to the 1952 Conference with instructions from area committees that might be construed as critical of the family group movement.

5. REPORTS OF FAMILY GROUP DEVELOPMENT ARE CARRIED IN THE "GRAPEVINE," WHEN NEWSWORTHY. Historically, the "Grapevine," from its first issue, has carried news of non-A.A. happenings when they relate to the interests of A.A. readers, directly or indirectly. The Conference, in a special resolution, affirmed its support of this traditional "Grapevine" policy.

6. DELEGATES TO THE 1952 CONFERENCE APPROVE UNANIMOUSLY THE WORK THAT LOIS AND BILL HAVE DONE TO ENCOURAGE AND SUPPORT THE SOUND GROWTH OF THE FAMILY GROUP MOVEMENT. This sentiment, framed in a special resolution at the close of the final policy session, was adopted by an enthusiastic standing vote of all delegates.

----- Original Message ----- From: Arthur Sheehan

To: AAHistoryLovers@yahoogroups.com

Sent: Friday, September 05, 2003 5:51 PM

Subject: Re: [AAHistoryLovers] AA Auxiliaries

Hi Art

SOURCE REFERENCES:

AACOA AA Comes of Age, AAWS

BW-RT Bill W by Robert Thompson

GB Getting Better Inside Alcoholics Anonymous by Nan Robertson

GTBT Grateful to Have Been There by Nell Wing

LR Lois Remembers, by Lois Wilson

WPR Women Pioneers in 12 Step Recovery, by Charlotte Hunter, Billye Jones  
and Joan Ziegler

1951 - Apr. at the close of the 1st General Service Conference, Lois W, with her close friend and neighbor, Anne B, invited the delegates' wives and local family group members to Stepping Stones to discuss an organization for what was then called AA Family Groups. (LR 174-176, WPR 69-70)

1952 - Jan. 9, the first AFG Hq (the Clearing-house Committee) was set up at the 24th St. clubhouse in NYC. (LR 174-176). In Mar., non-alcoholic groups, previously using names such as AA Helpmates, AA Auxiliary, Triple A, Non-AA, AA Associates, etc. established the name of Al-Anon Family Groups for their Fellowship. (LR 176, CB 142) AFG sent a memorandum to AA asking permission to use its Twelve Steps. AA agreed unofficially but its members felt strongly that AFG should be a separate society and not a subsidiary of AA. (LR 176)

1953 - Sep., Al-Anon Family Groups adopted an adaptation of the Twelve Traditions of AA. (LR 177-178)

1955 - Jul. 1-3, 20th anniversary and second Int'l Convention at St. Lois, MO. The first AFG book The Al-Anon Family Groups was released at the Convention. (AACOA ix, 32-34, LR 180)

1960 - Jul. 1-3, 25th anniversary and 3rd Int'l Convention at Long Beach, CA. AFG members present at the Convention voted to approve a plan, similar to AA, for an annual conference of delegates. AFG groups later affirmed the action. (LR 181)

1969 - Apr., the 19th General Service Conference (GSC) recommended that: (a) the GSC approve the recommendations to incorporate into existing AA Guidelines the questions on how AA and Al-Anon can cooperate with regard to central offices and area and regional get-togethers and conventions and (b) the GSC approved a resolution of gratitude to AFG.

1986 - Sep. 12-16, the first permanent International Al-Anon General Services Meeting. (AFG pamphlet AR-2)

1988 - Oct. 5, Lois Burnham Wilson (age 97) co-founder of Al-Anon Family Groups, died. (AACOA xi) Her contributions to the AA and AFG Fellowships entitle her to be considered co-founder of both. Michael Alexander, past Chairman of the General Service Board is cited "many AAs today feel their lives are owed to Lois as well as Bill, Dr. Bob and Anne S." (WPR 53)

Cheers

Arthur





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>Cheers

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>Arthur

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>----- Original Message -----

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> From: Art B

> To: AAHistoryLovers@yahoogroups.com

> Sent: Friday, September 05, 2003 1:14 PM

> Subject: [AAHistoryLovers] AA Auxiliaries

>

>

> Dear members,

>



Groups in 1952 appeared with their effort.

I credit this source from the Stepping Stones Foundation Archives, in research completed in 2001:

Four wives met at Stepping Stones in April of 1951, during the week of the first General Service Conference.

From records in an April 21, 1951 entry in the Guest Book that Lois kept for many years, these four women met to discuss the need for a "family service Center."

The women were: Henrietta D., wife of our beloved "A.A. Number Three" from Akron, Ohio; Katie T., wife of Alcoholic Foundation Trustee Earl T. from Evanston, Illinois; and Virginia H., wife of Panel 1 Chicago Delegate Luke H., from Evanston, Illinois.

The three guests, two from the Chicago Group and one from the Akron Chapter, had been on the city-front lines for the alcoholic family for over a dozen years. Their 1951 meeting furthered the consensus to organize a Fellowship for the family groups---A.A. Grapevine articles on the A.A. auxiliaries, the "A.A.A. meetings" discussed the questions and gave the encouragement, but Al-Anon seemed to finally take shape when our A.A. Fellowship tested its unity by holding the General Service Conference.

As many of us have found over the years, Alcoholics Anonymous led by example.

While the Al-Anon Family Groups may have taken their lead from the 1950 ratification of our Traditions and the organization of our 1951 Conference, the outreach to the families actually did begin with Anne Smith, Henrietta Sieberling, and Lois Wilson

(I honestly believe this, as an A.A. Historian given the support and trust of my Delegate Area 20).

The family groups' unnamed leaders supported the A.A. "trial and error" efforts, from our 1935 beginning through our first A.A. coming of age of 1950. And their support and encouragement continues today!

I know of the activity in Chicago, where the first Open Meetings (later called the Tuesday Night "Big" Meeting) held in October 1939 had special emphasis on reaching out to the families of alcoholics, and Mrs. T. and Mrs. H. were just two of many who were there every step of the way.

In the northern section of Illinois, "Socials" were held as early as 1942 in Peoria, Illinois and in 1943 in Rockford, Illinois, allowing family members a participation in the developing health that A.A. had brought for their





- \* Group Registration Suggestions. Suggestions derived from the experience of A.A. members in various service areas for registering A.A. groups.
- \* Guidelines. One set provided at no charge; additional copies at regular price.
- \* Homers. Information on correspondence service for housebound A.A. members.
- \* How to Conduct a Sharing Session. Descriptive sheet.
- \* Information on Alcoholics Anonymous. Guidance for anyone sent to A.A. and for administrators of court programs and other referring agencies.
- \* Internationalists. Information on correspondence service for "seagoing" A.A.s.
- \* Literature Catalog/Order Form.
- \* Loners. Information on correspondence service for Lone A.A. members.
- \* Map. A.A. Regions in U.S./Canada.
- \* Material for Deaf and Hard-of-hearing A.A.s. List of Central Offices, etc.; Summary Sheet of Material Available for Deaf and Hard-of-Hearing Alcoholics; the Twelve Steps for signing purposes; the Twelve Traditions for signing purposes; the Twelve Traditions (Long Form) for signing purposes; "A Brief Guide to Alcoholics Anonymous"; "A Deaf Newcomer Asks" for signing purposes; "How It Works" for signing purposes; "Is A.A. For YOU?" for signing purposes; The Serenity Prayer for signing purposes.
- \* Money Tree Chart. Showing various ways contributions by A.A. members are used by G.S.O.
- \* Newsletters in the Fellowship. Listing of some Area, District, Central/Intergroup Office newsletters.
- \* Presentation -- What A.A. is and What it is Not. For alcoholism treatment program professionals and/or clients -- prepared by the Conference Treatment Facilities Committee.
- \* Primary Purpose Statement Card. Regarding "Open" and "Closed" meetings.
- \* Self-Support Packet. Contains the following, including the Conference-approved "Self-Support: Where Money and Spirituality Mix": Historical Background of Self-Support; Idea Starters; Posters; Service Delivery at the Group Level.
- \* Serenity Prayer. Description of origin.
- \* Sponsorship: A vital Stepping-Stone to Service and Sobriety. Piece on importance of service sponsor.
- \* Staff Assignments. Descriptive sheet.
- \* Suggested Guidelines for Changing Regional Boundaries.
- \* Suggested Topics for Discussion Meetings. General topic ideas.
- \* Suggested Workshop Format. Sheet on conducting workshops.
- \* Survey. Summary of "A.A. Membership Survey."
- \* Tapes for Sale or Exchange. List of distributors of A.A.



## THE CARE OF ALCOHOLICS

St Thomas Hospital and A.A. started a movement which swept the country

By Sister M. Ignatia, C.S.A.

(Administrator, St. Thomas Hospital, Akron, Ohio)

Nearly 12 years ago, one of the co-founders of Alcoholics Anonymous, Dr. Bob was on our staff. He was a skilled proctologist, and was on our staff five years before we knew that he had a drinking problem. We would not have known it then had he not volunteered the information.

Dr. Bob often discussed the problem of alcoholism with us, with regard to auto accidents and other tragedies caused by excessive drinking. Many of these cases had to be admitted to the hospital even though they were intoxicated. After talking with members of the families of these compulsive drinkers and realizing the suffering brought into the homes of these afflicted people because of drink, we became deeply interested in the plan which Dr. Bob unfolded to us.

This was in 1939, just about the time we were trying to pull out of the depression. Hospital beds were at a premium, without any prospect of adding to our bed capacity. There was very little enthusiasm around the hospital about admitting people who were imbibing too freely in those days. However, prompted by the grace of God, we very cautiously admitted one patient, with the diagnosis of acute gastritis, under the care of Dr. Bob. The patient was placed in a two-bed room. The next morning Dr. Bob came to the admitting office very timidly and requested that the patient be moved to a spot where the men who came to visit him might talk with him privately. The only available space we could think of was a small room across the hall called the "flower room," where patients' flowers were changed and arranged. We pushed the alcoholic's bed into this room. It was there that he received his first A.A. visitors. The men who came to visit him were such respectable, dignified - appearing men that we could hardly believe they had ever been addicted to alcohol.

We then set aside a two-bed room, then a four and later a six-bed room ward. Today our A.A. ward has eight beds, adjoining a corridor which serves as a lounge. The corridor opens into the gallery of our chapel.

Our alcoholic ward is not a great problem. It is simply a large room with accommodations in one end for eight beds. The other end of the room is a small lounge with comfortable chairs, a davenport, A "bar" a coffee urn, and an ice-box. To the rear of this ward-lounge is a room with a lavatory and shower into which the new man is brought for admission to the ward.

An important point is that he is helped out of his street clothes and into hospital attire by other patients in the ward. The advantage for the new patient is that, from the first, he is in the care of understanding friends. The advantage for the older patients who perform this duty is that they are thus able to see themselves again as they were upon admission. Administratively, an economy is effected by thus eliminating the need for hard-to-get employees.

Directly across the hall from our ward-lounge is the choir-loft of our chapel, which permits A.A. patients to hear Mass every day if they wish and to make visits in hospital attire when they so desire - all in complete seclusion. Bearing in mind always that the alcoholic is a person who is sick spiritually as well as physically, the ready access he is thus given to the source of spiritual healing is a powerful factor in his recovery.

To return to the mechanical operation of the ward, it can be stated that it is almost wholly self-operating. A nurses aid comes in to make beds and an A.A. employee does the heavier cleaning. The cleaning of ash trays, the making of coffee - the coffee urn is in operation 24 hours each day - the washing of coffee cups, all of this is done by the patients themselves. Usually they welcome these small opportunities to busy themselves and thus keep their minds off their problems. Activity eliminates brooding, and the volume of such work is never great at any time.

The function of the lounge is to provide a place where the patient can chat with A.A. visitors and listen to informal talks. A secondary value, but a most important one to the former patient, is that by visiting current A.A. patients the former patient helps to perpetuate his own sobriety. It is axiomatic that the alcoholic is never "cured"; his ailment is simply arrested but it is positively arrested if he perseveres in the program. The visitors' lounge (which is supplemented by chairs in the hallway that divides the ward from the choir loft) helps not only to aid the current patient to sobriety but also to preserve and perpetuate the sobriety of former patients.

The icebox is kept stocked with food and particularly with milk and citrus juices, for the alcoholic is frequently an undernourished person. The patients are encouraged to eat at will. The coffee urn and bar are the A.A. equivalent for the brass rail and bottles of the drinking days.

The A.A. visitors perform a multitude of chores for the current patients. Sometimes they secure a job or effect a family reconciliation or pacify a creditor pressing for payment of a bill. These and other services are done by A.A. Is for the dual purpose of Showing true Christian brotherhood and as a means of perpetuating and insuring their own sobriety.

We begin where reality begins for the alcoholic. Reality for the alcoholic is drinking. It is most important that the approach be made through another alcoholic - a sponsor. The sponsor speaks the language of the alcoholic. He knows "all the tricks of the trade," because of personal experience.

Those of us who have anything to do with admitting these patients would do well to have the humility to rely upon the judgment of the sponsor. Let him decide when the patient is ready for the program. We do not accept repeaters! Sponsors know this, hence they are very careful to qualify the person before bringing him into the hospital. Above all, he must have a sincere desire to stop drinking. Wives, relatives, friends, and well meaning employers may try to high-pressure the alcoholic into accepting the program. Someone may even persuade the family doctor to use his influence with the hospital, so that the prospect may be admitted into the alcoholic ward.

The role of the sponsor is not an easy one. He leaves nothing undone to clear away all the ill feeling, indignation, and resentment that have accumulated in the path of his patient. The sponsor acts as a catalytic agent in combating all adverse forces. He tries to appease an exasperated wife, talks with the employer, landlord, creditors, and others. He explains the program, tells them that this is not simply another "sobering up process." This time he is being treated not only physically but morally and mentally as well. The sponsor assures them that with God's grace, their cooperation and the help of his fellow A.A.'s, his charge will be given a real opportunity to make a complete recovery.

#### The Patient Admitted To The Hospital

After registration the sponsor escorts his patient to the A.A. ward.

The ward is virtually self-governing. Two or three of the senior patients in the ward take over and welcome the new patient. They check his clothes and prepare him for bed. (Many of these patients are in such good condition that they sit in the lounge and join in the conversation). Nothing is left undone to make the new man feel at home. This reception inspires hope in his heart. It also gives the A.A. patients a splendid opportunity of doing twelfth-step work, namely, helping others.

The alcoholic is ill, in body, mind, and soul; hence we begin with the physical care.

#### Second day - The Day of Realization

The physical condition of the patient is usually much improved on the second day. His mind is beginning to clear. He feels encouraged because everyone seems interested in him. Visitors call on him, telling him "This is how I made it." Some of the visitors may be men with whom he used to drink. The power of example is a great example to the patient. He begins to say to

himself. "If he can do it - so can I. But how am I going to make it?" At this point he generally has a "heart to heart talk" with his sponsor.

He acknowledges his utter powerlessness over alcohol. He honestly admits that he has tried innumerable times to drink normally and has always failed. He is finally ready, honestly and humbly, to admit defeat. His sponsor is delighted to know that his patient is really honest about his drinking. The sponsor says "Good! We can help you since you are humble and honest."

This is the grace of God at work in the soul of the patient -to admit helplessness and to seek help outside of self. This may be the first time the patient has admitted the fact that he is powerless to help himself.

The next step is humbly to turn to God: "Ask and you shall receive." Patients have often said that is the first time they sincerely prayed. The "Our Father" takes on a new meaning at this point. They feel that they really belong.

#### Third day - The Day of Moral Inventory

The patient makes a searching and fearless moral inventory. He faces the past honestly, admits to God, to himself, and to another human being the exact nature of his wrongs. He is finished with alibis and reservations. "I am an alcoholic, what a joy to be honest! The truth will make you free." Now he is sincerely asking God's help and the help of his fellow man.

#### Fourth Day - The Day Of Resolution

"Give us this day our daily bread." This is interpreted by the alcoholics to mean, "I surely can stay sober today." This is usually followed by an act of complete surrender to God. The past is finished. "I am heartily sorry." "I'll try to make amends." This means confession, repentance and firm purpose of amendment. Many Catholics return to the Sacraments after years of negligence. Scripture says, "There is more joy in heaven over one sinner doing penance than 99 just who need not penance." He used to drink because he felt like it. He permitted his emotions to run away with him. Now, with God's help and the help of his fellow A.A.'s, with his clear thinking, he can control his feelings and emotions. Reason now governs his life. Strong convictions are given him as to why he cannot take that first drink. He has learned from his fellow alcoholics that it is more blessed to give than to receive, and that it is a privilege to help others. What a joy too! He is kept so busy helping others that he does not have time to even think about a drink. What a transformation takes place in the lives of these men and women!

#### Fifth Day - Plans For The Future

As he leaves the hospital he must now face his problems. The way has been



Grapevine, Sept 1946

A.A.'s Country-Wide News Circuit

Baltimore, Md., A.A.s "take the air" every Thursday night at 7:15, and the resulting 12th Step follow-up work has been extremely gratifying. The management and staff of radio station WBFR in Baltimore are enthusiastic about the possibilities of A.A. as a sustaining program. . . . Plans for a larger permanent club are under way and in the interim Baltimore's Wednesday night open meetings are held at 512 Charles Street. . . . Appointment of a commission to study alcoholism in Maryland has been announced by Governor O'Connor. The Governor's action in naming a seven-member group was in line with a Senate resolution passed at the last regular session of the Legislature calling for appointment of the commission and a report by it to the 1947 General Assembly.

The Batesville, Ark., Group had its inception last year when a local man went in desperation to the Little Rock Group, and after a two-week stay came home and started to work on other alcoholics. Today the Batesville Group has a membership of 14, and clubrooms where they hold regular meetings. . . . The A.A. radio dramatization over Detroit's WWJ is recorded every Sunday at 6:15 P.M. over New York City's own station, WNYC. . . . The Little Rock, Arkansas, Group has now passed its sixth anniversary as one of the most active Groups in the Southwest. Membership continues to grow steadily.

In the attractive Sponsorship Program pamphlet -- which contains no musts, merely suggestions -- distributed among membership by Miami, Fla., A.A.s, we note: "A sponsor is a person who accepts responsibility to another person in A.A.; to be a friend, advisor, and an understanding confidant in any problem concerning the common malady, alcoholism. . . . LET HIM (the new member) TALK, TOO. . . . For the first 30 days, the new member (shall) be sponsored by the member who introduces him or her to A.A.; if no member was the direct avenue through which the new member contracted A.A., then the secretary assigns a temporary sponsor. . . . Explain the necessity of reading and re-reading the A.A. book. Point out that this book gives a detailed description of the A.A. tools and the suggested methods of application of these tools to build a foundation of rehabilitation for living." . . . It won't be so very long before the Miami Group will be six years old.

Definite arrangements have been completed for the Southern Regional Meeting in Asheville, N. C., September 16, 17 and 18, with the George Vanderbilt Hotel as headquarters. Plans are being made to accommodate the largest A.A. crowd yet assembled in the South. Nationally known speakers will be heard, and scheduled A.A. clinics will be held. These plans were announced at an Inter-Group meeting of all the Carolina groups which took place recently in Shelby, N. C., and was attended by about 90 members and their families.

During the Yale Summer School of Alcohol Studies which started July 7 and came to a

close August 2, the New Haven, Conn., Group had an extra Wednesday night meeting at the local high school for four weeks, in addition to its regular Tuesday night meeting. The discussions proved highly interesting to audiences of about 275 persons. Many prominent speakers were heard at these meetings, among them clergymen, doctors, judges, lawyers and A.A. members from all over the country. Dr. Seldon D. Bacon of Yale University spoke briefly from the floor at the initial open meeting, giving praise to A.A. and expressing the hope for A.A.'s continued cooperation with The Yale Clinic in helping the alcoholic. He also said that plans were already established for clinics in several of the larger cities of Connecticut to be run by the State, and spoke of plans for establishing a new hospital to be sponsored by the State for inebriates. The picture, Problem Drinkers, was run at two of the local theatres during the first two weeks of the school, and A.A. newspaper ads were tied in. The New Haven Group has, in consequence, many new members, quite a few of whom are women.

Louisville, Ky., reports that its group, formed about five years ago, huffed and puffed along until about the first part of 1945. Then things began to happen and it has steadily grown until it now has a membership of over 150, all of whom are really working at the program. This number includes 36 women. The Louisville Group also includes New Albany, Ind., and they have four sectional groups which meet weekly. In addition to meetings almost every night in the week, there is a weekly luncheon for

the men and another one for the women. Recently the Louisville A.A.s supervised the formation of a group at Shelbyville, Ky. "We operate with a light touch," writes a member from Louisville, "and don't get too sad or exercised about anything. Tolerance is our watchword, and the constant reminder that 'nobody speaks for A.A.' has kept us sober, happy, and growing."

With a membership nearing 400, Vancouver (B. C.), A.A.s recently came to the point where they felt the chapter was growing so large as to be unwieldy, and the meetings too crowded to achieve a useful intimacy of fellowship. So the decision to divide into smaller groups was made. Seven such groups, completely autonomous, now have been set up in Vancouver proper, with other groups in adjacent West Vancouver and New Westminister. The city groups are West End, Central, Hastings, Charlie Brown, Kerrisdale, Kitsilano, and Bayview. To establish some sort of liaison between these, a Central Steering Committee with one delegate from each group has been formed. It is purely a consulting body. Elsewhere in British Columbia A.A. continues to flourish, with new groups being continually formed. . . . In another section of Canada -- Toronto, Ontario -- word comes that the March of Time film has created a tremendous demand for information about A.A., and that this is partially responsible for the formation of a Central Committee. A Speakers' Bureau has also been formed, with names given from each group to the Central Club to answer calls from clubs, churches and social organizations. Dr. Bob is going to speak in Toronto in September. The Toronto

Women's Group, now numbering approximately 20, is going strong.

Writing about the Las Vegas, Nevada Group, with 35 men and women to date, and the new branch that has been formed by members from Boulder City and Henderson, a Las Vegas correspondent, lauding the work of A.A., begins with: "Last November, when it was announced that Alcoholics Anonymous had organized in Las Vegas, a startled woman went to her minister and complained at the sorry state of affairs. She declared that things were coming to an awful fix 'when the drunkards organize'." . . . More than 260 San Francisco A.A.s and their families held their annual picnic at the Sonoma County Golf Club -- a steak barbecue. This group now has four active neighborhood groups, the members of which retain their identities with the central group.

. . .  
the combined groups of San Diego County, Calif., had their first annual picnic in Cuyamaca State Park in the Lugana mountains. More than 200 A.A.s, their friends and families were there.

Visitors from Kent, Ravenna, Barberton and Canton attended the picnic of the East Akron, O., Group. . . . Among recent visitors to Akron was the man who, back in 1935, drove Bill to the home of the prominent Akron woman who arranged the first meeting between Dr. Bob and Bill. The man in question, now a member of the Phoenix, Ariz., Group, was a chauffeur in those days, still struggling with his problem. He is a five-year-old member now. . . . One of the most inspiring meetings in the history of A.A. in the Cleveland area took place at Vermillion, O., when the group





Part I of 2

The Furrow, January 1952

GRACE IS SUFFICIENT - WHY ALCOHOLICS ANONYMOUS?

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I should like to draw the attention of readers of The Furrow to an article entitled "Science, Religion, and Alcoholism" which appeared in the American Catholic monthly magazine Integrity in September, 1951. In it "John Doe", himself a victim of alcoholism, discussed the problem of self-conquest in this difficult sphere, which date from his own experience.

For more years than he has "stomach to look back on" John Doe was an alcoholic. Yet it was not for want of trying to do better.

"I tried the Sacraments. Between drinking bouts I made frequent and intensive use of the channels of grace available to me. They did not seem to help.

"When not drinking, I was a daily communicant; I did a lot of spiritual reading; I made frequent retreats; I have knelt far into the night saying the rosary with arms outstretched in penance and petition.

"I have come from a private closed retreat with the utmost fervor and devotion - and walked into the first saloon I met. I have frequently been at Holy Communion in the morning and drunk the same night...."

"Then, a few months ago, on the advice of friends and with their assistance, I quite suddenly broke the pattern and stopped drinking. I did it by the combined use of two of the techniques recently evolved for the rehabilitation of alcoholics....

"It is now an established fact that I have gone without alcohol for a much longer period than ever since the drinking started. My drinking has been arrested. I have not been cured of alcoholism. I am still an alcoholic, and a moment of carelessness or overconfidence could start me back on the old cycle within a hour of writing these words. But I am not drinking. I am doing my best to fulfill my duty to myself, to my fellowman, and to God. I am, within the limitations of human nature and my own temperament, at peace."

NATURAL VS. SUPERNATURAL MEANS

There we have a concrete case of a man who overcame the grip of his fatal

habit by natural means of physical and psychological readjustment, when he had failed to do so by supernatural means directed at overcoming temptation. This is certainly a fact of considerable interest to anyone who has to deal with the problem of recidivism, whether in the matter of alcoholism or in any other sphere. As John Doe himself puts it, "If a man can stop drinking because another man convinces him he is an alcoholic and one drink means disaster, why can he not stop when a priest tells him that he has a chronic weakness and is bound under pain of mortal sin to avoid the occasion of sin?"

Later in his article the writer enumerates the Twelve Steps toward lasting sobriety laid down by Alcoholics Anonymous, the rehabilitation movement that has had such a striking record of success in different countries (including Ireland) in recent times. They deserve to be repeated here in full before we go on, with the help of John Doe, to consider the bearing of such remedial techniques on the spiritual life of the recidivist.

#### THE TWELVE STEPS OF A.A.

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 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 awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

And so we return to John Doe's questions: "If a man can stop drinking by following twelve rules of conduct laid down by two drunks, why can he not stop by following the ten commandments and the moral and ascetic teaching of his faith?" A superficial answer might be: "A man will stop when he really wants to stop. He promises his confessor that he will avoid the occasion of sin, but deep down in himself he doesn't mean it sincerely. Then one day he promises A.A. never to touch a single drink again, and this time he does mean it; so of course he stops. The result would have been the same if his promise to his confessor had been equally sincere in the first instance. But the question remains: "Granted that the fundamental sincerity and firmness of the purpose of amendment are of capital importance, how is it that A.A. can elicit such a purpose from a habitual drinker when a priest cannot?" Moreover, in many cases the fundamental sincerity is there all the time; but while it fails to secure a victory over habit under a strictly spiritual course of guidance, it achieves signal and lasting results under the guidance of A.A. This is fairly clear in the case of John Doe himself. His good will was constant and genuine for years, but he did not get the better of drink until he used techniques of rehabilitation. Is it, then, that such techniques form, as John Doe suggests, "necessary concomitants to the ordinary channels through which spiritual and supernatural aid reach the ordinary Catholic?"

#### DISTINGUISH ALCOHOLISM FROM DRUNKENNESS

The inquiry must begin farther back. Actually John Doe begins it with the help of a study of alcoholism made by Father John C. Ford, S.J., a well-known American moral theologian. He is glad to find Father Ford accepting, for a start, the difference between drunkenness and alcoholism. "The first important point established by Father Ford is the distinction between mere drunkenness and its morality and the morality of alcoholism. He says: alcoholism is not the same thing as drunkenness; not even the same thing as excessive drinking; not even the same thing as excessive drinking over a period of time. ` For, as he points out, there are people who can do all these things without becoming alcoholics. They can stop if they want to, much as a man with a long habit of smoking can give it up."

Alcoholism is therefore an abnormal phenomenon. As Father Ford points out, "the alcoholic is not a normal individual where responsibility for his drinking is concerned. He is across the line on the abnormal side and his drinking is correctly termed pathological."

#### COMPULSION - POWERLESSNESS

This does not mean at all that the alcoholic is necessarily insane. "But," says Father Ford, "when we say alcoholism is a disease or disorder, or sickness of a mental kind, we mean that the drinking itself is to a greater or lesser degree compulsive... On this point - the compulsive character of the alcoholic's drinking- I believe there is a great unanimity among all the psychiatrists and other specialists in the field."

John Doe agrees absolutely. He comments;"In the course of discussing this compulsion, Father Ford makes a statement which I, as an alcoholic, would beg you, a non-alcoholic, to accept, even if you do not understand how it can be so. He writes: "There are times when an alcoholic reaches for a drink blindly and compulsively even when he has had nothing to drink for a considerable period. I was not ready to believe this at first. But after listening to hundreds of alcoholics tell their stories, and after questioning many of them on that very point, I am convinced that not only after having had some drinks but even after a considerable period of sobriety the alcoholic reaches out compulsively and blindly for the first drink." That statement is stark truth....

In other words, the alcoholic is, as the first of the twelve steps says, "powerless over alcohol." His powerlessness is, of course, a moral, not an absolute one, but it is terribly real for all that. He is not a sinner in the ordinary sense, that is, a man who "cannot because he will not." "The unfortunate fact of experience,' says John Doe, "is that the man doesn't, and he doesn't because he can't. That is neither theory nor excuse. It is a cold fact of experience to which I and thousands like me can attest."

### SIN AND NEUROSIS

Not that the element of freedom and therefore of sin is absent from alcoholism. It is present, but in a complex and obscure way. There is a mental element in alcoholism; there is probably a physical element in it in many cases; but a third element, the spiritual one, must also be considered. Father Ford writes; "Psychiatrists who do not believe in sin will class all these persons as neurotics. Religious -minded people who know nothing of neurosis will class all these people as sinners. But I see no inherent difficulty in admitting that the same person can be both a neurotic and a sinner. In the case of the alcoholic, he can be both a compulsive drinker and a sinner, his misconduct being at times the product of his compulsion and at other times of his willfulness."

John Doe comments; "The alcoholic will agree to that. In fact, he will be glad about it as a just and clarifying judgement."

### ACCEPTANCE

Now we come to what this sincere and enlightening writer regards as the

crucial point in the cure of alcoholics. The alcoholic must accept his status, before God and man, as an alcoholic. He must realize the difference between his position and that of the simple drunkard who does not suffer the compulsive factor in drinking. "From my own experience, and the experience and knowledge of others, I know that acceptance of this distinction and an attitude based on such acceptance form the all--important first step that must be taken both by the victim of alcoholism and by anyone who would aid in his rehabilitation. It is a hard step for both parties to take. The first is extremely unwilling to admit that he is not as other men- that he is an alcoholic. The second, if he is a non-alcoholic, cannot for the life of him see why the other cannot pull himself together and put an end to this bad habit." A.A.'s are fully aware of the necessity of building everything on this initial acceptance of the true nature of alcoholism; hence their success. But confessors are often ignorant of the matter (as are alcoholic penitents themselves); hence their failure to effect a cure, in spite of the excellence of the spiritual means of grace which the church places at the disposal of all us. The fact is that grace does not then get a chance of working fully and freely in the soul of the alcoholic. He lacks adequate self-knowledge.

#### I AM NOT ONE OF THE BOYS

This lack can have disastrous and long-term results for the sufferer. If he looks on himself as a normal fellow in every way, with nothing but a moral defect to overcome, he is in for serious trouble. After a brief recovery from a drinking bout he will again "drop in for a couple of beers with the boys," on the supposition that if they can have a couple of drinks and go home, so can he.

John Doe again speaks from experience, "In my own experience, after having `dropped in for a couple of beers with the boys' and finished up by drinking to drunkenness, not once or twice or ten or eleven times, but time after time for years, I have again gone in to have a drink with the boys and felt absolutely certain and clear in my conscience that I was just going to have that couple of drinks and go home.. .am.. . fully aware that it is against all reason and common sense that I could possibly have felt like that. . .I am also aware that it is the common excuse of any moral coward to say, `I couldn't help it.' But neither the shame of being accused of that, nor the fear of ridicule, alters the fact that I was quite certain I was going to have only a couple of beers.

"In my case I had not yet fully admitted that I was an alcoholic. But whatever the reason, the fact stands and it demands recognition.

"So there, I think, we have the basic first step in the rehabilitation of the alcoholic; the non--alcoholic accepting authoritative opinion that there is, as distinct from common drunkenness, such a thing as a disease called alcoholism; the alcoholic accepting authoritative opinion that he is subject

to that disease.

### FINALITY OF ACCEPTANCE

"The fundamental reason for the success of A.A. is the absolute finality with which the first step is taken by both sides. For both 'doctor' and 'patient' are alcoholics who have made the admission that 'I am powerless over alcohol.' There is not lack of understanding on the one side, no feeling of being unjustly despised on the other."

This acceptance prevents another misfortune which lies in wait for the compulsive drinker who continues to think of himself as a quite normal man; the "ever-descending spiral of his despair," as John Doe calls it. Once he knows himself as he really is and knows that his deliverance must come from God, he will stop reckoning his failures in terms of what is "normal" (as the word is commonly understood). He will not worry because he cannot drink at all without drinking madly, whereas "the boys" can take a drink and leave it at that. He will simply stop thinking of himself as one of "the boys," will leave them to go their way while he goes his, and so will escape the tendency to take chances on the one hand or to grow despondent over repeated failures on the other.

Applying the conclusions of his own experience to the relationship of priest and penitent in the Church's sacramental life, John Doe maintains that both priest and penitent must be quite clear about "the distinction between mere drunkenness and alcoholism as a disease. Berating an alcoholic for being a no-good drunk, or whining at him for 'doing this to me and the children,' does nothing but drive him back to drink. The alcoholic may or may not be a reprobate. He is certainly a sick man.

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### REHABILITATION

So much for the starting point. But what about the process of rehabilitation itself? Here again, says John Doe, A.A. with their twelve steps have something solid to offer which is, unfortunately, not often proposed to the penitent in confession. As he expresses it himself; "The second reason I give for the success of A.A. is a rather shocking one. I offer it in humility and with all due respect. A.A. insists more vigorously on the

practice of those principles of Christian ascetics and the spiritual life than do priests of the Church of Christ."

Such is an experienced Catholic's judgment on the twelve steps - and he has been through the alcoholic mill himself. They "bring about conversion of life," he insists, "where sacramental confession has failed. Now, the Grace of God never fails. So there must have been something blocking the channel. That failure can only be man's failure to co-operate with the grace. The failure, in turn, must essentially lie in the understanding or in the will of the penitent. Granting that the penitent alcoholic really wants to stop, and allowing for the weakness of will born of habitual indulgence, we must put a large part of the blame on the penitent's understanding. He does not understand the nature of his soul-sickness and he does not understand the absolute necessity of specific remedial action.

"This is where the priest should come in as a physician of souls. And this is where the priest so often fails. He fails to enlighten the penitent's understanding. He fails to prescribe a regime for the strengthening of his will. A.A. does both. It not only tells the man what is wrong with him but it adds, "Here's what you have to do if you want to get better."

#### COMPLETE NEW WAY OF LIFE

Moreover, John Doe points out, A.A. aims at building up a new way of life for the alcoholic on a positive, over--all basis. Alcohol is mentioned only once, in the first step. A recognition, humble and unflinching, of its deadly power over the victim is made a point of departure for a completely new way of life where alcohol loses its power because another Power takes over. But the humble acceptance of the victim's personal frailty is always maintained. "I am still an alcoholic," says John Doe, "and a moment of carelessness or overconfidence could start me back on the old cycle within an hour of writing these words."

#### CO-OPERATION WITH A.A.

At the end of his article he quotes Father Ford to the effect that "cooperation with A.A. is essential to the successful pastoral care of alcoholics." He seems to think, for his own part, that such cooperation is very desirable but will not ordinarily be essential, provided that the priest as physician of souls is able to appreciate and apply in practice the principles of rehabilitation so well understood by A.A.

#### DEGREE OF RESPONSIBILITY

As to the precise degree of responsibility which the confessor should attach to an alcoholic's acts of drunkenness, John Doe agrees with Father Ford's opinion: "His responsibility for his drinking is generally diminished to a considerable extent, and sometimes eliminated, but each alcoholic, each

drinking episode, and even each act of drinking must be judged separately. .  
.and in the final analysis the judgement must be left to a merciful God."

### COMPULSIVE PROBLEMS IN GENERAL

Apart from the light which this article throws on the problem of compulsive drinking from a layman's experience, "on the outside of the confessional grill," as he says himself, it helps also, I think, to clarify a number of points relating to "compulsive" acts as a class. The compulsive factor is one that arises in connection with many other types of sinful or spiritually disturbing acts besides drinking to excess. Indeed a certain degree of compulsiveness asserts itself in some acts of most people who are, by all standards, quite normally constituted. A familiar example of this, in the religious sphere, is compulsive distraction at prayer. It is one thing to be distracted in a casual or accidental way, say by stray thoughts running through the mind from time to time; it is quite another matter to be internally driven to distraction, as if by a mechanical force, under pressure from some preoccupying thought, pleasant or painful, which sticks inextricably in one's mind like a piece of barbed wire. Yet there are few, even among the most recollected people, who do not have that distressing experience from time to time. Similarly one can suffer from compulsive impatience talkativeness (or taciturnity), laziness, insubordination, and so on.

### FRONTAL ATTACK USELESS

Ascetical writers have much to say of these spiritual "trials," and it is a noteworthy fact that the Church's ascetical tradition deals with them in substantially the same way as A.A. deals with alcoholism. Thus we are recommended not to try to combat persistent (i.e., compulsive) distractions at prayer by a frontal attack or obstinate self-assertive efforts at recollection. That will get us nowhere, since our efforts, however dogged and well-intentioned, will be vitiated from within by the deep--seated inner "cleavage" of attention from which we are suffering and over which we have, at least for the moment, no direct control. One might as well try to eliminate an infection from one's lungs by violent coughing. The only thing for a man with lung trouble to do is acknowledge that he cannot cure himself and to put himself unreservedly in the hands of the doctors. In the same way, when we are the victims of compulsive distraction, impatience and the like, or of compulsive temptation in thought against the Christian virtues (say against faith or chastity), we always get the same advice from the saints: "Do not try to get rid of these things directly. Rather take advantage of them to confess your powerlessness before God; surrender your-self into His keeping, with all readiness to accept whatever sacrifices He may ask of you, whatever duties He may lay on you; commit yourself entirely to the care of your loving and merciful Father in heaven --and all will be well." The analogy between such counsels and the first three of the twelve steps (from which the other nine logically derive) is obvious.

## PASTORAL TECHNIQUES

These considerations suggest the possibility of broadening our approach to the whole body of moral and spiritual deadlocks that involve, and are created by, the compulsive factor in human conduct. The priest as physician of souls encounters this factor repeatedly, not only in the sphere of alcoholism but also in such serious moral entanglements as scrupulosity on the one hand and autoeroticism on the other. In such cases the victim is powerless over his troubles in just the same sense as the alcoholic is powerless over alcohol. Here too, the confessor may fail to help the sufferer as much as he might, if he persists in treating him as though his psychological make-up were, here and now, fully normal -telling him not to be a fool, to pull himself together, to behave just like everybody else, and so on. This may be a quite effective way of dealing with a mild case of compulsive aberration -- that is, where the element of compulsiveness is slight or momentary (it is momentary, for example, in most cases of individual or mass panic) but it does not work with serious and permanent cases. The program of rehabilitation from alcoholism outlined by John Doe would seem to offer a better nucleus of general principles capable of being applied, with the necessary adaptations, to similar situations in other fields.

## SURRENDER TO GOD'S PROVIDENCE

In the last sentence of his article this writer says that when the Catholic alcoholic makes use of the right remedial techniques "with the blessing and understanding of his Church" his alcoholism "is transformed from a soul eating monster to a felix culpa which turns him towards the practice of Christian perfection." Here, surely, in the recognition of an overruling Providence behind all human weaknesses and sins we have a basic outlook of incomparable value for the proper handling of compulsive difficulties as a class. If God allows evil, it is only in order that He may draw greater good from it that is as true of psychological snags and cleavages as of physical sickness, poverty, war, and all the other misfortunes of human existence. Man's extremity is, in fact, God's supreme opportunity. Driven back on his ultimate defenses, man finds himself alone with God and sees that there is only one way out; Humility of heart, unconditional surrender to God, absolute self-abandonment into His hands, obedience to His will. To take that way out of one's troubles is to set one's feet, as John Doe says, on a road leading "towards the practice of Christian perfection." The fault is indeed happy which has so happy an ending.

Confidence in God's loving providence, then, both priest and penitent need not fear to recognize a compulsive trouble for what it is -- not a straightforward case of mere "nonsense" or "sin" or "lack of purpose of amendment," but of "soul sickness," as John Doe terms it. (we may take that term as covering both the mental and the spiritual elements in compulsive

acts, leaving room also, of course, for the possibility of contributory physical factors). Thus the penitent is asked to begin by accepting his personal powerlessness over something which he would very much like to overcome - and may be, in fact, trying hard to overcome - by self-reliant exertions of one kind or other.

### PREPARING THE GROUND FOR GRACE

The breakdown of these exertions then becomes intelligible to him. He has no alternative except, in a human sense, to despair of himself ("I am powerless over alcohol"), since all his self-assertive efforts are sabotaged from the start by a profound inner snag which he bears willy-nilly within himself. This is, inevitably, an extremely disconcerting realization - -but also a liberating one. The victim gives up trying to discover and apply rules of rehabilitation based on the supposition that he has only to want to be normal. He knows now that normality is not for him; he is powerless, except for his power to turn to God.

The second and third steps can now be taken ("Came to believe that a power greater than ourselves could restore us to sanity. Made a decision to turn our will and our lives over to the care of God."). The grace of the sacraments and of prayer can then function in a properly prepared environment of subjective life, and the time may come when, for example, the apparently incurable autoerotic may be able to say, in words that echo those of Integrity's thought-provoking contributor: "I have not been cured of autoeroticism. I am still an autoerotic and a moment of carelessness or overconfidence could start me back on the old cycle within an hour of writing these words. But I am not sinning. I am doing my best to fulfill my duty to myself, to my fellow man and to God. I am, within the limitations of human nature and my own temperament, at peace...."

Integrity deserves the thanks of theologians and the pastoral clergy alike for publishing "Science, Religion, and Alcoholism." Based as it is on a fact finding course pursued in the unique academic institution, the "university of hard knocks," it is a valuable contribution towards the progress of our knowledge in our obscure but important department of human conduct.

### DISCUSSION

Q.: That was an excellent paper. Doesn't it touch the question of the old problem, namely, recognition by the alcoholic of his own state? What I ask is this: Is that a perfectly natural act or does it in turn imply some kind of a special, actual grace? A.A. offers a fine opportunity for this self-recognition as an alcoholic. Does it bring into play a special, actual grace for the occasion? If so, then, I can still see that it is quite properly handled in the confessional. But, if not, isn't it true that the confessor would have an obligation to outline this to the penitent, and have him promise that he is taking steps accordingly? That in turn would lead the

priest to taking the case out of the confessional, and to suggesting that he go to A.A., in obedience to what the confessor knows would be the prosecution of a perfectly natural act, rather than surrounding it with the supernatural aura which in turn might delay the recognition.

Fr. Pfau: I think we have all had that experience in the confessional. Especially those of us in A.A. The procedure is to ask the man if it is all right to talk about this outside the confessional. Now, most priests I have talked to who are members of A.A. approach the man in some way similar to this: "If you are honest, and sincere in wanting to do something about your problem, you will naturally be willing to give a hearing to men who, as we know by their results, have the answers for your problem. Would you be willing to speak to a member or two members of A.A.?" Then, usually, if the man is sincere, he goes to A.A. In a few weeks or so he comes back to you ready for all the spiritual advice that you want to give him. The penitent's mind is pretty confused in the confessional. The emphasis there is on moral degeneracy that he is trying to fight against in himself. The main thing is to help him recognize it for what it really is, and that he is not a moral degenerate. I think that is the main reason, and it is psychological more than anything else.

Father A.: With regard to the confessional, I am experienced as both confessor and alcoholic, and I would defy any of the confessors to know I am an alcoholic. They may have learned it from someone else, but I didn't confess it myself. I did confess I had had too much to drink. I think our sphere of activity here' is more often in the field of pastoral theology or pastoral care than directly in the confessional. You may be aware from someone coming in, a wife or friend, or from your own observation, that a man very definitely has this problem of alcoholism. My way of handling it is this: If someone comes in and tells me that a brother or husband is an alcoholic, I don't say, "Bring him in." But when I am taking census in that area I find' it easy to get on the topic of alcoholism. I try to convey to the man first of all that alcoholism is a disease, and to get him to accept that knowledge. Now, the acceptance of that knowledge on his part, as having personal application, definitely requires an actual grace because of pride. Another thing in regard to the confessional, Father Ford points out that we must distinguish between the drunkard and the alcoholic; but it works the other way around, too. Not everyone who confesses his sins of drunkenness is an alcoholic; so to advise everyone who comes and confesses drunkenness to go to A.A. is as incorrect as to advise no one to go to A.A. Your knowledge of the particular case will be more complete in the things you know from outside of the confessional, than by what your penitent actually says. I think the most important thing that the pastor can do, especially the non--alcoholic pastor, is first of all to inform himself on the nature of alcoholism. Then, when he sees the symptoms of alcoholism present in one of his parishioners he tries to convey his knowledge of alcoholism as a disease to that person. Then he can try to guide him to those who have personal knowledge of the disease, within A.A. After you do that, continue to give

encouragement, but let go of the ball! Don't try to do it yourself. Give him the knowledge of the fact that alcoholism is a disease; then "let go and let God" step in. That's a phrase you often hear in A.A. I think that's the best help a pastor can give. First of all, knowledge, then guidance to where he can get the therapy of A.A., and then constant encouragement. Of course, too, I think that we should bear in mind that an alcoholic priest in confession can more quickly recognize the problem of alcoholism than the non--alcoholic priest. There is something there we can sense while the non-alcoholic priest might be debating in his mind whether this man is or isn't an alcoholic. On the average, the ordinary excessive drinker does not minimize his drinking, whereas the alcoholic will always minimize it. If he says, "I only had one beer," you suspect him; if he says, "I had two beers," you know he is an alcoholic. The excessive drinker is not particularly ashamed of it. The alcoholic is ashamed of it.

Father B.: I think there is one point that Father brought up that is important. He asked the question whether or not the recognition by the alcoholic of the fact that he is an alcoholic and the admission and acceptance of it was a natural act. I'd like to say this: It is hard for a person who is not an alcoholic to understand how an alcoholic can be so blind to his condition. An alcoholic is suffering terribly from alcohol. Everybody else is aware of the fact that he is alcoholic and that he should never drink, but the alcoholic himself is the last one to become aware of what alcohol is doing to him. I don't think it is a natural act for an alcoholic to be able to see and accept the fact that he is an alcoholic. He is blind to that, and somebody has to help him, and I think that is the work of A.A. The phenomenal success of A.A. is attributed by A.A. to the grace of God which works through this fellowship of A.A. It is the act of charity performed by the members of A.A. in trying to help other alcoholics that brings the grace to the alcoholic to enable him to see that he is a person who never should drink. The members of A.A. become the instruments of God's grace to alcoholics to enable them to open their eyes and become aware of the fact that they are suffering from the sickness of alcoholism.

Father C.: I think the incidence of members of A.A. who did not realize that they were alcoholics is large. We have to keep that in mind. There are a lot of fellows who go along with the program a long time before they admit that they are alcoholic. In my own experience, for a year and a half I had no recognition of the program. I was told I was alcoholic. I couldn't drink. It was a year and a half before I suddenly had the realization. That is the reason we should never push it. The most important thing in the initial period of sobriety, going back to the sacraments and all the other things will follow. Undoubtedly it is an actual grace, but we can't prognosticate that either.

Father D.: Would you say this blindness is part of the clinical picture or part of the ascetical problem of alcoholism as a vice or as a disease?



large enough to accommodate their expanded membership. As of November 29th, the Manhattan clubhouse at 405 West 41st Street (New York City) will be no more. The building has been sold. In the meantime, the various groups, including Manhattan, which made the clubhouse their gathering center, are scrambling around, individually, looking for space for a social center, space to hold meetings, both large and small, space of any kind to be used for A.A. work. This compulsory relinquishment of the spacious 41st Street clubhouse may result in the establishment of many more small groups throughout New York City than exist at present, with each group having its own headquarters --as has long been the case in the other big cities. Manhattan alone has been an exception to this rule.

In Charlotte, N. C., where the group has been unable to find any permanent clubroom space at all, and where the various meetings are held in different places, the problem has been partially solved by a member of the judiciary. Judge Reed of the Domestic Court has generously given over his courtroom at the Mecklenburg County Court House for two meetings a week. . . . The Charlotte branch, which had its inception in 1942 and reports "92% happy and sober," was well represented at a big meeting in Greenville, S. C. Other members came from groups in Rock Hill, Anderson, Spartanburg, and Inman, S. C.; and from Shelby (the original group of the Carolinas), and Asheville, N. C. Bennettsville is a recent South Carolina group to get going; others reporting increasing numbers in the two states are Andrews, Charleston, Greensboro, Greenville and Hendersonville. The two-man Elizabeth City, N. C., Group

visits religiously the meetings at Norfolk, Va.

October finds the Dallas membership confident that local activity is on the eve of its greatest progress. They (the lucky minority) cite, as an example, that club facilities are more adequate than ever!--and that meeting attendance is snowballing. Workmen have completed removal of the three-year-old downtown chapter to the second story of a building which has been sub-leased for two years--2,700 square feet of space. The total membership of this group, combined with a suburban group which is quartered in a formerly fashionable residence whose decorations were executed by members themselves, totals over 200. The two groups cooperate in weekly open meetings. Nacogdoches and Amarillo branches are forging forward, too.

Average attendance of four California groups comes to exactly 1,000: Los Angeles, 400; Pasadena, 200; Glendale-Burbank, 250; Long Beach, 150. . . . The Pasadena Group, one of the first to spring up soon after A.A. was first introduced to Southern California, in 1945, had an attendance of 86 in August, 1945. One year later the count was well over 200. . . . City and county police courts, judges and prosecutors are cooperating with A.A. in Pasadena--which group has been mainly responsible for the organization of branches this past year in Pomona, Arcadia, Whittier and Oxnard.

Since division of the Vancouver, B. C., A.A.s into five autonomous groups, held together by a central steering committee, each group has gone ahead steadily and membership continues to increase. . . . A visit to the Kerrisdale Group by two newspaper men resulted in a highly readable column about A.A. in a Vancouver newspaper, and a radio broadcast over the Canadian Broadcasting Corporation's

network  
from Winnipeg. . . "With drunkenness records in Vancouver police court  
showing  
a  
300% gain over 1943, A.A.'s work gains added significance in the community,"  
writes  
the Vancouver reporter on group activities.

Among the festivities planned for the October 26-27 celebration of the third  
anniversary of the Des Moines, Iowa, Group are a "chuck wagon"  
breakfast--all  
the  
chuck you can eat, you bring the wagon; a ladies' luncheon; an afternoon  
"bull  
session," and a banquet at which 600-750 are expected, with floor show--and  
no  
speeches! . . . The non-alcoholic wives of the Tulsa, Oklahoma, chapter hold  
regular  
meetings.

Two more groups, New Orleans and Houston, have participated in CBS's "Quiz  
of  
Two  
Cities" program. New Orleans came off the winner. . . . A.A.s from New  
Orleans  
addressed the Hammond, La., Group; attending were members from chapters  
which  
derived  
from the original New Orleans Group: Hammond, Covington, and Houma, La.;  
Tylertown  
and Gulfport, Miss. Quite a few veterans are coming into the New Orleans  
chapter,  
direct from the Veterans Hospital--where the medical staff is 100% for A.A.

The South Bronx Group, 222 Alexander Avenue, New York 51, reports that it is  
perhaps  
the only group in the metropolitan area which holds regular meetings on  
Saturday  
nights. Countless visitors, in consequence, from other groups in and around  
New  
York  
City come to these (former binge-night) sessions. The meetings have been  
splendidly  
written up by The Bronx Home News. . . . One of the growingest little groups  
is  
in  
Wooster, Ohio. They have between 25 and 30 members and often exchange  
meetings

with  
the Ashland Group.

From Northern California comes word that there has been "considerable opposition to the A.A. program in Reno, Nevada." But since some of the Sacramento and Roseville members --18 in all--went to Reno and held an opening meet, it is felt that the Reno populace now has a better understanding of the aims of A.A. . . . At a Greenwich Village Group (New York City) meeting last month a brand new woman member told of suddenly coming to--out in Reno. What in heaven's name was she doing there getting a divorce? She got out just in time. Her case was to have been heard the following day. She hopped a plane going East--back to her husband and children and A.A. . .

The 20-30 Club of North Sacramento invited an A.A. to speak at one of its dinners. After the formal talk was over he answered questions peppered at him from the 55 diners. . . The Ladies Group of San Diego enjoyed its first anniversary as a separate group, with the men attending their shindig en masse, proud of the success of the women A.A.s. . . . To the University of California's Institute on Alcohol Studies, held for one week during late summer, came a large crowd from Los Angeles's social, political, religious and scientific world.

The 15 members in Pocohontas, Iowa, have to date had about nine meetings; all hands staying dry. . . . The New Castle, Ohio, Group held a combined meeting with the Alliance A.A.s. . . . Youngstown, Ohio, reports that over 350 new A.A. contacts were made during the first six months that their central office was in existence.



that were just "rim-runners," and there were those few who died drunk, but there were some who had a slip but remained and stayed sober for good thereafter. For those who did try, there were great successes, especially in the Midwest. Let's keep in mind, the culture existing in America respecting AA of that period is not the same as what we have today. AA was unknown, and recovery from alcoholism was relegated to the sparse hospital remedies of the time. The idea of reliance on God to affect a cure was considered radical, and one must consider the tough sell Bill and Dr. Bob had. Imagine being Bill Dotson, AA #3, lying in bed and listening to the proclamations of two people, with no other record of success behind them! How much stock would YOU have placed in their testimonies? It's not like the thousands of AA meetings and members who have had success today to convince people to try AA. Just to reach 34 sober drunks by November 1937 (not 40, as Bill stated in AA Comes of Age), was a true miracle! If 34, or 40, or 79, or 100 people had been healed from SARS, with no other method of a cure for SARS, that news would have been on the worldwide newswires in an instant! We should not think of them as "ONLY 34, or ONLY 40, etc." After all, the successes of these first AAs produced a wellspring of inquiries from media articles of the time. It was a big deal!

Building up from nothing required a tremendous amount of effort and hard sell. Also keep in mind, these were all "low-bottom" drunks. Certainly the majority of AA members today would not be classified as such, and the early AAs had much more devastation to climb out of. To consider a slip in the early days as a failure, come on! What can be expected from an individual who had been a hardcore drunk for many years, trying a program that was virtually untested? Certainly most of them had to be skeptical at first. Fear of reliance on God and selflessly helping others in hospitals and others' homes must have been rampant, as it would have been completely out of character for many of these early pioneers. Adherence to the Four Absolutes, reading the Bible, and attending gatherings must have been a heavy prescription to swallow, to be sure. But many did take it, and many succeeded beyond wildest expectations.

One other note: AA itself produced an internal memo in 1990 called "Comments on AA's Triennial Surveys" that clearly exhibits, at best, a 5% success rate between 1977-1989. 95 of 100 individuals leave AA inside of one year. The general AA public has never seen this report. Before we begin to diminish the importance of our early history, let's ponder our own current situation and see if there's a need to take a cue from our pioneers and see what "really worked."

For those who are interested in the roster, I have it available (in syllabus form), and I will gladly ship it out to those who wish to respond:





taken out of circulation.

Alcoholics Anonymous, an organization founded by Dr. Smith and Bill Wilson, two former alcoholics, completely disagreed with and disproved this theory. It was their contention that the alcoholic is a sick man and should be treated as such. Modern social workers, more and more, are coming to appreciate the point of view of Alcoholics Anonymous.

The question frequently asked, "Why does the alcoholic drink?" is answered by Alcoholics Anonymous in these words: "The alcoholic drinks to escape." The alcoholic is definitely an escapist. He is seeking to escape from some reality or imagined reality. It may not always be easy to put one's finger on the cause of the escape complex, but it is there none the less. It may rest fundamentally in an inferiority complex and frequently it is accompanied by a feeling of resentment or self-pity. The Alcoholics Anonymous philosophy says one of the objects of Alcoholics Anonymous is to straighten out the kinks in his mental processes and thus remove the causes of his escape mechanism.

The Alcoholics Anonymous program is divided into twelve steps. The alcoholic-seeking sobriety is expected to mentally and spiritually live up to each step as it is presented to him.

The first step of the A.A. is nothing more than a recognition of the fact that one has been powerless over alcohol, and that one's life has become unmanageable. This may be very obvious to the general public, but often it is not appreciated by the alcoholic himself. The A.A.'s have an old saying that you may have to hit bottom before you realize it is time to quit, but smart is the man who can come to his true senses before he does. Where there is smoke, there must be some fire and generally the friends and intimates of an alcoholic know it before he himself does. Sometimes, even a bartender will advise a man time and time again to quit, all to no avail. While it is never too late to get the program, it is better to get sobriety before one's home and family life have been destroyed.

Then, you are ready to contemplate the second step - that a higher power can restore you to sanity. This is a difficult step for some with no belief in God, but experience has proven that it is absolutely essential. While there are a small number of atheists and agnostics in the ranks of A.A. - men who either deny the existence of a God or deny that we can know of His existence - it is doubtful if their dryness is due entirely to A.A.

The second step speaks of a higher power, not of a Supreme Being or a personal God. Theoretically, this allows for the inclusion of Pantheists, who associate God with nature, and Deists, who believe in a Supreme Power but deny the validity of Revelation. However, the following steps of A.A. make sense only if one believes in a personal God, that is, a God possessed of intellect and will.

The Third step, following from the second, is a resolution to turn our lives over to this Supreme Power as we understand Him. If we visualize God as a force only, it is ridiculous to talk of turning our lives over to blind force. It is absurd also to make a confession and promise restitution to a blind force. To have any meaning, this Supreme Power must be a personal God.

The Fourth step of A.A. calls for a searching and fearless moral inventory. This personal inventory should be a familiar thing to a Catholic who, from the time of First Holy Communion, has been taught to examine his conscience regularly. This examination should apply not only to lapses from sobriety but to all moral failings. This leads to the fifth and most difficult step of all - admitting to God, to ourselves, and to another human being the exact nature of our wrongs.

In general, the Fifth step of A.A. has brought about greater respect for the Catholic confessional, very frequently a stumbling block to the non-Catholic mind. However, it has also been the cause of some misunderstanding and confusion. True is the old saying, "Confession is good for the soul." But this does not explain the existence of the Sacrament of Penance in the Catholic Church. We Catholics go to Confession because we firmly believe that this is the ordinary way in which Christ intended that sins be forgiven. That is why He appeared to His apostles on the evening of Easter Sunday and conferred upon them the power to forgive sin.

To say that this A.A. confession should be more intensive or complete than the sacramental confession is to misunderstand entirely the place of confession in the Catholic Church. It is possible for one to perform any of his religious duties in a routine manner, but this is the fault of the individual, not the sacrament. For intensiveness and completeness, it is not possible to improve on the sacramental confession rightly understood.

The penitent who approaches the Sacrament of Penance is expected to have a firm purpose of amendment to avoid all sin. He may well have had this good intention in the past but because he was not concentrating at that time on his alcoholic weakness he may not have had the results he now obtains with the help of A.A. The fault however, was not with the sacrament but with the failure of the individual to take proper advantage of the confessional.

The Catholic priest, by his training and experience, is better qualified than any person in the world to hear confession and give advice, but the Catholic priest, who sits in the confessional week after week, is there primarily to forgive sin, not to operate an alcoholic clinic. Thus, in order to obtain helpful advice in dealing with his problem, it is desirable that the alcoholic select a priest who understands the alcoholic mind and has a fair degree of sympathy for the alcoholic.

From the fourth and fifth steps, it may be gleaned that, while alcoholism is

a disease, it is a disease involving moral implications. A person may acquire some diseases through no fault of his own and be in no way responsible for the progress of the disease. But alcoholism is a disease, the progress of which can be checked by the will power of the individual; and all who are capable of exercising free will are responsible. Nor, is it true to say that alcoholics in general are persons with weak wills. It takes a great deal of will power to put in a day's work when one has had little or no rest the previous night; yet, alcoholics do this very thing time and time again.

In the Sixth step, the alcoholic expresses a willingness to have God remove all defects of his character, and in the Seventh step he humbly asks Him to remove the same. This, of course, means that prayer is absolutely necessary and, like St. Francis of Assisi, the sincere alcoholic seeks to make himself an instrument in the hands of God.

In the Eighth step, the alcoholic makes a list of the persons he has harmed and expresses a desire to make amends. Certainly this list should include the members of his immediate family and all those who have befriended him during his periods of drinking. In the Ninth step, the alcoholic proceeds to make amends to all such persons whenever possible, except when to do so would injure them or others. Thus, the Eighth and Ninth steps can be seen to be nothing more than a process of restitution demanded by every sincere confession. By the Tenth step, he continues to take personal inventory from time to time. The Eleventh step is an effort, through prayer, to seek to know God's will, and the Twelfth step is a determination to carry the message to others.

The alcoholic is urged to pray to God. The Catholic knows that God has revealed Himself to us principally through His Only Begotten Son. Most of the prayers of the Mass are directed to God, the Father, "through Christ Our Lord," and the Catholic seeking help from God would do well to carry his petitions to the Father through Jesus Christ our Lord.

The A.A. program cannot be digested with one swallow. The A.A. program is a philosophy of life; as such, it must become part of one's make-up. That means that it must be absorbed gradually. It takes time to tear down the old mentality and replace it with the new.

The neophyte to A.A. will be assigned a sponsor, or, very likely, the sponsor will introduce him to A.A. No one is eligible to sponsorship until he has proven by time and experience that he has a firm grasp of the program and the ability to stay dry himself. It is desirable that the sponsor have some common interest with the new member, e.g., a railroad man should make a good sponsor for a fellow railroad man. The sponsor should also live in close proximity to the new member, so that he can call for him in person and take him to meetings. It is estimated that it requires at least three months for the A.A. program to sink in, so to speak, and meantime, the newcomer to

A.A., with his alcoholic thinking, is very apt to seek excuses for missing meetings. Some sponsors make a practice of calling their subjects on the telephone every day just to bid the time of day and ask him how things are coming. It is no exaggeration to say that the interest of a real sponsor in his subject is comparable to that of a mother in her child.

And so the newcomer is introduced to the A.A. set-up. For more effective results, the large A.A. group is divided into squads. A squad is generally composed of from fifteen to twenty members. When it becomes too large, it will be split in two, one of the older members assuming leadership of the new squad.

The squad meets once a week, either in the A.A. clubhouse or in the home of some member. The squad meeting consists of a discussion of the A.A. program conducted by the chairman of the evening. The purpose of the squad meeting is to deal with present difficulties confronting the members in their efforts to live the program. It is no place for delving into past escapades, however conducive these may be to humility. The operation of the squad is nothing more than the submission of individual problems to a treatment of group therapy.

Since most alcoholics drink as an escape, the squad affords an excellent opportunity for this mental twist in one's make-up to be brought out into the open and straightened out accordingly. The alcoholic is suffering from some variety of frustration. The squad meeting endeavors to discover it and eliminate it. Phenomenal success has been achieved by the medical profession in the use of a new drug sodium pentathol. This is used in mental cases to obtain a subconscious confession. The patient under the influence of this drug will talk about the thing that is bothering him. After being thus relieved, a new personality is constructed.

In a similar way I the squad endeavors to reconstruct the personality. However, there may be some tender points too delicate or too personal for squad discussions. These should properly be treated in confession. Herein, the Catholic has the added safeguard of the sigillum, or seal of confession, which binds the priest to absolute secrecy. Archbishop Murray has stated that A.A. endeavors to bring into the open all of the alcoholics good points and bad points, then suppress the bad and develop the good. The squad discussion ends at an appointed time and is followed by light refreshments usually served by wives of the members.

The social element of A.A. is of vital importance. The A.A. program is a serious thing; it needs something to lighten it. If a man takes A.A. too seriously, with no sense of humor, he becomes a dry drunk. He does not drink but he is not happy about his condition. Many an individual has tied up his fun with drinking. The A.A. program should enable him to enjoy himself without drinking. Many an A.A. will testify that he has made his truest friends through this organization. Common interests and personalities that

coincide with his may be the basis of his selection. The happiness of the individual is vital not only for his own well being, but also for the happiness of his family.

In addition to the squad meetings, the newcomer is asked to attend primary classes, usually one a week, where the twelve-point program is explained by veteran members of the organization. Many of the larger groups, from time to time bring in an outside speaker, such as a doctor, clergyman, or judge, who will speak to the entire membership on some subject of practical interest. Thus, it can be seen that A.A. activities, social and otherwise, will consume a great deal of the alcoholic's free time. Even after one has been dry for some time, it is important to keep in close contact with the A.A. groups - although this is more imperative in the first stages - and so any position that keeps a man on the road or working nights is hardly conducive to the A.A. program because it makes regular attendance at meetings well-nigh impossible.

At first, it is more or less necessary for an A.A. to concentrate on himself; but gradually he should branch out in his viewpoint and see how it is affecting his relations with others in order to complete the picture as he wants it - namely, a normal happy life. He might ask from time to time, "Am I using the fact that I am dry as a defense against personal criticism? Do I fly off easily as I did when I was drinking? Do I harbor the same petty resentments as before?" This might well be a matter of personal inventory.

The newcomer to A.A. may discover that some prominent members of the organization make no serious effort to keep the twelve steps, but this does not militate against the soundness of the twelve steps any more than the presence of hypocrites militates against the soundness of the Christian religion. He should bear in mind the fact that not every A.A. who remains dry does so because he has faithfully adhered to the program. The A.A. program leaves no place for bitter resentments and hatred, yet some A.A.'s holding these resentments manage to stay dry. Their dryness may be due to the fact that, owing to their prominence, they have been placed on a pedestal by their fellow members. Thus, human respect or self-pride is the impelling force in their dryness. Others may stay dry through fear of consequences brought on by a doctor's warning or the threat of a wife or employer. Nevertheless, the experience of most Alcoholics Anonymous has been that you don't stay dry very long if you stray far from the twelve steps.

Obviously, A.A. does not have 100% success. Some individuals will just not make the effort to cooperate with the help which the A.A. program offers. It may be that a judge has given an alcoholic the choice of either submitting to A.A. or doing a stretch in the county jail or workhouse. It is not difficult to make a choice between these alternatives. Here the A.A. members are faced with the task of selling their program to one who has little or no interest in A.A. and has come to it only because he regards it as the lesser of two evils. Furthermore, A.A. has no screening process so that many

persons find their way into the group simply because, along with other evils, they have engaged in excessive drinking. This drinking may only be an external symptom of a far deeper-rooted ailment which in many cases will require institutional treatment of a specialized nature. Despite these factors, A.A. has had phenomenal success, and it is estimated roughly that about 75% of its members have remained permanently dry from the time they entered the organization.

The importance of the Eleventh and Twelfth steps can not be overemphasized. The A.A. member is urged to spend at least fifteen minutes a day in sincere and humble prayer, asking guidance from that Supreme Power without which it is impossible to get this program. The A.A. program is a twenty-four-hour-a-day program. No one of us has a long-term lease on life. We live one day at a time. So the A.A. every morning asks God for twenty-four hours of dryness and every evening gives thanks for the same. If he keeps this up the rest of his life, he can truly say, "I got the A.A. program."

In this respect, at least, A.A. is preferable to the pledge method of combating alcoholism. The alcoholic who took the pledge frequently managed to stay dry for a definite period of time but, when the time was up, his old weakness was back again. I know of one alcoholic who for fourteen straight years has taken the pledge and kept it, but this is exceptional indeed. Usually, it is a case of looking forward like a child to Christmas or Easter when, after a period of fasting, he is able to eat his candy again with renewed vigor. The candy in question is poison to the alcoholic.

This, incidentally, helps answer a question frequently asked: "How does it happen that an A.A. after a long period of dryness sometimes slips?" It is often due to the fact that he has maintained a mental reservation that someday he will be a controlled drinker, that some sweet day he will be able to take that first drink again without courting disaster. What an ambition to carry through life! It is the firm conviction of A.A. that the alcoholic can never become a control drinker, that he should seek his recreation in other pursuits. This is part of the A.A. procedure, a battle of no mean proportions for one who travels in society where highballs flow freely.

The Twelfth and last step of A.A. is an effort to change the alcoholic, by nature an introvert, into the finest type of extrovert. That is, indeed, a radical personality change. The psychiatrists say that the happiest people in the world are those who forget their own troubles and concentrate their energies upon the troubles of others. Christ has expressed the same thought in the words, "He that saveth his life shall lose it, and he that loseth his life for My sake shall save it." Next to the mental reservation mentioned above, the greatest enemy of the alcoholic is the element of self-pity. One who has constantly before his eyes the spectacle of those whose miseries are greater than his own is not likely to be carried away by a contemplation of his own heartaches.

Yes, the alcoholic is a sick man, but the prescription that has enabled thousands to check this disease consists of straight, honest thinking, will power, and divine assistance.

The patient entering freely into discussion with fellow alcoholics, giving helpful advice to others, and receiving the same in return, regains confidence in himself. Because he had lost that confidence, he sought, through drink, to escape from reality. Through the sacrifices other alcoholics have made for him, he realizes that he realizes that he is no longer an outcast of society but a worthwhile individual. Praying and seeing his prayers answered, he realizes the significance of the words, "Ask and you shall receive, seek and you shall find, knock and it shall be opened unto you."

We Catholics believe that salvation is not a momentary impulse but the work of a lifetime. Sobriety, like every virtue, is a lifetime job, for Christ has said: "He that perseveres to the end, shall be saved."

Clear thinking should enable a Catholic to see that there is very little in Alcoholics Anonymous which the Catholic Church has not had for centuries. Trust in God, Meditation, Examination of Conscience, Confession of Faults, Purpose of Amendment and Restitution are nothing new to Catholic theologians. Matt Talbot and others, who had an alcoholic problem, straightened out their thinking without the aid of the twelve steps in written form, but they used the twelve steps because the twelve steps of A.A. are hidden in the conscience of every man. They can solve the problem of alcohol; they can solve many other problems as well.

The Church teaches us the dignity of the individual soul, the superiority of the spiritual over the physical, the concern of Almighty God for His creatures, and the need of our dependence upon Him. The saints of God urge us to pray as if all depended on God, and work as if it all depended upon ourselves. This is the pathway to sobriety, this is the pathway to every Christian virtue.

The great contribution of A.A. to the solution of the alcoholic problem is in helping the alcoholic by scientific analysis of his make-up to answer the question, "Why do I turn to drink?" Some may think that the remedies applied are newly discovered in this Twentieth Century, but actually they have existed for centuries in the moral principles of the Catholic faith.

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+++Message 1315. . . . . Addendum to Roster of Early AA  
Pioneers (Important)  
From: Richard K. . . . . 9/10/2003 8:55:00 AM



the truth behind AA's success rates then and now? 5) Were AAs misleading about a cure for alcoholism, as the editor of Dr. Bob and the Good Oldtimers suggests? and 6) How accurate was the Frank Amos report of 1938 regarding the early Akron laboratory?

Also included is a chronological survey of the early AA pioneers, covering the period from Bill Wilson's sober date (Dec. 11, 1934) through the release of the Big Book in April 1939. Various sources were utilized in the formation of this roster, and they are noted in its introduction. Two of the founders' own statements verified the accuracy of the roster up to November 1937, which culminated in 34 miraculous recoveries. The remaining period (Dec. 1937 - Apr. 1939)

is as thorough as could possibly be reconstructed. It is noteworthy that the historical reminiscences of this period cover much of the organizational beginnings of AA, and the work on the Big Book; however precious little exists pertaining to the actual members themselves. Nevertheless, original rosters from this period are still congruent, and an Akron oldtimer in 1941 verified in the media that "31 Akron members (as of 1941) were between 2 ½ and 5

years sober." The roster matches this total exactly, thus confirming the

Midwest AA picture up to April 1939. The New York side is still open to debate, and hopefully the continuation of unearthing new sources will complete the picture in its entirety.

The final inclusion is a painfully disheartening revelation: the deliberate rewriting of AA's most precious and electric newspaper reviews of all time: the Elrick Davis series from the Cleveland Plain Dealer in October of 1939. This review alone sent prospects clamoring for the doors of AA's press office, resulting in a tremendous boom in Cleveland, from 15 groups to 100 in two weeks!

Another truly exciting find was a reservoir of media articles in the late 1930s and early 1940s proclaiming to the nation AA's cure for alcoholism. Yes, cure! Author Dick B. was as shocked as I was when I presented him with hundreds of newspaper and magazine articles that corroborated what was only recently a handful of quotes from AA's literature stating early AA's considered their victories to be a cure. This 222-page collection is a unique treasure, and it was first unveiled as a display item at the Delaware history conference. Several requests for copies came in, and it is now being printed, and it will be available for shipment early next week. So You Think Drunks Can't Be Cured? will undoubtedly silence the critics who suggest that AA's were misleading!

The costs of these books are as follows:

"Early AA: Separating Fact from Fiction" (includes the roster)

61-page spiral-bound

\$17.95 + 1.90 shipping = \$19.85

(Samples of articles from "So You Think Drunks Can't Be Cured?" included)

"So You Think Drunks Can't Be Cured?"

222-page spiral-bound

\$34.95 (shipping unknown at this point. Shouldn't be much.)

"New Freedom: Reclaiming Alcoholics Anonymous"

Release in 2004, price undetermined

Orders of 10 or more books = 10% off total price, including 10% off shipping.

Any orders for multiple books, I'll email you with the applied shipping total.

Mailing address:

Golden Text Publishing Company

600 Main Street #1

Haverhill, MA 01830-3228

Cash or check is fine. Not set up for CC at this time. Please make checks payable to Richard Kolenda c/o Golden Text Publishing Company  
I will send out the books right away upon your request. Honor system will be in application for the first few weeks.

Questions: Office Tel (978) 697-4438 Fax (978)374-1683

If you are interested in either or both of the first two books, please reply with email.

If you wish to be kept in mind for the release of New Freedom, please add a note along with your request.

This has been an unbelievable summer, and I did not expect the demands for history that has come in recently. I was planning to set up a website in December, and hopefully this will be expedited in short time. It will include excerpts of the above material, and several short articles I have written in the past year.

For those interested in hearing the Delaware history conference, please see Glenn K Audio Tapes on the web.



clubhouse with grounds adequate to build an adjoining one-story auditorium which is planned for the near future. Valued at \$18,000 and completely furnished through the work of the Ladies Home committee and fellow members, the club house is described as "sanctuary and bee-hive combined." Squad meetings (classes for beginners) and a general meeting on Saturday keep up the activities every night in the week. Since the first meeting on June 21, 1945, the club has grown to more than 100 members and while growing "fast and strong" has had the finest cooperation of civic clubs, newspapers, judges, doctors and hospitals.

Hoosiers Hustle. A.A. might have a second meaning of "all angles" in Indianapolis, Ind., from the variety of activities there. An open forum has been scheduled for November 8 when lay questions will be answered by a board consisting of a representative of each sectional group in the city. Dates for the fall anniversary banquet and a founders' day or commemorative Sunday breakfast meeting have not been fixed. The latter will feature an outline history of A.A. for the benefit of the untutored. Decidedly worthwhile results have been reported by a small group which has made its particular business the contacting of A.A.s who did a good job for a while but drifted away.

Two Freedoms. Of 40 members of the A.A. Group at the Federal penitentiary at Leavenworth, Kans., who have been released either by expiration of their term or parole, none has returned to the prison, although all members of this Group credit their imprisonment to trouble caused directly or indirectly by alcoholism. Members of the Kansas City, Mo., Group held a meeting at the prison April 22, 1945, after obtaining sanction of the prison officials. From the original five, the

attendance at  
the first anniversary meeting readied 61 with the present figure at 80,  
including 15  
one-year members. From time to time members have been transferred to the  
"honor  
farm"  
and at request of 10 members, permission was given to start group there on  
August 25,  
1946. Programs stress the 24-hour plan and remind members to take it easy  
and to  
remember the importance of immediate A.A. contact with their local groups  
which  
will  
help them to start a new, sober, sane existence on release. Two members of  
the  
Kansas  
City, Mo., Group attend each meeting and usually give short talks. But the  
inmates  
have their own secretary, are in charge of the meetings, and have the major  
part  
of  
the program. Books, literature and subscriptions to the Grapevine are  
furnished  
by  
the Kansas City Group.

First Birthday. Members of "The Fellowship Club," other A.A. groups and  
specially  
invited guests including ministers, several judges, members of the city  
welfare  
board, members of the parole board and relatives of some members for a total  
of  
135,  
attended the first anniversary banquet of the A.A. Home in Minneapolis this  
fall.  
Starting with seven members, the club was reorganized under its present name  
with  
membership average of 40 and indications of continued growth.

Parties, Picnics. San Francisco's first neighborhood A.A. Group, the  
Mission,  
celebrated its first anniversary recently with an open house for the city's  
members  
and their families. On the same night the second neighborhood Group to be  
formed, the  
Midtown Marina, became the first to divide because it had become too large.  
The  
new

Groups, Midtown and Marina, adjourned to attend Mission's party. The second picnic of 1946 for the San Francisco Group was held recently at Sonoma Golf Club with more than 300 members and their families present. The same Group's second annual fish fry at the central club house drew more than 500 A.A.s and their guests.

Community Interested. Group psychotherapy used by A.A. was demonstrated by a Syracuse, N. Y., physician before the upstate interhospital conference held recently in Syracuse Psychopathic hospital, according to The Post-Standard of that city. The program urged creation of a hospital for alcoholics. In an editorial, "Problem for the State.," another newspaper, The Herald-Journal, praised the work of A.A. in an editorial stressing the need of some constructive action. Members of both the Eastwood and Central Groups were speakers at the conference and were swamped with questions by interested doctors, one of whom said that A.A. therapy went far ahead of them on the road to proper treatment. Professional and business clubs of Syracuse are taking a keen interest, having invited A.A. speakers to future sessions. A radio program is being worked out for early presentation.

Another Clinic. Working in cooperation with a local doctor, the Fort Worth, Tex., A.A.s have made arrangements for hospitalization in a hotel near the club house. Daily medical attention is given each new "drier-out" with the doctor seeing that everyone placed there has a complete physical check-up, administration of glucose and other medicines. Some member or members of the group will be present on two-hour day or eight-hour night shifts with a dispatcher lining up members to spend the periods with patients they have volunteered to help.

Help Remove Blinders. "We may be wearing bigger blinders than we know," a psychiatrist is quoted as saying in the Nassau Medical News, organ of the county medical society in a front page article on A.A. in its fall number.

According to

the

canon of a Long Island cathedral, the Baldwin, N. Y., Group helped the doctor

who

prepared the article. "An amazing thing has happened," the article begins.

"A

group

of laymen with no training in medicine or psychology has built up in the past 12

years a system of treatment for alcoholics that has produced unbelievable results."

After telling why A.A. succeeds where "medicine and religion had admittedly failed,"

the doctor discusses the varying altitude of psychiatrists with the conclusion

voiced

by one, "It is highly imperative for us as presumably open-minded scientists to

view

wisely and long the efforts of others in our field of work." The article

ends by

telling Nassau county doctors how to reach the Garden City, Manhasset and Baldwin Groups.

No Distinctions. "Class groups as such do not seem to thrive," the

Grapevine's

reporter from the East Los Angeles, Cal., Group concludes in telling how that

Group,

although small, is contacting many people of Spanish-American ancestry with some

good

results. "We have a large Mexican population, about 300,000, in the area and they

have about the same ratio of alcoholics among them as any other class or nationality.

The A.A. approach is difficult, due to many factors, but we keep pitching," writes

the correspondent. One three-year member is now living in Culican, Sinaloa, Mexico,

and is trying to start a group there.

Circuit Flashes. San Diego, Cal., reports A.A. really growing, with Wednesday open meetings in the Chamber of Commerce auditorium, which seats 500. The sixth anniversary dinner, November 6, will be attended by several A.A.s with "six years of real living." Formation of a Norwegian group with the A.A. program in that language is reported. The Bronx County, N. Y., Group celebrated its second anniversary with a dinner attended by 300 members and friends. A Catholic priest was guest speaker.

From Sacramento, Cal., comes a report of more than 200 members and their families attending the October picnic of the organization with many present from Sacramento, Fresno, San Jose, Stockton, San Joaquin county and Roseville. In addition to building its own organization up to 80 members, the branch has helped form clubs in Yuba City, Marysville and Reno. About 85 members of the Rockland County Group, Suffern, N. Y., celebrated the first anniversary recently with a New York speaker. A member of the Austin, Tex., Group found A.A. an occupational hazard, for while he was talking to a man in an Abilene apartment two men who have been convicted and fined as bootleggers came to the place and started a fight ending in a 20-shot gun battle. The Wichita Falls, Tex., Group reports that body doing well with 12 members at present.

First Annual Dinner. The Bay Ridge Group, Brooklyn, N. Y., held its first annual dinner on October 7 and the relatively small dining room was filled to capacity. More than 100 A.A.s and their friends attended. Canon Sydney R. Peters of the Cathedral of the Incarnation, Garden City, L. I., was the principal speaker. The Bay Ridge Group has increased from seven members a year ago to 52 members today.



scientific men have found that most drunks are in the thirty to fifty age group, married, likable, and good workers when sober. Incidentally, when we speak of a "drunk," we don't mean the fellow who gets an edge on at the annual office party. We mean the fellow who never gets tight on holiday eves; his benders begin when the rest of the town returns to work.

Mr. X, that drunk who was fired from the industrial plant, was sick, just as sick as the diabetic or the man who forced to take time off during the year because of severe arthritis attacks. These latter get the sympathetic understanding they deserve. But the drunk is usually considered a moral weakling, a slothful liability on the office books and, generally, a bum with a white shirt

However, employee ignorance of his trouble is being replaced by familiarity with his problem. More than altruism is prompting the big industrial concerns to look deep into the matter of coping with the drunken employee. They want work for pay. Fortunately, any effort made by industry to understand and to help the drunk is just as welcome and just as beneficial to him as that made by the persons who love him, and who want so much to help him.

There's only one "but" in the recovery of an alcoholic. He can recover, but, only if he wants to recover. All the effort in the world won't amount to a drinker's dram if he isn't ready to quit. After the professional diagnosticians tell him what's wrong and what he can do to arrest - never cure - the disease of alcoholism that afflicts him, he is his own doctor. Usually he keeps his determination firm by joining Alcoholics Anonymous.

While it was unfortunate that the employer of our Mr. X was ignorant of the fact that he was a sick man, it was just the prod X needed. It sent him home frightened, hurt, and terribly aware of something that everyone, his wife and four school-aged children included, knew - that he could not be a social drinker: that once he took just one drink, he was headed for an extended bout with the bottle. One drink was too many; ten, not enough.

His wife was less concerned with the shabbiness of their home than with the marks of degeneration that were fast beginning to appear his language, first uncouth, had become obscene. His dress reflected a complete neglect and disinterest in appearance. Where once the wave of his hand replaced the good night kiss for the children on the rare occasions when he saw them, now, even that was forgotten. He had also forgotten his God. The Sabbath was spent in bed until shortly before the saloons opened at 1 P.M., the signal for an extended drinking session.

The weary, heartbroken wife was through. Either he looked into Alcoholics Anonymous, she said, or they separated.

And so it was on the evening of the day he was fired he went with an A.A.

member friend to a meeting.

At the meeting, in a community hall, Mr. X heard one of three guest speakers from a neighboring A.A. group tell the audience of about a hundred alcoholics and their friends and relatives how he had quit drinking three years earlier. The speaker traced the trouble he had with alcohol for fifteen years prior to joining A.A. after being fired for drunkenness on a responsible job. Mr. X thought the speaker was drawing on his own recent experience with John Barleycorn, their cases were that similar. Actually, most members of A.A. tell the same story, except some hold out longer than others before joining. In every case, they came into A.A. when they "hit bottom," to use an expression peculiar to their descriptions of defeat through excessive drinking.

After the speaker's story of the plight that went with his drinking, that actually was his drinking, he unfolded a happy tale of recovery through A.A.

Within a week after attending that meeting, Mr. X got his job back, thanks to a non-alcoholic friend of A.A., an employer who became a friend of A.A. Aided by the experience of seventeen years of A.A., industry is slowly recognizing that it can fight, along with the victims, the scourge that alcoholism is. This fourth most dreadful and most devastating disease in the world claimed 12,000 known victims last year. Unlike the so-called natural diseases, it can be controlled or arrested.

Of course, it is not simply a matter of just quitting, but really a matter of keeping alive your determination to stay away from that first drink. And if a person wants it, there is the help that 120,000 ex-drunks will gladly give. They know and understand the problems of confusion and remorse that afflict the man or woman trying to fight his or her way back to normal. And they are happy to help in gratitude for the help that was given to them.

We are more concerned here with what industry is doing about the alcoholic employee than with a detailed history of alcoholism and Alcoholics Anonymous. But because A.A. is such a unique phenomenon in society, because it is completely free of materialism, it might help all of us to better understand the informal group if we mentioned one or two facts about it that set it apart in a world pretty much preoccupied with the "gimmies," with a suspicion of anything free. A.A. is refreshing in that regard. It asks nothing of the potential member but that he or she sincerely desire to stop drinking.

A.A. has no formal membership, no dues, offers- no material aid, and is not affiliated with any religious group or political party. It cares not what your social status is, nor is it concerned with even so much about you as your name, if you want it that way. However, A.A.'s because they are alcoholics, are sociable, gregarious people, a fact that goes far to explain the success of the organization.

The meetings are informal. A newcomer may stroll into a session, sit and listen to the speakers, partake of the customary coffee and cake, and head home without anyone having "bothered" him. Usually though, a newcomer is easily recognized by his very effort to be inconspicuous, and is greeted by a member.

A.A. has only one purpose: to help alcoholics get and keep their sobriety, and to be happy in that sobriety. That last conjunctive phrase is the nub of it all: happy sobriety. Many non-A.A. alcoholics have been sober for periods, but they seldom were happy and usually returned to the bottle with destructive vehemence. That very briefly, is A.A.

To understand what industry is doing about alcoholism among its employees, glance at this roster of some of the larger firms that are doing a mutually beneficial job: Eastman Kodak; The Texas Company; Allis Chalmers, of Milwaukee; American Cyanamid Company; American Rolling Mill Company of Middletown, Ohio; E.I. du Pont de Nemours & Company, and the Consolidated Edison Company of New York, Inc.

Let's look in on the last named, Con Edison, as the company refers to itself on the thousands of signs and flags that it has posted and flapping throughout an extensive Metropolitan area. We chose Con Edison, which is the largest electric utility system in the world, because it recently disclosed the results of a program, inaugurated over four years ago, looking toward rehabilitation of the employee who did not know how to drink...and proved it. The proof took many forms, not excluding too many trips to the "dentist," Grandma's funerals," and that ever-recurring "sore throat." (No one ever thinks of the embarrassment experienced by the poor wife or mother who has to deliver the bare-faced lies to the employer of the drunk. Both usually know, too, which makes it more embarrassing.)

That company's program of rehabilitation for the excessive drinker began in December 1947. The record actually began on January 1, 1948 (always a good day of resolution, that first day of the new year), and in the time since, 135 employees whose heavy drinking interfered with their work were brought to "final warning." Of that number, 53 responded quickly to comparatively simple measures - threats of time off without pay, reminders of the permanent debility that could result from continued excessive drinking, and other admonishments and advice. According to Dr. S. Charles France, associate medical director of the company, the 53 were "chronic excessive drinkers without psychological maladjustments, reactive alcoholics, and less serious psychoneurotic alcoholics." In other words, they were uncomplicated, run-of-the-mill drunks.

The remaining 82 repeated their drunkenness. Eighteen of them were retired on pension because of age and faithful service. Thirty-seven more were discharged without pension but with separation pay over a lesser period.

Eighteen responded to treatment and eventually were returned to their jobs as "arrested cases," and nine, of whom several had severe psychological disturbances, were discharged.

Thus, the overall number of employees reclaimed there was 71 of 135, or 52 per cent. Of the cases coming up for recurrent offenses, only 18 of 82, or 22 per cent, were reclaimed.

At Du Pont, Dr. George H. Gehrman, medical director, said that A.A. had saved the lives of at least 180 employees there since 1943. It was in that year that Du Pont became one of the first major companies to recognize alcoholism as a disease and began to treat it as a health problem. Of the 76,000 workers at Du Pont, 180 are active in A.A. groups established at twenty plants. Thirty-four of them are supervisors.

"No man should be fired just because he is an alcoholic," said Dr. Gehrman. "If an alcoholic wants to stop, he should be given a real chance. He can be helped, and he is worth helping. When an alcoholic stops drinking, he is a somebody. He is a man of character and intelligence. I believe that we have actually saved the lives of 180 Du Pont employees who are in A.A. now. If these alcoholics had not joined A.A., in all probability they would be dead or insane now."

Talking about the employer's role, the doctor, who probably has dealt with more alcoholics in industry than any other medic, said this: "An employer takes less risk in hiring a member of A.A. than anyone else because such individuals know their problem, are honest with themselves and are trying to grow emotionally. He warned, however, that if an alcoholic "cannot, or does not want to stop, he should be discharged - the sooner the better."

Dismissing him under such circumstances, the doctor emphasized, "may prove a blessing to him" because "it may be just the jolt he needs" (as was the case with Mr. X, you may recall).

The Du Pont program involves work and education with supervision throughout the company and among the individuals themselves. Meetings are held in plants and offices to acquaint management and employees with A.A., and to break down the old stigmas attached to alcoholism. The alcoholic worker is urged, but not pressured, into joining A.A.

There are many approaches to the problem by industry, and while Du Pont sets a pattern, some of the others have merit worthy of adoption by concerns still feeling their way along. One large

plant, for example, has set up a special bureau within the personnel division just to deal with the alcoholic employee. Several hundred employees are being "cased" intelligently after a therapeutic experiment conducted during the past year and a half.

Another plant hired a member of Alcoholics Anonymous. Because he knows the problem first hand, he has had real success in getting the drink-problem employee into Alcoholics Anonymous.

Still another concern of about 4,000 employees leans heavily on the services of a community clinic for alcoholism, utilizes one man from the labor relations department as a liaison between the company, the clinic, the individual, and the immediate supervisor. Then there is the company that is active in aiding the development of more effective community resources to meet the problem of alcoholism. Through its medical staff it refers employees to the community agency which, leans heavily on A.A.

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+++Message 1318. . . . . Re: Bloomington Illinois  
From: jbackman1@aol.com . . . . . 9/12/2003 2:36:00 AM

|||||

Hello group ---

Does anyone have information about the beginnings and early history of AA in Bloomington, Illinois? I moved here two years ago, and though there are some relative oldtimers, I have not met anyone who can trace his sobriety to the beginning of AA here.

Thanks for the help.

Jon B.

Bloomington, Illinois

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+++Message 1319. . . . . Rel. & AA - Christian Herald, August 1953  
From: Jim Blair . . . . . 9/12/2001 8:59:00 AM

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Christian Herald, August 1953

YOU CAN HELP AN ALCOHOLIC

By Keith De Folo

The door slams: A man staggers into the house, reels toward the living room,

slumps on the sofa. His wife angrily throws down the book she is reading and shouts: "Drunk again Bill, I can't stand this any longer!"

Bill grunts and shakes his head. He is lost in an alcoholic fog. He falls back in his drunken stupor, oblivious to everything. Lois springs her feet and hurtles across the room. Tears pouring down her cheeks, she pounds on her husband's chest. Bill! Bill! What are you doing to me? How can you be so selfish?"

Her voice trails off in a sob that is a prayer. "Oh, God! How is this going to end?"

This was the nightly scene in the home of Lois and Bill before Bill became one of the founders of Alcoholics Anonymous. (only members know his last name.)

For them the problem has been solved.

But other families across the United States - nearly four million others - are systematically being robbed of happiness by the alcoholism of one or more of their members. Lois has something to say to them that can and does transform their lives.

The technique is neither difficult nor mysterious: Bill was the alcoholic; but he could never have made a comeback without the help of Lois, the non-alcoholic. What she learned about the wife's part in a husband's drinking startled her into setting up the "Ladies Aid" of A.A. It's called simply the Family Group," and it quietly preaches that nagging, accusations and the tears of martyrdom are no way to effect the recovery of an alcoholic relative.

The approach that Lois learned the hard way and which the "Family Group" is spreading, you can apply for - and to - yourself, if there is an alcoholic in your household. During the past two years this revolutionary technique has brought a new and sober way of life to families all over America.

It's revolutionary because it turns the spotlight on the "innocent partner - you. "Has your mates alcoholism made you difficult to live with," they ask, "If so, better clear up your own problem. Your recovery will hasten the recovery of your husband or wife."

No one knows better than Lois; how an alcoholic husband can drive his wife to the very edge of despair. She learned it firsthand, heard the dismal accounts time after time as she toured the country's A.A. chapters with Bill. While he met with alcoholics, she listened to their husbands and wives. Talking out their troubles with one who had been through the mill helped. In 1951, Lois tied these wives and husbands together into an organization - the "Family Group." It was a way to help folks avoid some of

the mistakes she and others had made.

Before Bill's amazing recovery in 1935, Lois supported and ruled the house. Bill was like a child - almost totally dependent upon her. In her multiple role of mother, nurse and wife, Lois became domineering. For seventeen years Bill drank steadily, and for seventeen years she pushed him into every "cure" she could think of - medicine, books, psychiatry, sanitariums. Bill always found another bottle.

It was a nightmare. She screamed at him. She threw things -pots, lamps, bookends, anything her hysterical hands touched. From a poised helpful wife, Lois turned into a neurotic, self-pitying creature. Bill, of course, lost every job. In his late thirties, he was a human derelict, a hopeless drunkard. Lois worked in a New York department store; doctor and hospital bills had to be paid, and often Bill had to be bailed out of jail. Lois often wondered how it would all end.

Then one day it did all end - sharply and suddenly. An old school pal of Bill's visited him. Once, he too, had been a hopeless drunkard. Now he stood before Bill glowing and fresh skinned, freed from the tight grip of alcohol. How had it happened?

"Religion," answered the friend. "God pulled me out of the gutter. I've come to tell you about it."

This was the deepest experience in Bill's life. He was powerless over alcohol, but there was a Higher Power waiting to be tapped.

His newly found faith in God and himself yanked Bill away from the bottle and kept him away. It was the beginning of Alcoholics Anonymous.

Through salvaging other alcoholics as he had been salvaged, Bill found peace and happiness. But Lois was not completely happy. Too long, she had dominated Bill. Suddenly, her job was over. She recalls: "I was resentful. My life job of sobering up Bill with all its responsibilities had been taken from me. I had not discovered anything to fill the void."

Bill found great benefit in attending religious meetings on Sunday nights. To please him, Lois went along. Bill's meetings had nothing to give her, she told herself.

One Sunday, Bill said, "Hurry up, dear! We mustn't be late." Angrily, Lois picked up a shoe and hurled it at her husband. "I don't care about your old meetings!" she cried.

And before the shoe hit the floor, it dawned upon Lois that she was actually jealous of Bill's meetings! She resented the new interest in his life which took up so much of his time. While Bill was trying to get back to normal,

Lois was standing still. At that moment, she made a momentous decision: "I climbed on the A.A. bandwagon and began living by the same principles as Bill."

As Lois applied A.A.'s "Twelve Steps" to her own life, she wondered about the wives and husbands of other alcoholics. Were they making the same mistakes she had made? Were other wives

hindering their husbands recovery by nagging, themselves twisted by resentment, fear and self-pity?

Out of Lois' questioning sprang the "Clearing House" for the Family Groups. Two-and-a-half years ago, Lois and six other wives of alcoholics took over the loft of an old stable in lower Manhattan. From here (and their mail address, Box 1475, Grand Central Station, New York 17, N.Y.) a mountain of sound advice in letter and booklet form has gone to fearful and frustrated relatives all over the world.

Typical of the letters, that pour in weekly is this one from a distraught mother: "Please tell me what I can do to help my boy stop drinking. He is only 28 and has left his wife. He is our only child. Every night I pray for our son."

This mother was immediately put in touch with the nearest Family Group. From the Group, she secured literature which explained alcoholism to her son and herself. Soon, her boy may go to an A.A. meeting which could steer him to a new way of life. The answer to her prayer is on the way.

The "Clearing House" helps to organize a new Family Group wherever there is a need. Often Lois "introduces" by mail several non-alcoholics who live in the same town. Out of this arises a Family Group that meets in a home or a church basement.

Today, there are nearly 500 Family Groups in the U.S., Canada and overseas. Many a member has changed from a non-alcoholic but nagging wife or neurotic husband into a normal human being. The result: many alcoholics have stopped drinking months and years sooner.

Joan, a pretty young housewife, has found serenity in the year she has attended the Group in her town. Her husband, Tom, an airplane mechanic, drank steadily for ten and a half years. About a year ago Tom agreed to accompany a friend to an A.A. meeting. Tom liked the men and women he met there and has kept going. But occasionally, he slips off the A.A. program and goes on an all-night spree. Does Joan get frantic with worry?

"Not for a moment," she says. "I've learned to accept whatever happens. I'm so grateful that his drinking is no longer a nightly affair."

Through the Family Group discussions Joan has learned to control her "fear wheels." If Tom doesn't come home at 5:30 from the factory, Joan no longer imagines the worst. Instead, she prays: "God grant me the serenity to accept the things I cannot change; the courage to change the things I can; the wisdom to know one from the other."

If Tom comes home with a "glow" Joan greets him with a smile and a warm dinner. The old method was tears and a fierce upbraiding. Her new attitude of acceptance shames Tom, and takes the "kick" out of his bender. Tom redoubles his efforts to stay sober.

Jim is an advertising executive in New England who often tells an exciting story at his local Group meeting. Once, he was positive his wife was going insane. Nightly, he watched Sarah drink herself into a blind stupor. He tried to reason with her, and she laughed at him. He pleaded with her to see a doctor. "Me sick," she cried indignantly. From the Family Group, Jim learned not to antagonize her; building up resentment in the alcoholic against the non-alcoholic prolongs the drinking.

One day, Sarah, in an impulse of despair, phoned A.A., and a woman member came to her house that evening. Sarah learned that she herself was an alcoholic - and a very sick one. For today, most medical authorities say that alcoholism, like diabetes, progresses unless it is checked. Unlike diabetes, there is no "insulin" for alcoholism. The only prevention and cure is total abstinence from all liquor.

With the help of A.A., Sarah began her comeback.

Later, Jim and Sarah went to a party. As a trayful of cocktails was passed, Jim whispered: "Careful, dear! Better not take that one!" Sarah didn't, but she glared at him. At home, she rebuked Jim for his lack of faith in her. The Family Group gave him the same rapping of knuckles: distrust of the alcoholic who is trying to recover will often drive him or her backward. Today, Jim gives Sarah his confidence and she's responding.

Maria's husband used to drink every evening. Before she got into her local Family Group, she constantly lashed at Hugh with her sharp tongue. Over the years, her resentment against his drinking mounted. She accused him of drinking deliberately to wreck their marriage because he was in love with another woman.

Her false accusations and lack of understanding of the craving that drove him to drink almost toppled the marriage she so much wanted to preserve. Eventually, Hugh never came home unless he was drunk enough to be insulated against her outbursts of temper.

Since attending the Group meetings, Maria no longer scolds Hugh - and he comes home earlier and is more often sober. He remarks about the happy

changes in her. Maria tries to show him patience and forgiveness. She now knows that he is desperately "sick" - that only her love for Hugh and their faith in God will lead him to sobriety. Soon her tender guidance may bring Hugh to recovery.

Twenty-five years of drinking has left a scar on the home of the Browns, who live in a fashionable suburb of Philadelphia. While in his twenties, Mr. Brown was made sales manager of the

Chicago branch of his firm. There was only one thing wrong with the promotion: an unlimited expense account. The loud wailing of his wife did not halt the round of long, lavish parties he began giving. Soon he was drinking before breakfast.

His wife nagged, pleaded, fought, left him and returned. But he could not stop drinking. He lost the Chicago job. The next twenty years were a series of binges, short-term employment, illnesses. His wife supported the family by teaching school. When her health broke, his family rescued them.

During those dark years, Mrs. Brown tried to "hide" her husband from their two children. But the little boy and girl knew that tragedy ruled the house. As the boy reached adolescence, he looked for a father and was rebuffed by a drunken sot. The boy retreated within himself, grew insecure, leaned on his mother. The daughter adopted the domineering "mother" role. She repeatedly lectured her drunken father until he stormed out of the house and headed for the nearest bar.

Two years ago, Mr. Brown found A.A. While his family is grateful for his new sobriety, it is grateful also for the opportunity of emotional recovery in their own lives. Both mother and daughter attend Family Group meetings in Philadelphia and are trying to overcome their old attitudes. The son, however, may be irreparably damaged; he remains hostile towards his father who disappointed him so many times.

Mildred, the wife of an insurance salesman, was another drinker who made her whole family neurotic. Pete, her husband, didn't know how to help. He reacted to her drinking with violent denunciations or stony silence. Both tactics infuriated Mildred and she began to drink more heavily.

When Pete heard about A.A., he made another mistake. He tried to push his wife into it. Naturally, she rebelled. He didn't understand that A.A. can work only if the alcoholic wants to stop drinking. Pete's children imitated their father's bad temper.

One evening, Mildred wandered skeptically into an A.A. meeting. What she heard other alcoholics say gave her a strong lasting jolt. Today Mildred is a shining testimony to A.A.





this Nevada group will have the use of a library, card room, club room and coffee bar as counter attractions to other local activities. Starting with four members last May the membership grew to 19 in July with more than 80 now listed on the books although 44 per cent are transient. Some of these are new and some were members of other groups in New York, Utah, Arizona, California and Connecticut. Inquiries have been received not only from all parts of Nevada, but from Brooklyn, N. Y., Southern California and even Canada as a result of an advertisement in one of the Reno papers. Various members who travel all over the state and different parts of California visit any one in these vicinities wishing help and extend the usual invitation to any other A.A. members to drop in for a visit. Three new groups, and one day group are reported at Carson City, Nev., Sparks, Nev. and Herlong, Cal.

Welcome in West.--A.A. Grapevine's Los Angeles correspondent writes: "In California where everything is BIG we tried to make our welcome for B--national secretary, just that BIG . . . Come again, B., and stay longer!" Los Angeles A.A.s also report that although they do not believe there are any formal meetings in any studios just now, that after 20 weeks of meetings on the Paramount movie lot the Motion Picture group met for a while at the Hollywood hotel and is now at the Masquers Club, 1765 North Sycamore, between Hollywood Boulevard and Franklin on Sunday nights at 8 o'clock. About 150 attended recent sessions of the group which is an offshoot of the Brack Shops Group of Los Angeles. This correspondent also reports first a move to 730 South Grand where a group was continued for about a year until the building was

torn  
down.  
Meetings are now held Sunday nights at 2200 West Seventh for this latter  
group.  
One  
new group in the Los Angeles area has been functioning for about six months  
while  
another is being formed.

Public Gets Story. -- Solid progress in telling the A.A. story to the public  
in  
a plan  
for education is reported by the St. Paul, Minn., Group which has four  
members  
on the  
mayor's committee for the study of alcoholism. The committee has been placed  
under  
the auspices of the city Council of Social Agencies, making available to  
them  
the use  
of existing facilities including a speakers' bureau, newspaper space and  
other  
community outlets. The St. Paul Group has been swamped with requests for  
speakers and  
members have recently discussed A.A. before such organizations as the North  
St.  
Paul  
Lions club, First Christian church, Young Married Couples club of Dayton  
Presbyterian  
church, the young married people of Fairmount Methodist church and the  
inmate  
group  
at St. Cloud state Reformatory. Further acceptance of the effort was shown  
when  
Carl  
Swanson, director of state institutions told the St. Paul Group that the  
A.A.  
philosophy was a thing at which he marvelled and that if it could be made  
universal  
this would be a better world.

More Meetings Announced. -- Cleveland, Ohio -- All-Group meetings are being  
held  
in the  
Allerton hotel ball room, East 13th Street and Chester at 8:45 Tuesday  
evenings.  
These sessions, supplanting the Sunday consolidated gatherings, are on a  
three-month

trial basis. Various groups are sponsoring the meetings with the sponsoring group supplying four speakers, whose anonymity is assured. There is no discussion period.

Regular weekly meetings Thursday night at 8:30 at St. Peter Calver's R.C. Church of Montclair, located at 56 Elm wood Avenue, Montclair, N. J., are announced by the Essex County Group which extends an invitation to all interested. The new A.A. Group in Binghamton, N. Y., known as the Alkanon club, now has club rooms, including a recreation room and meeting hall at 91 State Street, third floor, in Binghamton.

Candles (Only) Lit Up. -- Representing several thousand years of individual sobriety, more anniversaries are reported to the A.A. Grapevine. The 350 A.A.s who attended the sixth anniversary dinner at the San Diego Club, San Diego, Cal., heard the founder of the Group, a friend from Los Angeles and two men who aided the club in its start. San Diego also reports two new Groups, North Park and Down Town Study, and a celebration of "Goblin Night" by the Dry Mates. Changing from the banquets in honor of one-year members, formerly held twice a year, The Alano Society of Minneapolis, Minn, gave double significance by combining it with the Founders' Day Banquet to be held each year. The sixth anniversary dinner was held at the Nicollet hotel on November 16.

Columbus, O., Groups gathered on a Sunday afternoon last month in the grand ballroom of the Neil house where 750 A.A.s and guests celebrated the fifth anniversary. A Columbus member gave a short history of the founding and growth and then introduced a Cleveland doctor who was the principal speaker. Following the meeting there was a social hour and banquet. Guests included invited members of the clergy, medical

profession, judiciary, social workers, welfare workers and public health representatives. The South Bend, Ind., Tribune devoted more than a column and a half to an account of how more than 200 from 10 cities gathered there and "gave evidence of the miracle which had been performed." This dinner, the third anniversary, drew representatives from South Bend, Mishawaka, Elkhart, Laporte, Warsaw, Indianapolis and Ft. Wayne, Ind., Benton Harbor and Kalamazoo, Mich., and Chicago. The speaker said, "The secret of A.A. is the technique of surrender. We surrendered ourselves to victory." The newspaper concluded the account by listing the postoffice boxes of the groups for those desiring information.

Pleasant Growing Pains. -- Among the activities of the Memphis, Tenn., Group are the appointment of a member as Central Secretary and club room director as a full time job in answering inquiries and requests as well as club room activities, organization of two small affiliated groups, an A.A. breakfast on the mezzanine at Britling's cafeteria on Sunday mornings at 9:15 and continued growth of the Wednesday night question and answer meetings for new members. One of the two new groups is carrying on separate activities under the name of the Overton Park Group, meeting weekly at the Overton Park golf club house on Monday nights at 8. Memphis A.A.s are happy over being chosen hosts to the Southeastern Conference of A.A. at Memphis on October 16, 17 and 18, 1947.

Plan Vancouver Home. -- Plans for a clubhouse for A.A.s in Vancouver, now numbering more than 300, have readied the stage of a draft proposal in writing,

detailing

recommendations for site, size, management and upkeep, which has been circulated

with

an architect's drawing for consideration by a committee of the Kerrisdale Group.

The

proposal is to obtain a clubhouse on the outskirts of the city, which can also

serve

as a "first-aid hostel" for those needing medical care to be provided by physicians

included in A.A. At present the city's numerous groups are making shift by using

private homes and rented public halls. With Christmas approaching there have been

extra social events, including a dance given in honor of women who were patient

with

their once-bibulous husbands.

Near Supply Source. -- Since June the Omaha, Nebr., Group has had a "skid row"

Group

going right across the street from Omaha's famous Hobo Park. For another dramatic

touch they had an artist make a seven-foot, well dressed, domino-masked man to

peddle

a booklet on A.A. in the lobby of theatres showing "March of Time Problem Drinkers"

and late showings of "Lost Weekend." About 1,500 pamphlets were put into circulation

and phone calls at the club kept members hopping. Then, The A.A. Grapevine correspondent goes on, "outstate members . . . are organizing their own

local

groups

and this work needs a hand. Even if all of us didn't want to do 12th Step work,

we'd

be in it up to the eyebrows." The Group celebrated its fourth annual Fall Festival

with a banquet at the Elks club with more than 100 hearing talks by Judge John

Tinley

and a member of the Foundation from New York. Present were members from North

Platte,

Grand Island, Blair, Auburn and Fremont, Nebr., and Council Bluffs, Ia. For more than two years two members met regularly in North Platte and remote control members have been driving the 600-mile round trip to attend Omaha meetings. Now they have organized the Western Nebraska Group with 10 members from North Platte, Kearney and surrounding towns. At Grand Island a six-man Group was organized by an Omaha member. Recently 25 Omaha A.A.s drove to Lincoln to meet with a new group. Just to keep things bubbling more than champagne at the Alano club, Omaha, an experiment is being made with a set of recordings, 18 sides, which explain basic principles to prospects seeking information during the day when no member is present. The data recorded is being mimeographed in pamphlet form, pocket size, for 12th Step purposes.

Doctors Approve A.A. -- Toward gaining support and confidence of physicians in Tarrant county, Texas, a member of the Ft. Worth Group spoke to about 40 doctors in the county medical association in the Texas hotel in Ft. Worth recently. The doctors gave a spontaneous and approving reception to the explanation and offered their help in attending patients whenever called on.

Wide Awake at Waco. -- A beautiful threestory old building, formerly a convent, has been leased by the Waco, Tex., group and wives and members are redecorating the part to be occupied by A.A. Organized about a year ago, the Group now numbers about 40 members and includes in its accomplishments the establishment of a group in the

Veterans Hospital nearby. The veterans' meetings are attended by 15 members regularly and continuously as patients are entered into and released from the hospital.

All of these men have been committed for alcoholism. The hospital psychiatrists determine which are eligible to enter A.A. meetings in the hospital, based on ability to accept A.A. and respond to help offered.

Another Club House. -- The Amarillo, Tex., Group has acquired a new twelve-room club house with approximately four acres of ground. While remodeling is going on for occupation in the near future, offices are maintained in the city auditorium by courtesy of the mayor and city officials. Further doings in Amarillo include establishment of study and manual training classes at night in the public schools for A.A. members desiring them. In seven or eight months' time the group meetings have drawn more than 80.

Double A for Attendance. - A Dallas A.A. who celebrated his first birthday recently has attended 67 closed A.A. meetings in Dallas and 45 in the other cities as follows:  
Phoenix, Ariz., Corpus Christi and Houston, Tex., Hollywood of Los Angeles, Mayflower of Los Angeles, San Francisco, all in California, Portland and Seattle, Wash., Denver, Colo., Des Moines, Ia., Omaha, Neb., Minneapolis, Minn., two groups in Chicago, Buffalo, N. Y., Pittsburgh, Pa., Cleveland, Ohio, three groups in New York, Washington, D. C., Memphis, Tenn., Kansas City and St. Louis, Mo., and New Orleans, La.

New Group Grows. --Founded last summer by 12 members of the Montpelier A.A. Group, the Windsor, Vt., Group reports a considerable growth from the original 20 with only a



thing to be exercised is the spirit. The word exercise indicates a releasing of the faculties or powers of the soul.

St. Ignatius starts with a presumption that our power or faculties are bound by sinful tendencies and addictions to the wrong things. The Spiritual Exercises, therefore, work on the soul in both a negative and positive way. The first section, the consideration of my sins and of their effects in hell, is the negative part. It aims by self-denial to release our wills from our binding addictions, to enable the will to desire and to choose rationally.

The second part of the Spiritual Exercises, starting with a consideration of the Incarnation and going through the Passion and Resurrection, is an effort to see how Christ would handle various situations.

A priest alcoholic, who has written with discernment on the Spiritual Exercises, first pointed out to me the similarity between them and the twelve steps of A.A. Bill, the founder of A.A. recognized that those twelve steps are pretty much the releasing of myself from the things that prevent my will's choosing God as I understand Him.

#### Twelve Steps and the Spiritual Exercises

The first seven or eight steps of A.A. are quite specific as to what should be done in order to release the will from addiction to evil. On the positive side, the twelve steps are very general. Bill once stated: "It is a firm principle with us that, so far as A.A. goes, each member has the absolute right to seek God as he will." On another occasion he declared that A.A. was not concerned about the particular way a man works out his dependence on God. That depends on him and on God, mostly on God. The alcoholic's business, as expressed in the eleventh step, is to find out what God wants and to ask for strength to carry that out.

Like the Spiritual Exercises, like Christian asceticism in general, the twelve steps are not speculative ideas. They are practical steps. May I suggest some of the parallels between the Spiritual Exercises and the twelve steps.

#### The Foundation

The first three of the twelve steps correspond roughly with the foundation of the Spiritual Exercises. In the foundation we see man as creature. It recognizes the dependence of Man on God because of the rather abstract, relatively unknown fact, creation. A.A. bases dependence on a rather concrete specific type of experience, drunkenness. The Ignatian foundation indicates that everything else shall be chosen or rejected in the light of the purpose that grows out of this dependence, i.e., sharing Him for all eternity by doing His will on earth. The A.A. third step directs that one's

life and one's will be directed by the influence of God. In it the alcoholic determines to turn his life and his will over to the care of God as he understands Him. This emphasis on the will indicates that the alcoholic should direct himself by his will rather than by the feelings that have enmeshed him. The focal importance of the will is a characteristic of the Spiritual Exercises.

### Moral Inventory - Confession

In the Spiritual Exercises, the next thing is the contemplation of sin; sin in the angles, in our first parents, in others, in myself, and sin in its effects. And, of course, right along the line there you have the fourth step of A.A., a fearless, thorough moral inventory of one's sins. The parallelism is rather striking.

To a priest who asked Bill how long it took him to write those twelve steps he said that it took twenty minutes. If it were twenty weeks, You could suspect improvisation. Twenty minutes sounds reasonable under the theory of divine help.

After a moral inventory of one's life, all spiritual exercises, Catholic anyway, demand the confession of sins. It is specifically required in the Spiritual Exercises. In the A.A. fifth step, you have that general confession admitting my sins to myself, to God, and to another human being.

### Reatus Culpaee and Reatus Poenae

There are two liabilities when we commit a sin: one, reatus culpaee, the guilt of the sin; the other reatus poenae, the obligation of restitution. The A.A. sixth and seventh steps cover the guilt of the sin, and the eighth and ninth steps the obligation of restitution.

I think the sixth step is the one which divides the men from the boys in A.A. It is love of the cross. The sixth step says that one is not almost, but entirely ready, not merely willing, but ready. The difference is between wanting and willing to have God remove all these defects of character. You have here, if you look into it, not the willingness of Simon Cyrene to suffer, but the great desire or love, similar to what Chesterton calls "Christ's love affair with the cross."

The seventh step implements that desire by humbly asking God to remove these defects. The alcoholic sees one defect go as a bottle of beer is taken away. And so, that continuing detachment which goes along in any ascetical life holds true in A.A. As one grows in A.A., the problems seem to get bigger, the strength bigger, and the dividends greater.

Then comes the reatus poenae, the obligation of restitution or penance. God's forgiveness is sought in the sixth and seventh steps. In the eight and

ninth steps one makes restitution. In the eighth step the alcoholic makes a list of those people he has offended and whose bills he hasn't paid. In the ninth step he pays off these obligations, if he can do so without hurting people more.

### The Positive Side

The eleventh and twelfth steps give a rather limited parallel to the positive asceticism of Christianity. The eleventh step bids one by prayer and meditation to study to improve his conscious grasp of God, asking Him only for two things; knowledge of His will and power to carry it out. Now, that is a true and accurate description of the positive aspects of Christian asceticism as well as of the second, third, and fourth weeks of the Spiritual Exercises of St. Ignatius.

Then, the twelfth step. Having had a spiritual exercise or awakening as a result of these steps, we carry this message to other alcoholics and practice these principles in all our other affairs. In our apostolic work we should be an instrument in God's hands. The A.A. steps before this twelfth step are to improve my instrumental contact with God. This dependence of work for others on my growth toward Christ-like sanity and sanctity has significance to an alcoholic priest. Often such a one will say, "If I could only get a little work, I feel that I could stay sober." Gradually he finds out that if he approaches sobriety through work, the work isn't going to come and the sobriety may not come either.

But, as soon as he says, "Once I become sober, work will come," the hope of success is much greater.

### No Humility Without Humiliation

A.A. has helped me as a person and as a priest. A.A. has made my optimism greater. My hopelessness starts much later. Like anyone who has watched A.A. achieve its goals, I have seen dreams walk. You and I know that in the depths of humiliation we are in a natural area, and, rightly handled, especially in the inner spirit of that sixth step, I think we can almost expect the automatic fulfillment of God's promise to assist the humble. Where there is good will, there is almost an iron connection between humiliation and humility and God's help.

A.A. helps the priest in other matters than alcoholism, as the twelfth step indicates. I had a little exercise which will illustrate this point. It is a very small thing in itself, but I feel that it is a clear example of how A.A. work can help personally even a non-alcoholic priest.

### Learning Not To Think About It

To obtain a greatly needed help which prayer alone didn't seem to bring, I

thought of giving up smoking. I had failed to give it up, even though in retreat after retreat I had tried various plans to break off the habit. None of them seemed to work for long.

Then, thinking of A.A., I realized that I had seen men in that same boat who couldn't give up drinking. I realized that A.A. does not directly cause a man to quit drinking, but rather it causes him to quit thinking about drinking. Well, it seemed easier to give up thinking about smoking; but I didn't think I could do even that. I thought of A.A. novices saying, "I can't do it all my life. I can't do it all day. I can do it for maybe ten minutes." Inspired by the humble example of A.A. men, I said at that point to myself, "I won't try to quit smoking but I will, with God's help, postpone the thought of smoking for three minutes." That is a humiliating admission for a priest who tells others to give up much harder things.

From A.A. I learned to respect the little suffering of denying self the thought of a smoke and to pool that suffering with the sufferings of Christ, in the spirit of the sixth step. At that moment, like a breath of fresh air, came the thought of the widow and her mite and the importance which love can give to unimportant things. With humiliation came humility, and with humility came God's promised help. It is three or four years since I thought of myself smoking, and I have learned that you can't smoke if you don't think about smoking.

That is a little instance from among hundreds of the applications of A.A. principles. I have watched the most difficult personal situations which a priest faces yield to the A.A. twelve steps approach, even though no alcoholism was involved. Of course, Christ and His Passion came in encouragingly through the third and eleventh steps.

#### Priest Membership In A.A.

Now, the part which I would like to submit for your discussion. Should a priest go into A.A.? Should a Catholic join A.A.? There are two questions to be answered before one can decide whether or not a priest should enter A.A. First, what will be the effect on the Church? Secondly, what will be the effect on the priest?

Frankly, I don't think the Church needs saving nearly as much as the man. God's cause is often hurt by people who are trying to save God. There is an apostolic opportunity that you can find in dealing with A.A., which has therapeutic value to the individual and which offers great opportunity for the Church. The scandal that a drinking priest might give is not so serious in A.A. as it would be at a Catholic organization meeting, because the understanding is different.

The twelfth step demands an apostolic outlook, that is, it demands that we not only apply what we have learned to our own life, but also that we carry

the good news to other people, and specifically to alcoholics.

### The Moral Side Of Psychiatric Problems

Errors Of Psychotherapy, by Sebastian de Grazia is a humble confession of the failure of most psychiatric efforts. Psychoanalysis, which is the dominant psychotherapy today, is impractical for most people because of the expense and because of the unavailability of psychoanalysts. Its record of cures is not much better than the rate of neglected and spontaneous cures in state mental hospitals.

De Grazia's book is replete with devastating quotations from psychiatrists on the failure and inadequacy of current therapy, though he recognizes that all therapies have a certain percentage of cures. After surveying all therapies through history and throughout the world, de Grazia says, "Moral authority, an idea widely spurned by modern healers of the soul, is the crux of psychotherapy. The crystals that remain after the distilling the multiplicity of therapies are not many. A bewildering array of brilliants dwindles down to a few precious few: neurosis is a moral disorder; the psychotherapeutic relationship is one of authority; the therapist gives moral direction."

### Religious Outlook Essential

Jung, one of Freud's first followers, wrote, "Among all my patients in the second half of life - that is to say, over thirty-five - there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given to their followers. None of them has been really healed who did not regain his religious outlook."

The theory that moral and religious treatment is the type needed for today's epidemic of psychoses and neuroses is being most effectively urged by Dr. Frank R. Barta, director of the department of psychiatry at Creighton University in Omaha. In his book, *The Moral Theory of Behavior*, he writes: "All extant theories of mental illness have been refuted by able critics." He feels that the virtues of charity and humility would go a great distance in many neurotic and psychotic situations.

### Recovery Inc.

The Saturday Evening Post, December 6, 1952, wrote up Recovery Inc., and showed how it approached neuroses and psychoses in much of the amateur way that A.A. approaches the alcoholic neurosis. Its founder, Doctor Abraham A. Low, rejects psychoanalysis as philosophically false and practically ineffective. He writes: "Life is not driven by instincts but is guided by the will."

Sanity, rather than sobriety, is the aim of the A.A. second step. Psychiatric literature echoes A.A.'s statement that alcoholism is a form of insanity. Yet, in treating this insanity, we know the success of the approach which is amateur and group, moral and spiritual. We remember the last speech of Dr. Bob, co-founder of A.A. Dying of cancer, he left his mental legacy: "Don't louse it up with psychiatry."

Priests of A.A. have two indelible marks: once an alcoholic always an alcoholic; once a priest, always a priest. Two invisible, indelible marks, both of tremendous significance to others. As alcoholics they know insanity from the inside. As members of A.A. they know the techniques and they know the wonders that can come from amateur group psychotherapy based on the human will aided by God's help.

### Significance Of Clergy Conference

In this room we may be seeing the confirmation of R.B. Cattell's statement, in his Meaning of Clinical Psychology: "The possibility that the clergyman, rather than the psychologist or mental practitioner, is the ultimate specialist in human adjustment has been most unscientifically ignored." The experience in this room makes it easier to see de Grazia's statement: "Were a system of psychotherapy to be built by having all secular therapies agree to harmonize their divergent criteria of cures, it would emerge as a religious enterprise, an Imitation Christi."

Here are not only members of A.A., but priests trained by and adept in the use of Christian asceticism, priests who speak with authority because they are experienced. I cannot help feeling that there are trends and forces, human and divine, that keep rendezvous here tonight, and that the happiness and sanctity can be richer if we meet the challenge of this rendezvous.

|||||

+++Message 1323. . . . . A Request  
From: Alope Dutt . . . . . 9/13/2003 11:22:00 AM

|||||

I'm Alope, an alcoholic  
in India.

Can something be made available  
like a government directive  
or resolutions of any county/ state to concerned  
agencies





## ALCOHOLICS ANONYMOUS A CATHOLIC MEMBERS APPRECIATION

"I HEAR the A.A. want to start a group here. Do you know anything about these fellows?" I was shown this part of a letter from one country priest to another not so long ago. I am an alcoholic myself and a member of A.A. for twenty-four years. My own success in the adventure of sobriety is bound up with the success of A.A. in Ireland. The object of this article is to tell something about "these fellows": what we are, what we try to do and what we have so far achieved. For we have found a knowledge and understanding of A.A. has made us friends and gained us helpers.

Up to comparatively recently, Society has placed all drunks in the same category - weak-willed, callous, helpless and unhelpable, intentional sinners, skeletons whose greatest offence is that they will not remain snugly in their family cupboards. Yet nearly everyone knows at least one person whose drinking has apparently almost without warning become incomprehensible. Men with good homes, money, good business or jobs, good reputations, healthy, in no way unhappy, suddenly go off the rails. Normal, seemingly, when not drinking, their characters undergo a complete change once they start on alcohol. Their former occasional "night-outs" develop swiftly into bouts, the bouts come closer and closer together. In many cases they are seldom completely sober. Their drinking is followed by periods of intense remorse, by sincere though short lived attempts to stay off liquor. Their relatives are in turn startled, puzzled, anxious to help, resentful, contemptuous, enraged. They themselves are at first sure they can find a way of retaining control "next time," then frightened when they fail repeatedly, then hopeless. Their complete ignorance of what has happened to them, what is still happening to them, what is still happening to them, makes it impossible for them to explain to, and gain the understanding sympathy of, those they love and respect. Little by little they cut themselves off from their world; they live in a state of desperate loneliness and finally become outcasts. These are the persons sometimes called the Problem Drinkers. They are, in fact, alcoholics or compulsive drinkers, suffering from a physical allergy to alcohol combined with a mental obsession to take more once they start to drink: drinkers whose compulsion to drink is a sign of disease. There are few alcoholics who have recovered who would deny that this disease is really spiritual.

A.A. is a loose knit society of men and women alcoholics who have banded together in groups all over the world to share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from alcoholism. There are at the time of writing over 14,000 such groups, with a total membership of about 500,000 spread all over the world. The only requirement for membership is a sincere desire to stop drinking. A.A. is not allied with any particular religion, creed or denomination. It has nothing to do with politics, other organizations or any institution. A.A. simply minds its own business...to stay sober and help other alcoholics to achieve sobriety. Alcoholism is not a purely Catholic,

Protestant or Jewish disease; it is not the exclusive illness of either the millionaire or the down-and-out. Alcoholism strikes at all creeds, class and income--grades impartially. A.A.'s success has largely derived from its refusal to recognize any difference between one alcoholic and another. They are all sick persons, requiring A.A.'s help. A.A. does not usurp the place of Church or Medicine. The alcoholic who joins in poor physical condition is strongly advised to consult his doctor. The alcoholic's religion, or lack of it, is his own affair. In general, it has been our experience that a good A.A. member becomes a better member of his Church. But our primary object is to achieve sobriety. From that sobriety the other things will stem; without it, they are impossible. A.A. is not concerned with money. It has nothing to sell and none of its members are paid for A.A. work. There are no positions of authority to be obtained ;each member is on exactly the same footing. Its policy of anonymity does away with the danger of membership being used as a means of obtaining personal kudos. Thus the three most ordinary occasions of disunity and disruption are guarded against. Each group is autonomous. Its own members care for the necessary money to meet expenses of rent, printing and incidentals. Donations from outside sources are politely refused. Its officers are elected in rotation. Its policy of anonymity was first chosen as a worldly safeguard for its members; the spiritual value of anonymity has become more apparent since. But while personal anonymity is required, A.A. is only too glad of any publicity to its aims and being.

It came into existence thirty six years ago in America through a chance meeting between a New York stockbroker named Bill (in A.A. all members go by their first names), and an Akron doctor, Bob. Bill had already managed to keep sober for six months as the result of following out a few principles of living largely based on the Oxford Groups "Absolutes." He had, however, just had the bad end of a business deal and came to realize that to preserve his own sobriety he must make contact with another alcoholic and help him to achieve sobriety as well. Both of these men had long and dreadful histories of drink; but from that first meeting, they both remained sober. Bob died twenty-two years ago, but Bill lived till 1971, a total abstainer for over 36 years, after he had been given up as a hopeless and unhelpable drunk. The society they started that day grew slowly and shakily; it took over four years to muster the first hundred members. Since then it has grown in increasing tempo to its present size. In numbers it is still mainly American, United States and Canada. Twenty-nine years ago it was carried to Australia by a travelling American. Three years later, it came indirectly from Australia to Ireland, this time by a priest.

This priest was on holiday in Dublin in September 1946 and was interviewed by an evening paper on the subject of a Boy's Town with which he was connected in Australia. In the course of his talk he commented at length on the success that A.A. was having in Sydney and expressed the hope that Dublin would do well to take it up. This interview was read by a member of the Philadelphia group, an Irishman who had gone to live in the States, who was over here on holiday. Spurred on by his wife, he determined to start a

group in Dublin, with the help of a doctor and by advertising, he managed to scrape together a small number of men willing to make the experiment. Their first public meeting was held in The Country Shop on November 25th.; and here on that night the first A.A. group in Europe was formed. As in America, the start was slow and uphill. Today it is firmly established in Dublin ( 35 Groups ); there are many large groups in Belfast; there are several groups in Limerick, Cork and Galway, and smaller ones elsewhere. Public meetings are held every Monday night, still in The Country Shop, where attendance's range from 50 upwards to 100. The maximum attendance was at a meeting held in the Mansion House when over 400 came along to listen to the Co-Founder of the Society, Bill. At a conservative estimate, there are at least 2000 members in Ireland and an estimated 8,000 in England, Scotland and Wales. A good many others, though partially convinced, are not yet ready to make, and act on, the necessary admission that they are beaten by drink. A world estimate is that about 70% of those who join and give the A.A. program a fair trial recover, though a great many of these suffer one or more relapses before they finally settle down. A short time ago, I was asked at a clerical meeting to explain to them why an alcoholic went on drinking long after it was evident that he was incapable of exercising control. I find it almost impossible to do so. I can only say that for a very long period of my own thirty years drinking I honestly believed I could, someday and somehow, find a way of drinking all I wanted without losing control. Life without drink seemed to me to be an unnatural and quite impossible way of existence. Later I became dreadfully hopeless and fatalistic about it. Though I still continued to make attempts to pull up, I felt even at the time that they were quite useless. I felt it would start again sometime, so what was the use of trying too hard? The truth is that we don't know why we drink; but when we tell the truth, we are not believed. Strength of will and sincerity of purpose do not enter into it. I have entered my name for a Retreat to find help in Quitting drink, yet gone to that retreat with a bottle of gin in my bag, which I drank between the first exercise and going to sleep. After a month's voluntary treatment in a private home, I felt convinced I had mastered drink; and been drinking again within a few hours. Drink makes us mentally unbalanced and we cannot be honest even with ourselves for long at a time.

My own case history may be cited as typical of an A.A. member, though space will mercifully prelude any but the minimum necessary details. I am seventy-five years of age, single and come from a good class Catholic family. My home life was happy and I went to a Catholic College in England. Later I entered the profession I wanted to join; I was very happy in it, I got on well. I was good at games; I was considered good at work, above the average of my rank in the British Army. I had a promising future to look forward to, I had nothing from which to escape. There was no previous history of drink in my family. I can see no reason why I should have become an alcoholic, yet almost from the start I drank like an alcoholic. At first I had some sort of control over myself as to when I drank. If circumstances seemed to indicate the need for it, I cut out drinking without much effort and with no feeling of self-sacrifice. But even in those first years if I

drank at all I went on for the rest of the night. Soon I was losing even that control. I began to drink at the wrong times, in the wrong places and before the wrong people. Good luck and good friends covered up for me for many years, but finally life caught up on me and I was retired on retired pay, branded as not to be re-employed. This virtual dismissal made very little impression on me. I still had enough money for drink and I had a home to live in. Six more years were to pass before the climax came. I had been inflicting every kind of unhappiness not only on myself but on my parents, not the least for the latter being my complete indifference to my religious duties. In April 1947 they ordered me out of the house and the family and their lives. By now I had added drugs to alcohol. My routine had become one of the drugs in the morning to revive me, drink all day and another drug at night to give me sleep. My parents' "revolt" opened my eyes for the first time to where I had descended. It proved to be my own gutter. Fear for my security and at the prospect of becoming one of the legion of the homeless lost ( with the next stop almost certainly a Night Shelter ), at last made me genuinely willing in my own interest to do anything I could to stop drinking ("Give me back my Legions" .). The trouble was that I could think of nothing useful. Doctors, homes, hospitals, promises, all had proved in vain. Then my memory went back to that interview I had read nine months before, about A.A. The Grace of God must have put it into my heart to go to a meeting that night, and I managed to strike a one-sided bargain with my parents that if A.A. could do some good I might stay at my parents on probation. I arrived at that meeting, more than half-drunk, shaking from drugs and nerves; not too good a prospect, even for A.A. By the goodness of God and the help He has sent me through A.A. I have not had another drink since then.

There is no set blueprint of recovery in A.A. Each member succeeds in his own way and time and at his own pace. So what I write must be taken as my own experience only. For me, recovery came from Knowledge, Decision, Group or social therapy, a return to Realism and the program of the Twelve Steps. All of these together for me make up the A.A. way of life. And I attacked my recovery problem in just that order, which seems to me to be entirely logical. Without Knowledge, I could not come to any decision that would stand up for long. Without Decision to recover, group therapy would be a waste of time. Without Realism I should have been continuing my old pattern of running away into dreamland from the inescapable facts of life. And while all these things were essential to me to stop drinking, I had to bring another factor into play, the Twelve Steps, to learn not only how to remain abstinent but to be happy in remaining so.

That Knowledge was elementary, though new to me. Alcoholism is a sort of disease acquired by two or three percent of the world's drinkers. The disease in simplifying language is the disease of not being able to drink in moderation. It is the first drink the alcoholic takes that sets his disease in active virulence, not the total quantity consumed. Alcoholism cannot be completely eliminated once it gains a footing. No matter how long I might

remain abstinent at a time, I would never be able to control my drinking if I started again. But if I could find a way of not taking a first drink, I could stay sober and normal.

The decision I had to take was to give up drinking for good. I had to face the unpalatable fact that I must make abstinence my own first and most vital aim. As for the group therapy, I was prepared to accept that the older members had had to make themselves essential to their groups and the groups essential to themselves. If I was going to avail myself of the same means that they had found necessary and successful, it followed that I must attempt what they did. Group therapy to me does not merely mean coming together at stated times for formal meetings. These meetings are important for many reasons and as the visible sign of coherence. The equally valuable, though invisible, sign is keeping the closest possible touch with the members of the group even when they are not in actual physical contact. That can be done by constantly thinking about the group, working for it, praying for it; keeping it in mind as much as possible.

Reality consisted in recognizing that my alcoholic life must be cut down to a size I could hope to deal with. My disposition was such that if I continued to think of abstinence in terms of months or years, I would be pretty certain that nothing would be done. So I adopted the A.A. suggestion of living my life in periods of twenty-four hours at a time. Today, the only day in reality that I ever have at my disposal. From the beginning, I slowly advanced to being content to accomplish only what of the rest of my life I could fit into Today. That again required further realism to determine which things were of the most immediate importance to be done Today. But my primary reality will always remain concentrated on not taking one single drink Today.

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+++Message 1327. . . . . Re: C.S. Lewis & Oxford Groups  
From: wilfried antheunis . . . . . 9/14/2003 11:51:00 AM

|||||

Very quickly, there is no tangible connection. Frank Buchman and C.S. Lewis

In 1908, Frank Buchman, a YMCA, and started a streetside church in Philadelphia, Church of the Good Shepherd. Frank had a disagreement with his trustee committee and went to Europe.

From: "The Oxford Group, its History and Significance" (Bookman Associates, Inc, 1951) "When the Reverend Frank Nathan Daniel Buchman arrived in Washington , his decision had been made. And so...was born the Oxford Group. The Group itself prefers to date its beginning from the conversion of the first Oxford students by Buchman and so far as its claim to its name goes,

its preference is shrewd."

"The roots of the movement are American, not English. However desirable it may be from the Group's point of view to represent itself as an Oxford product, the reader who wishes to understand the Group by learning its origins must focus his gaze principally on the American scene. "

"Because even in the minds of many otherwise well-informed people the Oxford is identified with the Oxford Movement, it is appropriate here at the beginning to clarify this issue."

At Oxford University in England, the Oxford Movement began in 1833 under John Keble, E.B. Pusey and John Henry Newman. These churchmen had in a mind a return of the Anglican Communion to a Church faithful to the Early Father and free from the influence from the States.

Another movement which began in Oxford a century later and which has given us shelves of great books is that of The Inklings. This group of Christian friends, most of whom taught at Oxford University, included C.S.Lewis, J.R.R.Tolkien, Charles Williams, Owen Barfield, and others. They met weekly in Lewis's rooms in Magdalen College to talk, drink, and read aloud whatever any of them was writing. They are called by some modern scholars the "Oxford Christians."

Former Members of Magdalen include: Cardinal Wolsey, C.S. Lewis, John Betjeman, Oscar Wilde, Dudley Moore

In 1918 during his travels, Frank Buchman met a young YMCA worker, Sam Shoemaker, in China and converted him to the Oxford Group principles. Years later, Sam became the minister of that Calvary Church in New York, and that same church became the titular headquarters for the Oxford Group in the United States. (The name was changed in 1928 from "A First Century Christian Fellowship" to the "Oxford Group.")

So it may be stretching to talk about Lewis and Buchman. There is no obvious connection.

----- Original Message -----

From: rdb4002

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, September 14, 2003 7:14 AM

Subject: [AAHistoryLovers] C.S. Lewis & Oxford Groups

Does anyone know of the connection between C.S. Lewis and the Oxford



college or an important official at a cathedral) but a "don," which meant an ordinary college teacher, who taught medieval English literature (Chaucer, the Romance of the Rose, and so on). An Oxford "don" gave a few lectures every week during term, and spent most of his time meeting with students for hour-long tutorial sessions, where the student read a research paper which he or she had written, and the teacher then made a critique of what the student had done, and made recommendations for further study. Ironically, Lewis received no great academic honors until the very end of his life, and that he received from Cambridge University, not Oxford University.

Frank Buchman (1878-1961) was an American, and a Lutheran pastor, not an Anglican (Episcopalian) priest, which meant that he did not move in the very high church Anglican theological circles in Oxford when he visited there in 1920. He had no fame at that point -- his public fame did not come until many years later -- and I doubt that anyone much noticed him at all. He would have been a quite peripheral figure, moving around the fringes at best. His seminary degree, from Mount Airy Seminary in Philadelphia, would not have been recognized as much in the way of credentials at Oxford University.

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Buchman apparently loved this -- it gave an aura of enormous prestige to his youth for Christ movement -- but the people at Oxford University were not amused. At one point the university even sued Buchman, to try to get him to stop using the university's name. Buchman's rise to real fame began with his travels through Canada and the U.S. in 1932 to 1934. It is important to remember that he was no truly enormous influence on the world prior to that period.

All these dates are important. Buchman visited Oxford in 1920. Lewis did not give his first lecture at Oxford until 14 October 1924 (only four students showed up). Lewis was still a convinced atheist at that time, and would not have given Buchman the time of day, even if he had somehow met him. Oh, to give an example, in 1916 Lewis described Christianity as merely one among many mythologies of the world, and spoke of Jesus as "a Hebrew philosopher" -- similar to Bill Wilson's early beliefs as he describes them in the Big Book, but even more skeptical.

But in 1924, Lewis read Samuel Alexander's *Space, Time, and Deity*, and began to be uneasy in his atheism for the first time. And later he read Chesterton's *The Everlasting Man*, but even then he refused to acknowledge God. But finally in 1929, at some point during Trinity Term, Lewis says that "I gave in, and admitted that God was God, and knelt and prayed: perhaps, that night, the most dejected and reluctant convert in all England."

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On the other hand, C. S. Lewis, particularly as a young man, shared many ideas and beliefs in common with the young Bill Wilson. And a study of C. S. Lewis' world would give a person a lot of insight into the intellectual world in which the young Bill Wilson moved. Lewis would indeed have known James' *The Varieties of Religious Experience* very well indeed, and he and Bill W. would have read many of the same books, or at least books which contained many of the same ideas.

If we try to understand Bill W.'s mind by ONLY reading Oxford Group literature, we will obtain a gravely distorted picture of his ideas. The Oxford Group was a conservative evangelical movement.

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Twenty-Four Hours a Day in 1948, and The Upper Room was classical Protestant liberalism in its purest form, also incorporating the basic ideas of Horace Bushnell, whose major work, Christian Nurture, talked about spiritual growth as "an educational experience" (to use the Big Book's language). Bushnell (and the Upper Room) were very hostile to the conservative evangelists' insistence that you HAD to have had a highly emotional conversion experience to be a real Christian at all.

And we must also read some of the representatives of what was called New Thought, like Emmet Fox, who wrote The Sermon on the Mount, to understand some of the other influences on Bill W.'s thought.

People who over-emphasize the Oxford Group also tend to totally neglect the Roman Catholic influence on early A.A. Sister Ignatia frequently had alcoholics read selections from St. Ignatius Loyola's Spiritual Exercises, which pointed out the need for something like the Tenth Step, that is, the need to CONTINUE our regular moral inventories, in order to make real spiritual progress. Father Ed Dowling noticed that the minute he read a copy of the Big Book -- it might look "Protestant" in some ways, but there was a deep Catholic influence on its spirituality too. Some of the early Roman Catholic influence on A.A. ideas came from contact between Sister Ignatia and Dr. Bob -- they were both working at the same hospital, and both working with alcoholics (Sister Ignatia actually started trying to work with alcoholics at St. Thomas before Bill W. and Dr. Bob had met) -- while other influences came from Roman Catholics who joined A.A., and unconsciously assumed Catholic positions on various issues when the early A.A.'s were discussing how to handle the spiritual aspects of the program.

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#### SOURCES:

Roger Lancelyn Green and Walter Hooper, C. S. Lewis: A Biography.







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Roger Lancelyn Green and Walter Hooper, C. S. Lewis: A Biography.

C. S. Lewis, Surprised by Joy: The Shape of My Early Life.

Oxford Dictionary of the Christian Church, s. v. Frank Buchman, Oxford Group, Adolf Harnack, Horace Bushnell, also Fundamentalism (the early twentieth century reaction to classical Protestant liberalism).

The internet has a good deal of material on New Thought and Emmet Fox.

I talk about some of these issues in The Higher Power of the Twelve-Step Program: For Believers & Non-Believers.

----- Original Message -----

From: rdb4002

Sent: Sunday, September 14, 2003 9:23 AM

To: AAHistoryLovers@yahoogroups.com

Subject: [AAHistoryLovers] C.S. Lewis & Oxford Groups

Does anyone know of the connection between C.S. Lewis and the Oxford groups? I know Lewis was at Oxford University as a dean during the 20's, and Frank Buchman was there at that time. I know Lewis was critical of the open confession practiced at that time. I know Lewis began a spiritual journey and re-newal afterward. Lewis had a core group of friends at the time who spent much time discussing and debating the various movements of the day. Lewis became the chief Christian apologist of his day after returning to his Anglican roots. "Pilgrim's Regress", an alegory of Lewis' own spiritual journey, has many veiled refrences to differing philosophies that tempted him and he rejected. Any knowledge of the obvious, yet ill defined connections?

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Grapevine, Jan 47

A.A.'s Country-Wide News Circuit

Growth in New England. -- In less than three years, A.A. groups in Massachusetts have increased from two to 36, or a gain of 1800 percent, while Connecticut shows a 700 percent gain, according to a member of the Newtonville, Mass., Group. Maine, New Hampshire, Vermont and Rhode Island, starting from scratch, now have 13 groups. The formation of an efficient Central Service Committee in Boston last spring has been a vital factor as was the attendance of about 600 at the sixth anniversary banquet. New England groups now include the following, which the A.A. Grapevine has been asked to list:

Massachusetts: Boston, Brockton, Brookline, Brookline Village, Cambridge, Cape Cod, Hyannis and Falmouth, Dorchester, Edgartown, Fall River, Fitchburg, Greenfield, Haverhill, Holyoke, Hyde Park, Lawrence, Lynn, Malden, Mattapan, New Bedford, Newton, Norwood, Pittsfield, Rutland, Salem, Somerville, South Ashburnham, South End, South Shore-Quincy, Springfield, Upham's Corner, Watertown, Wellesley Hill, Woburn, Worcester, and Lexington;

Connecticut: Ansonia, Bridgeport, Bristol, Danbury-Bethel, Greenwich, Hartford, Kent, Manchester, Meriden, Middletown, New Britain, New Haven, Norwalk, Norwich, Saybrook, Stamford, Stratford, Torrington, Waterbury, Westport, Winsted;

Maine: Bangor and Portland;

New Hampshire: Dover, Manchester, Portsmouth and Hanover;

Rhode Island: Providence;

Vermont: Bennington, Burlington, Montpelier, St. Johnsbury and Windsor.

No Strike in A.A.--The Tacoma A.A. Group reports progress after settlement

of a recent six weeks' bus strike which hampered attendance and affected the usual A.A. activities, although there were enough cars to pick up regulars needing transportation. Increased attendance and interest is manifest at meetings and round-table discussions and at the time of writing the group was looking forward to the visit of M. M., scheduled to address the Tacoma Kiwanis club.

Happier Birthdays. -- Double celebrations of sobriety and the holidays are reported from many areas. The Ottawa, Canada, Group's first birthday was celebrated by about 100 members and guests in the parish hall of Blessed Sacrament Church. An open meeting followed the dinner, with the founder of the Toronto Group as the first speaker, using the topic of the 12 Steps. He was followed by other members from Toronto. A guest soloist and two short moving pictures were included on the program.

. . . A full column in the Daily Sentinel of Nacogdoches, Texas, told of the 20 members from that city who attended the area meeting of A.A. in Palestine recently where about 100 heard an outstanding member of A.A., a prominent Dallas business man.

Cities and towns represented included Nacogdoches, Center, Henderson, Douglass, Longview, Crockett, Palestine, Athens, Centerville, Fort Worth, Dallas, Amarillo and Waco. Three ministers and the sheriff-elect of Anderson county praised the organization's efforts. . . An overflow crowd of members, wives and friends flocked to the second anniversary banquet of the Montpelier, Vt., Group recently, A steak dinner was enjoyed by 132, including members from Barre, Burlington, Ely, Newport, Northfield, Richford, St. Johnsbury and Windsor, as well as Lyme, N. H., and East Orange, N. J. Prominent business men, ministers and state authorities were speakers.

. . Columbus and Central Ohio A.A.s celebrated the fifth anniversary in  
Columbus  
with  
a meeting attended by 700 who heard an Ohio physician define alcoholism as  
"soul  
sickness." . . The Huntington, L. I., N. Y., Group held its first annual  
dinner  
on  
January 8 with several fine speakers and a delicious dinner.

Going It Alone. --When a man who had been hospitalized by the Alkanon Club  
of  
Binghamton, N. Y., was taken home and left on his own resources it was  
decided  
to  
carry him as a corresponding member, to write to him each week, telling of  
the  
discussions, carrying some of the problems to him, or asking him to write  
something  
for club members to discuss. After either the Wednesday or Sunday night  
meeting  
some  
one of the members starts a letter and leaves it on the desk where it is  
available to  
all members to add whatever they wish and by so doing cover the meeting.  
Every  
member  
has written and to show the results a letter from the man, who 40 miles from  
the  
group, was received recently addressed to "all of the Happy Family" and  
expressing  
appreciation of the letters. To the Group he writes, "My sobriety has been  
since  
June  
10 and now I feel quite safe. Of course, one is never really safe--life  
isn't  
even  
that, but I am happy and all of you help me feel that way. I can imagine a  
light  
down  
the road and I want to make it without any turns or byroads, and with the  
help  
of you  
all, I think can make it. You can see you are playing a big part in my  
life." .  
. .  
Still more on his own a correspondent from Ronceverte, W. Va., who says that  
"back

here in the hills we don't have the meetings and all we got to talk to are drunks and preachers." Left as the only member of a group of five who started out about a year ago, this man sought out A.A. in various places and finally worked out a system of mental exercises, talking A.A. an hour a day, stressing church attendance, creating an A.A. bank account which is used for activities and "all in all has had a fine time and hopes to be having a fine time when the end of this day comes."

Alaska Thawing Out.--How A.A. is beginning to flourish in Anchorage, Alaska, in spite of a frontier atmosphere and bad weather is related in letters from an Army officer at Ft. Richardson. A woman who had been a member of a group in the States made arrangements before her return in August for a notice to be placed in the Anchorage paper when "Lost Week-End" was to be shown. The officer and another man got together on it, arranged for the use of a Sunday school room, helped to cut lumber and line it, and contacted others. Classified ads have been run every night and letters have been pouring in. At least 10 members formed the nucleus of a group which is attacking a big field, complete with lots of liquor, high prices, 30 to 40 below temperatures, and other rough and ready conditions.

Doctor, Psychiatrist Speak.--Signing the letter "A-lways A-chieving," the A.A. Grapevine correspondent from New Orleans reports Tuesday night open meetings have heard a prominent doctor of psychiatry, who agrees with the A.A. program, and a national business executive who recommends it. Visitors from many places have visited the club room at 1113 Chartres Street in the basement of General

Beauregard's  
former  
home and good Louisiana coffee is promised to all who come that way.

Group Gets Going Again.-- After a small start in Wooster, Ohio, several  
years  
ago,  
the Group there dissolved, but in March of this year four alcoholics and two  
wives  
began attending meetings in Ashland and eventually decided to build a group  
in  
Wooster again. A local church has provided rooms, programs and refreshments  
have  
been  
planned, a weekly bulletin called "Blue Monday" is being put out and a  
program  
of  
social visits with new members is used.

New Quarters for Two Groups.--Tampa, Fla., A.A.s are justly proud of the new  
club  
house into which they moved recently. Located at 405 Tyler Street, it is a  
two-story  
former residence, which is being completely renovated inside and out and  
rearranged  
to provide with its 12 rooms, a lounge, assembly hall, buffet and kitchen,  
quarters  
for the resident secretary, office and study room and a game room. Financing  
was  
made  
possible by a building committee, open to any members of Tampa Groups who  
wish  
to  
make a small monthly contribution in addition to their regular ones. The new  
building  
is the central headquarters for all groups. Tampa A.A.s are about ready for  
the  
third  
annual banquet scheduled for Sunday, January 26. Out of town guest speakers  
will  
be  
on the program. The Tampa Groups also enjoyed a visit from S. R., formerly  
of  
Alaska,  
who visited her mother here, and gave several talks during her stay ... In  
Rochester,  
N. Y., the Central Groups announce a move to larger quarters in the downtown  
district, with room for 300 people. Meetings are held every night in the

week at  
8:30, with a Monday morning group for shift workers. The new Monday night  
group,  
recently formed, had the first meeting, with attention concentrated on men  
under  
35  
years and ex-G.I.s. The new address is 12 Andrews Street.

More Meetings--Freeman Group of the Salvation Army meets at the Salvation  
Army  
Hall,  
1514 Freeman Avenue, Cincinnati, Ohio, every Monday night at 8, with an  
average  
attendance of about 40. A meeting is held the first Sunday of each month in  
conjunction with an open religious service. About 80 attended a dinner  
recently  
to  
hear a Cleveland speaker as well as one from Lakewood and solos by a member  
of  
the  
Cedar Group of Cleveland. . . The Haverhill, Mass., Group was recently  
informed  
by  
the management of the Hotel Whittier in that city that there would be no  
more  
charge  
for the meeting rooms on account of the good work being done! Gatherings at  
the  
hotel  
are held Friday at 8:30 p.m. . . The St. Mary's, Ohio, Group, numbering five  
members,  
had its first meeting in December with visitors from the Lima Group which  
helped  
them  
get started...The Essex County Group No. 2 will meet every Sunday at 7:30  
p.m.  
at 139  
Walnut Street, Newark, N. J., following its recent founding. Calls and  
letters  
are  
invited.

Hopes Husband's a Member The weekly broadcast of the Towson, Md., Group over  
station  
WFBR brought a note from a Pittsfield, Mass., woman who asked the members to  
aid  
in  
her search for her husband from whom she has been separated for 10 years.

The woman hopes her husband may have become a member of a group somewhere and says that "his wife and three grown children want to hear from him and see him," although he may "feel we have no use for him." He is described as being W.F.B., born July 10, 1897, at Whiteheads, Va., 5 ft. 11 in., blue eyes, was red-headed, probably gray now, and not too heavy. He is an expert machinist. The radio program which brought in the appeal has been changed from 7:15 Monday to 7:15 p.m. Saturday, the Group reports. The Towson Group went in a body to attend formation of the Hagerstown, Md., Group and attended a later session.

Billings Keeps Trying. -- After a former Atlanta, Ga., member brought A.A. to Billings, Mont., the Group enjoyed a growth for a while, only to dwindle to two, who kept trying until now there are six or seven members with about half a dozen others listed as dependables and about as many more who may make the grade. The Rotary Club invited the secretary to speak on A.A. at a recent luncheon and the reaction was favorable.

Raking In the Chips.--The founder of the Elmira, N. Y., Group received his blue chips recently at a meeting to which a local paper devoted considerable space. When members of the Group start out they are given a white poker chip as an A.A. reminder. After three months an A.A. red chip is given out and after a year a blue chip goes into the pocket. At the blue chip presentation the hostess brought out a now unused

cocktail shaker, draped with a black ribbon, and used it for serving coffee. Speaker for the occasion was a member who joined the original Group in Akron, Ohio, more than 10 years ago. Guests were present from Addison, Elkland, Endicott, Ithaca and Sayre. The Group schedule included a New Year's Eve party.

Mixer Starts Whirling. --Vancouver, B. C., A.A.s have a new periodical, The Mixer, produced by the West End Group. Its 12 pages contain news, serious articles, humor and personal notes. Arrangements are being made to extend its circulation throughout the district, including Victoria.

Austin Is Host.---The Austin, Texas, Group was host to the statewide convention which was held in the Driskill Hotel this fall with a national officer attending. Another feature was the distance traveled by some members, one coming 600 miles from El Paso, five coming 500 miles from Amarillo, and three from the Rio Grande Valley. Nearly all Texas groups were well represented.

Proud of Achievement. -- Proud of the growth from two members to 15, the A.A. Group of Princeton, W. Va., numbers many who have been sober the full six months since the founding. The Group reports a large field in which to work and feels confident of results. Meetings are on Thursdays and information for visitors can be obtained at 115 Bluefield Avenue.

Hospital Asked for Alcoholics-- Construction of two 150-bed institutions for the treatment of alcoholics will be recommended to the next legislature by the state



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- Start the Meeting with a strong speaker - other than yourself.
- Finish the Meeting with a strong speaker - other than yourself.
- Listen to each speaker, and show it by looking interested (and not reading the Reviver while they are speaking) (JR comment, in brackets)
- Don't try to attract attention away from the speaker.
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- Try to remember people's names - but don't only call the names you remember. (Show you are responsible enough to be such to ask people other than those you know, by finding out before hand who else is there besides your friends)(In such places as S.A. They have a book at the door and everyone puts their name and group in it, is not left there it is then passed around the room on the way up to the Chairperson, to insure that everyone is all included). (JR Comment, in brackets).
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Oldtimers who have gone to the Big Meeting, members coming in regularly late, to meetings should go to the bottom of the list. I often see these days folk coming in late, asked to speak, talk for 15 minutes, then leave early. This does not help the ego of those who grace us, or those folk who had the discipline to turn up on time and are regular, one member asked at one Group, after he had been turning up for 7 years, to help set up, attended all Group Conscience Meetings, etc., asked at one Group Business Meeting, how long do you have to be in tis Group, before one gets asked to speak, he had been sitting there loyally for 7 years, not asked to share) (JR Comment, in brackets).

· Try to strike a balance of OSM (Oldtimers, OSM as a newer terminology in A.A. sounds like a hangover from the war days, which I hope are over for most of us) and newcomers, group member and visitor, male and female, it easier than it sounds. (The Morisset Group, covers these aspects well) (JR Comment, in brackets).

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· At topic meetings, give occasional reminders of the topic.

· When inviting members with less than 90 days to identify, do so in a manner that offers them encouragement and comfort.

· As you open the Big Book to read How It Works, don't encourage people out the door with quips about smoke breaks, loo brakes and tea breaks.

· Finish up with an upbeat reading - e.g. the Twelve Promises on page 449 of the Big Book. ( While I agree, but not another reading, at the expense of say not hearing from say a member with circa nearly 50 years sobriety who has not spoken at the Birthday Meeting) (JR Comment, in brackets).

· When reading How It Works, read it from the Big Book - it's an important pointer to newcomers looking for the source of all this new information.

It is an excellent Article and as suggested by the Grapevine, they recommend Articles from the Grapevine, as Group Discussion Topics. In my humble opinion this sure would make a good Group Topic. Stan from Ramsgate said "everyone in A.A. is sincere but you can be sincerely wrong". I often see well intended folk in the chair who are great A.A. members but obviously have not had much training or appropriate Sponsorship in how to make a good meeting turn out another productive spiritual result. (Russ J spoke about the half truths in A.A. One of them being "The only requirement for me being in the chair is that I have not had a drink today" But again every Group is autonomous, but sometimes Groups that are pleading for support, to stay open perhaps could learn from the suggestions in the Reviver? But then again I could be wrong!!!). (JR Comment, in brackets).

Kind Regards, John R





## The Reviver

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7. We will lose interest in selfish things.
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-Woody W., Derived from the AA "Big Book", pp. 83-84.

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Hope this helps.

Peace & Love, to you and yours,

Joe N.

From: Lash, William (Bill) [mailto:wlash@avaya.com]  
Sent: Wednesday, September 17, 2003 6:15 PM  
To: AAHistoryLovers@yahoogroups.com  
Subject: RE: [AAHistoryLovers] (a) Charing A.A. Meetings, good one from The Reviver

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that's where the acceptance piece is). (BFB comments, in brackets).

Just Love,

Barefoot Bill

-----Original Message-----

From: John Reid [mailto:johnyr1@iprimus.com.au]

Sent: Tuesday, September 16, 2003 12:02 AM

To: John E Reid

Subject: [AAHistoryLovers] (a) Charing A.A. Meetings, good one from The Reviver

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along to anyone directly if they'd like.

Namaste! Barefoot Bill

1 - If we are painstaking about this phase of our development, we will be amazed before we are half way through.

2 - We are going to know a new freedom

3 - We are going to know a new happiness.

4 - We will not regret the past nor wish to shut the door on it.  
(which actually could be two promises)

5 - We will comprehend the word serenity

6 - We will know peace.

7 - No matter how far down the scale we have gone, we will see how our experience can benefit others.

8 - That feeling of uselessness will disappear.

9 - That feeling of self-pity will disappear.

10 - We will lose interest in selfish things.

11 - We will gain interest in our fellows.

12 - Self-seeking will slip away.

13 - Our whole attitude and outlook upon life will change. (which also could be two promises)

14 - Fear of people will leave us.

15 - Fear of economic insecurity will leave us.

16 - We will intuitively know how to handle situations which used to baffle us.

17 - We will suddenly realize that God is doing for us what we could not do for ourselves.

-----Original Message-----

From: Joe Nugent [mailto:joegent@sympatico.ca]

Sent: Thursday, September 18, 2003 3:44 AM

To: AAHistoryLovers@yahoogroups.com

Subject: RE: [AAHistoryLovers] (a) Charing A.A. Meetings, good one from The Reviver

Hi Bill,

I have been a member of AA since 1964 and I believe We have the Twelve promises on pages 83-84, it also says on page 84 "it asks are these extravagant promises?"

The Twelve Promises

1. We know a new freedom and happiness.
2. We will not regret the past nor wish to shut the door on it.
3. We will comprehend the word "serenity".
4. We will know peace.
5. We will see how our experiences would benefit others.
6. That feeling of uselessness and self-pity will disappear.
7. We will lose interest in selfish things.
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Sent: Tuesday, September 16, 2003 12:02 AM  
To: John E Reid  
Subject: [AAHistoryLovers] (a) Charing A.A. Meetings, good one from The Reviver

(Comments attributed to being my own on this occasion and in brackets are not for Publication)

( The comments in (brackets ) are strictly my own based on my own experience and naturally I will respect your sharing of your experiences in such matters and not doubt you will respect mine?)

Further to recent discussions on the above with a well respected member, I confirmed to them that the Reviver had an Article on the above mentioned subject in their July 2003 issue. I

suggested that They (The Members at The Reviver) might send out multiple copies, if you so order same. The order phone number is 02 9799 1199; email : aacroydon@bigpond.com.au.

As I said during the above mentioned discussion that the Morisset Group has a very good Guide for the Chairperson to follow, Lenny from Morisset may fax you or email (if he has it electronically) you a copy if you so request. And a good number of general concerns that are often raised in regards to Charing meetings are covered in the Morisset Group Guidelines, on Charing a meeting.

From the great Article in the July Reviver, the below are the suggested guidelines resulting from the Revivers' review of the problems resulting from what Bill W called the greatest killer of long term sober members, that of Complacency!!!!

- Start on time, and finish on time.
- Start the Meeting with a strong speaker - other than yourself.
- Finish the Meeting with a strong speaker - other than yourself.
- Listen to each speaker, and show it by looking interested (and not reading the Reviver while they are speaking) (JR comment, in brackets)
- Don't try to attract attention away from the speaker.
- Lose the inter-speaker commentary (Don't tell the "rest" of your own storey between speakers) (JR Comment, in brackets).
- Try to remember people's names - but don't only call the names you remember. (Show you are responsible enough to be such to ask people other than those you know, by finding out before hand who else is there besides your friends)(In such places as S.A. They have a book at the door and everyone puts their name and group in it, is not left there it is then passed around the room on the way up to the Chairperson, to insure that everyone is all included). (JR Comment, in brackets).
- Look over the last week's speaker list to see who's been called recently and who hasn't.
- Take a risk - scan the room for new or seldom seen members and call them up. ( I, personally, do not agree with always calling "seldom seen members" I have found that often only encourages those who come to grace us with their presence from time to time, to expect to be asked to speak and then often leave after they have spoken. Bill W was concerned about those who got well and did not come back to help carry the load. There is more to carrying the road than turning up on seldom occasions and our egos being fed by being asked to speak) (And

in my opinion and that of a lot of Oldtimers who have gone to the Big Meeting, members coming in regularly late, to meetings should go to the bottom of the list. I often see these days folk coming in late, asked to speak, talk for 15 minutes, then leave early. This does not help the ego of those who grace us, or those folk who had the discipline to turn up on time and are regular, one member asked at one Group, after he had been turning up for 7 years, to help set up, attended all Group Conscience Meetings, etc., asked at one Group Business Meeting, how long do you have to be in tis Group, before one gets asked to speak, he had been sitting there loyally for 7 years, not asked to share) (JR Comment, in brackets).

- Try to strike a balance of OSM (Oldtimers, OSM as a newer terminology in A.A. sounds like a hangover from the war days, which I hope are over for most of us) and newcomers, group member and visitor, male and female, it easier than it sounds. (The Morisset Group, covers these aspects well) (JR Comment, in brackets).

- Ask people to share their time - but resist the temptation to do so after a longwinded speaker which is a subtle way of shaming people. (Some of the best structured Groups I have belonged to have had a bell or egg timer, to keep folk like myself a bit better disciplined). (JR Comment, in brackets).

- At topic meetings, give occasional reminders of the topic.

- When inviting members with less than 90 days to identify, do so in a manner that offers them encouragement and comfort.

- As you open the Big Book to read How It Works, don't encourage people out the door with quips about smoke breaks, loo brakes and tea breaks.

- Finish up with an upbeat reading - e.g. the Twelve Promises on page 449 of the Big Book. ( While I agree, but not another reading, at the expense of say not hearing from say a member with circa nearly 50 years sobriety who has not spoken at the Birthday Meeting) (JR Comment, in brackets).

- When reading How It Works, read it from the Big Book - it's an important pointer to newcomers looking for the source of all this new information.

It is an excellent Article and as suggested by the Grapevine, they recommend Articles from the Grapevine, as Group Discussion Topics. In my humble opinion this sure would make a good Group Topic. Stan from Ramsgate said "everyone in A.A. is sincere but you can be sincerely wrong". I often see well intended folk in the chair who are great A.A. members but obviously have not had much training or appropriate Sponsorship in how to make a good meeting turn out another productive spiritual result. (Russ J spoke about the half truths in A.A. One of them being "The only requirement for me being in the chair is that I have not had a







At the same time, the phrase "AA has no dues or fees" was clarified to read as it presently does: "There are no dues or fees for AA membership; we are self-supporting through our own contributions. The current version of the Preamble appears on page one of every issue of the Grapevine.

When reprinted, the Preamble should carry the following credit line:  
Copyright © by The AA Grapevine, Inc.

AA PREAMBLE©

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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----- Original Message -----

From: Irene E. Sekros

To: AAHistoryLovers

Sent: Thursday, September 18, 2003 4:21 AM

Subject: [AAHistoryLovers] - "Dr. Bob & the Good Oldtimers"

Hi, my name's Irene and I'm an alcoholic from Athens, Greece. My home group is the North Corner Group of Athens. I'm a new member of this list and have just begun reading the old messages from the start. Wonderful information, thank you!

At the moment, I'm participating in a Big Book Study Group and have a question for which I haven't been able to find an answer. Maybe you could help?

In "Dr. Bob and the Good Oldtimers", page 240, line 11, it reads:  
"...in



happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us - sometimes quickly, sometimes slowly. They will always materialize if we work for them.

Richard K.  
Haverhill, MA  
goldentextpro@aol.com

|||||

+++Message 1345. . . . . Re: - "Dr. Bob & the Good Oldtimers"  
From: t . . . . . 9/18/2003 9:42:00 PM

|||||

Rob White wrote:  
> Another related change they made was in Step 7. It use to read "Humbly  
> , on our knees , holding nothing back , we asked God to remove our > shortcomings". I think I prefer the original but I understand the > reason they made the change.

That was in the mimeographed draft version of the Big Book. It was changed before actual publication due to feedback Bill got from the group members.

Irene wrote:  
> At the moment, I'm participating in a Big Book Study Group and have a  
> question for which I haven't been able to find an answer. Maybe you > could help?  
>  
> In "Dr. Bob and the Good Oldtimers", page 240, line 11, it reads:  
> "...in  
> the foreword to the Big Book, stating, "The only requirement for > membership is an honest desire to stop drinking".

>

> Now my question: when was the word "honest" omitted, why and by whom?

>

At my group they read something at the end of each meeting about reconciling

what you

hear with the Big Book.

Checking ... page viii of First Ed, page xiv of the Second, Third & Fourth Eds

...

there it is, "The only requirement for membership is an honest desire to stop drinking."

Perhaps you are confusing what is in the Forward to the First Edition with

Tradition

Three, which states "The only requirement for AA membership is a desire to stop

drinking." Honest is not mentioned there, but it never has been. The familiar

'short

form' of our 12 Traditions were probably written within a year before being

adopted

by the fellowship at the 1950 first international convention in Cleveland.

Or another possibility is that you are confusing the Forward with the Preamble.

Which

was first published in the Grapevine in June 1947, and at first did contain the

phrase "honest desire to stop drinking" from the Forward to the First Edition.

The change to the Preamble (dropping the word 'honest' along with further

clarifying

the 'no dues or fees'), was adopted at the 1958 General Service Conference.

A delegate pointed out that the word 'honest' does not appear in the Third

Tradition,

and suggested that it should be deleted from the Preamble. Many delegates felt

that





the Santa Fe, N. M., Group. The first booklet, 'Ha De Ser Esto Nuestro Sino?' was a translation into Spanish of the Salt Lake No. I Group's 'Who? Me?' and portions of Akron's 'Guide, to the 12 Steps'. The material chosen and the translation will, therefore, not duplicate any work in process of the Alcoholic Foundation in its future publications in Spanish. The translator is a newspaper columnist and ex-editor of Spanish periodicals, whose forte previously had been politics. Since becoming an active member his forte is A.A. His columns are being printed in Spanish weekly newspapers throughout New Mexico.

Clicking in Canada. -- Really tremendous advances are reported for 1946 by the A.A. Grapevine's correspondent of the Toronto Central Group which has meetings every night in the week. Open Saturday night social meetings have filled a distinct need with attendance around 100 while the Sunday meetings for beginners run about the same with both new and old members attending. The year's work got underway with a big banquet in March with formation of a central committee at the end of the first six months. This group has built A.A. into a solid unit. There is a monthly meeting with all groups attending at the Central club rooms at 1170 Yonge. According to our correspondent, this is the largest group in Canada and lends considerable help and direction for other groups. Members are proud that L.T.M., one of the founders, was

made a magistrate in Toronto last year, an event accompanied by much favorable newspaper publicity. other favorable newspaper stories have had to do with A.A. success where churches have failed in the work with alcoholics.

More San Francisco Groups. -- The San Francisco Group, which began the development of neighborhood groups slightly more than a year ago, ended 1946 with five such organizations. It began 1947 with six and the prospect of two or three more in the next month or two. All such groups retain their affiliation with the central San Francisco Fellowship. Holiday week was observed at the clubhouse in the usual happy fashion while more than 100 attended the Christmas dinner at the club and 275 attended the annual New Year's Eve dance. Outside pioneering activities of the group were extended with the inauguration of an A.A. fellowship at the U. S. Army Letterman General Hospital, at the Presidio of San Francisco. The year's closed meeting activities were marked by visits from B.B. of the New York Central Office and M.M. of the National Committee for Education on Alcoholism. The former said it was the largest closed meeting she had ever addressed. M.'s address was transcribed and the records are now in the hands of several Northern California groups. Both visitors addressed meetings of approximately 500 A.A.s of Northern California.

A.A. on "Skid Row." --How A.A. came to some of those needing it most is described in the December issue of 'The Volunteers Gazette', national publication of the Volunteers of America, in an article called "A.A. Joins V. of A.," written by

E.G. of  
the Omaha Group. "Mohammed doesn't come to the mountain so we'll bring  
the  
mountain  
to Mohammed," quoted one fellow to Lt. Col. Jeannette Spencer,  
district V. of A.  
officer. The article continues: "He means that A.A. has clubrooms in  
what folks  
in  
this end of town consider the Cadillac-and-caviar-district of Omaha.  
They don't  
come  
out there, so we would like to hold A.A. meetings in your chapel every  
week,  
here on  
the fringe of Skid Row, where A.A. is needed." Next day a new showcard  
read: "Is  
Drinking Your Problem? Welcome to Alcoholics Anonymous Meetings. Here  
Every  
Wednesday, 8 P.M." The article then tells how two dozen members and  
wives met  
with  
seven men and women from Skid Row with Colonel Spencer an interested  
spectator.  
The  
work has continued with new faces appearing and the meetings have  
moved from the  
chapel to club rooms at the V. of A. headquarters. Members of the  
Skid-Row Group  
donated a sizable voluntary collection for toys for children who  
attended its  
Christmas party. In addition, the Omaha Group has completed  
redecorating and  
refurnishing its clubrooms at 109 North 40th Street and celebrated the  
grand  
reopening with a gala housewarming.

A.A. Gets Namesake.--Celebrating his second year in A.A. recently,  
J.W.R. of the  
Mt.  
Vernon, Wash., Group reports that it was a "double-header celebration,  
namely,  
two  
years of sobriety and happiness, and the arrival of an addition to our  
family, a  
baby  
girl! Having one of God's best gifts bestowed on the second  
anniversary of A.A.

may  
merely be coincidental, but Ruth and I rather think it's just another  
one of  
those  
spiritual awakenings which occur in the lives of A.A.s At any rate, we  
could  
think of  
no more appropriate name for our daughter than Alice Ann and for the  
sake of  
brevity  
she will be known as A.A.R. It will be easy to calculate the years  
I've been in  
A.A.  
as the years roll up by adding two years to the age of my daughter.  
Our son was  
born  
about seven months after my entry into A.A. so you can see we  
certainly have  
been  
receiving invaluable rewards during the two years."

Group Branches Out. -- Covington , La. Group has started to include  
the towns of  
Hammond, Bogalusa and surrounding rural areas since its founding in  
November,  
1945.

After the usual growing pains about a dozen are continuously sober  
with two new  
members celebrating their first year at a supper recently. Bogalusa  
will have  
its own  
group in the near future and Hammond is expected to have a separate  
one soon.

The  
three towns may then hold an open meeting each month with each town  
holding its  
own  
weekly meeting. Much cooperation has been received from the New  
Orleans Group.

Picture, Letters, Happy Ending.--The October 27, 1946, issue of 'The  
American  
Weekly'  
carried a series under "Letters to The Editor" which resulted in what  
looks like  
another good member for A.A. An attorney wrote the magazine asking for  
a cover  
picture drawn by Percy Crosby several years ago depicting a family on

the verge  
of  
divorce with the child inquiring how he would explain the situation to  
his  
friends.  
The article accompanying it said the lawyer had shown this picture to  
several  
hundred  
prospective divorce clients with the result that a majority of the  
cases were  
dismissed. The magazine sent the picture, asking about the case, to  
which the  
attorney responded with a case history, reporting the wife an  
alcoholic. Letters  
came  
to the Austin Group from A.A.s all over the country and the lawyer  
also received  
many. A.A.s called on the lawyer but he said the woman had "sworn off"  
and was  
trying. Four days later the lawyer reported the woman wanted help, the  
A.A.s  
responded, and Austin has another woman who shows every indication of  
following  
the  
program sincerely.

Meet in Miami.--The Anona club rooms and meetings of the Miami, Fla.,  
Group have  
a  
national convention air as ambassadors of A.A. from many states meet  
at the  
coffee  
bar. One visitor flew over from Cuba and reported that he is starting  
a group in  
Havana. At a recent Sunday night open meeting The program featured two  
married  
couples, all members of the group. December saw the first anniversary  
of the  
Lake  
Worth Group, attended by a delegation from Miami. January 26 was the  
anniversary  
of  
the Tampa Group, also attended by many from Miami, while Hollywood  
started its  
first  
meeting with a new group last month. The big party this year was held  
at Sts.  
Peter

and Paul through cooperation of the Catholic fathers, with more than 400 present.

Anniversaries Adding Up. --Anniversary celebrations ranging from first to fifth have been reported. The third annual banquet of the Tampa, Fla., Group was scheduled at the Bayshore Royal Hotel January 26, with an excellent menu, speakers from Jacksonville and Atlanta, and many out of town members welcomed. The Brooklyn, N. Y., Group plans include a dinner on Lincoln's Birthday, February 12, in the Hotel St. George, for the fifth annual celebration. Ottawa, Ont., reports the first anniversary banquet with over 90 present to hear six members of the Toronto Group among the speakers. January 26 marked the second anniversary of the Ft. Dodge, Iowa, Group at the Wahkonsa Hotel with a speaker from Minneapolis and an entertainment program. The Kent, Ohio, Group made a trip to Cleveland on the anniversary of 8005 Lorain A.A. Group. Sixty made the trip, including eight from Ravenna. The way A.A. grows was beautifully demonstrated at the Morton Hotel in Grand Rapids, Mich., at the fifth annual dinner commemorating the start of A.A. in West Central Michigan. More than 150 attended with groups up to 25 coming from Benton Harbor, St. Joseph, Kalamazoo, Greenville, Lansing, Holland, Muskegon and one member from Traverse City who made a trip of approximately 300 miles. All five of the original group are still dry and

four attended the meeting.

Young Groups Growing. -- The Maiden, Mass.. Group started last September with 18 members and more than doubled in 90 days with an attendance at the opening meeting of 65. Meetings are every Thursday at 8:30 p.m. in the Spanish War Veterans Hall, 156 Pleasant Street. St. Mary's, Ohio, reports a new member, total now six, with a local physician and a minister working with the group on contacts. For the present the members are attending Wednesday meetings at Lima. Present enrollment of the Pensacola, Fla., Group is 19 after less than a year. The Clarksburg, W. Va., Group is nearly a year old, has 15 members and expects to increase due to the large supply of "timber." Members meet Wednesdays at 8 p.m. at 100 Summit Court. With Essex County Groups Nos. I and 2 of Montclair and Newark, N. J., well launched and meeting respectively on Thursday at 7:30 p.m. at St. Peter Claver's, Montclair, and 7:30 p.m. Sunday at 139 Walnut, Newark, an announcement of a third group is expected soon. The first group started in September.

Hold Information Meeting.--The Muncie, Ind., Mission Group has changed its name to the Muncie and Inter-County Group, although still meeting weekly at the Muncie Mission until a larger room can be found. Workers report a great need for A.A. work in Muncie and an attempt to meet a lack of information led to a meeting last month at the YWCA in Muncie with speakers from Dayton and Indianapolis,

including a minister, priest, physician and an A.A. member. About 300 invitations were sent to clergymen, doctors, judges and others and about 250 copies of 'Medicine Looks at A.A.' and the A.A. booklet were obtained for the meeting which is expected to result in better contacts for 12th Step work.

Happier Holidays. -Weeks after the Christmas and New Year's celebrations, reports of the way various groups rejoiced have continued to trickle into The 'A.A. Grapevine' office, telling of toys for the kids, dinners complete with turkey and ham, coke and coffee, decorations, trees, dances, trips, Santa Clauses, elaborate programs and entertainment. Christmas parties were big affairs at Kent, Ohio, Tampa, Fla., Passaic, N. J., Lincoln Park, Mich., Upper Arlington of Columbus, Ohio, Amarillo, Tex., Charleston, W. Va., Nacogdoches, Tex.; and Des Moines, Iowa. New Year's also had parties and open houses at Cambridge, Mass., Nacogdoches, Tex., Jefferson City, Mo., Louisville, Ky., Miami, Fla., and Rochester, N. Y.

=====

+++Message 1348. . . . . Re: - "Dr. Bob & the Good Oldtimers"  
From: ny-aa@att.net . . . . . 9/20/2003 10:31:00 AM

=====

Short Answer to:

> In "Dr. Bob and the Good Oldtimers", page 240, line 11, it reads:  
> "...in the foreword to the Big Book, stating, "The only requirement





The wording of the 1958 advisory action can erroneously give the impression that a change was made to Tradition Three. For the straight, historical scoop, the information below is posted on the AA Grapevine web site (and published in the Best of the Grapevine, Volume 1 pgs 274-275).

#### The A.A. Preamble: Background Information

#### Service Material from the General Service Office

THE PREAMBLE was introduced in the June 1947 issue of the AA Grapevine magazine. It was written by the then-editor, who borrowed much of the phrasing from the Foreword to the original edition of the Big Book, Alcoholics Anonymous.

In those early years, the Grapevine had just begun to circulate among nonalcoholics, and the Preamble was intended primarily to describe for them what AA is and is not. It is still often used for public information purposes. As time passed, it began appearing in all Conference-approved publications, and many AA groups now use it to open meetings.

The original version differed in two ways from the familiar form we all know: 1) It stated that "the only requirement for membership is an honest desire to stop drinking," and 2) it contained only the very brief statement "AA has no dues or fees.

People often ask why the word "honest" was deleted. At the 1958 General Service Conference, a delegate asked about the words "honest desire to stop drinking," suggesting that since "honest" does not appear in the Third Tradition, it might be deleted from the Preamble. In discussion, most Conference members felt that as AA had matured, it had become almost impossible to determine what constitutes an honest desire to stop drinking, and also that some who might be interested in the program could be confused by the phrase. Thus, as part of the evolution of AA, the phrase had been dropped from common usage. The midsummer 1958 meeting of the General Service Board of Trustees ratified the deletion, and since then the Preamble has read simply "a desire to stop drinking.

At the same time, the phrase "AA has no dues or fees" was clarified to read as it presently does: "There are no dues or fees for AA membership; we are self-supporting through our own contributions. The current version of the Preamble appears on page one of every issue of the Grapevine.

Regarding the Forewords to Various Editions of the Big Book:

Someone in the AAWS publications department did try to fiddle with the foreword to the second edition. The 1978 Conference responded with the advisory action shown below:

The next printing of Alcoholics Anonymous the foreword to the second Edition be included as originally published in the second Edition.  
(Literature Committee.)

Someone in the AAWS publications department got a bit creative with the foreword to the fourth edition. The 2002 Conference responded with the advisory action shown below.

Although the committee acknowledged the importance of electronic meetings to some AA members, the sentence "Fundamentally, though, the difference between an electronic meeting and the home group around the corner is only one of format" in the last paragraph of the Foreword to the fourth Edition, be deleted in future printings of the Big Book.  
(Literature Committee)

Aside from the Preamble, the foreword to the first edition also reflected the seeds that would later blossom into the Twelve Traditions.

Cheers

Arthur

----- Original Message -----

From: Jon Markle

To: AAHistoryLovers@yahoogroups.com

Sent: Saturday, September 20, 2003 3:52 PM

Subject: RE: [AAHistoryLovers] - "Dr. Bob & the Good Oldtimers"

I don't think that is significant, except that the Foreword to the all editions are exactly reproduced for historical record, not meant to be reflected upon as instruction, but information.

It's just standard publishing practice in this case. A foreword is a foreword. The original foreword appears in later additions ONLY as it is a historical exact copy of the original, which, for publishing

purposes,  
cannot be changed. Has nothing to do with the intent of AA as a  
whole to  
alter or not altar the phrase in later works, which we have.

We cannot, therefore, read intent into a \*copy\* of the foreword.  
Because it  
is just that, a copy. What is important to understand is that the  
intention  
of AA is to NOT use the word "honest" in later publications, for  
whatever  
reason.

I have always understood AA to go with the INTENT of suggestions,  
not the  
letter of the law. And this is one of the best examples I can see of  
the  
intention of AA to be best suited for alcoholics who do not have  
much in the  
way of honesty when we first darken the doors of the rooms. Leaves  
us lots  
of wiggle room to get sober.

Jon

-----Original Message-----

From: ny-aa@att.net [mailto:ny-aa@att.net]  
Sent: Saturday, September 20, 2003 11:31 AM  
To: AAHistoryLovers@yahoogroups.com  
Subject: Re: [AAHistoryLovers] - "Dr. Bob & the Good Oldtimers"

Short Answer to:

> In "Dr. Bob and the Good Oldtimers", page 240, line 11, it reads:  
> "...in the foreword to the Big Book, stating, "The only  
requirement  
> for membership is an honest desire to stop drinking".  
<  
> Now my question: when was the word "honest" omitted, why and  
> by whom?

Other uses of the phrase "desire to stop drinking" in Tradition  
Three  
and in The A.A. Preamble are derivative works. It is significant  
that  
the wording "honest desire to stop drinking" remains unchanged in  
later editions where it appears in "Foreword to the First Edition."

---







a vice-president, a membership committee, membership rules. We also incorporated

AA

for the whole of the state. We were going to give out charters for starting groups.

We even put in Roberts' Rules of Order for a while (talks limited to three minutes,

etc.). Well, all hell broke loose. Mort, the president, couldn't be at a

meeting, so

he asked someone other than the VP to run the meeting. This made the VP mad, and

he

got drunk (haven't seen him since). The secretary's husband got drunk because he

wasn't given a title (he rejoined five years later). The membership committee

got mad

because the people they screened out came anyway (we wanted only "pure alkies").

We had a "goon squad" for the slippers. When someone slipped, the goon squad

would

find him, take him home, and get him sober (whether he wanted to get sober or

not).

One night, Mort got a call from two members who had slipped. He sent tow of the

goon

squad to save them. An hour later, he got a call from one of the squad. They

were

drunk also. He sent four more goons. Another call. Now there were eight drunks,

and

so on. It damn near wiped out the group!

Finally, we took stock and figured out we were all chiefs and no Indians. So we

threw

out all the titles and committees. For a membership committee, we figured we had

the

best in the world: John Barleycorn and Mama Fate. They worked 24 hours a day,



salesman. He moved from Little Rock, along with his wife and two small children to New Orleans for a fresh start. Three months later he was drinking. The search for a solution to his problem began with various clergymen. He continued to drink. Psychiatric counseling also failed. Richard C. Peabody had written a book entitled "The Common Sense of Drinking", which Sterling saw advertised in a magazine - he sent for it. This book was to have a profound effect on his life for the next six years. The book lacked the spiritual and fellowship approach to the problem; however, it did outline a program of action to retrain the mind, including continuous self-inventory.

Thinking he had a handle on his problem now, he re-applied for a job with his former company. They replied that if he could stay sober he could join the office in Memphis, but his dismissal would be automatic should he resume drinking.

In Memphis for six months, fighting liquor all the time, Sterling slipped again on his first trip out of town. On his return he sought the advice of clergy - again

- and became acquainted with Dr. Blazel, rector of the Calvary Episcopal Church.

Dr. Blazel agreed to try to help, and counseling sessions were set up twice a week.

Business required Sterling to be out of town again - and soon, on July 22, 1935,

he was drunk. Remorse, failure, defeat, and finally - the bottom.

Sterling had promised to resign his job should this happen, but before

he could  
get  
to the office he learned that his boss, the man to whom the promise  
was made,  
had  
died during the night. Immediately he went to Dr. Blazel and told him  
what had  
happened. Dr. Blazel, recognizing a different man, said to him,  
"Sterling, I  
think  
something very important has happened in your life, and whatever it is  
I want  
you to  
cling to it. Say nothing to anyone, do a lot of praying and realize a  
very  
profound  
'something' has happened in your life." Sterling never found it  
necessary to  
take  
another drink.

The next few months, following his surrender, Sterling developed along  
more  
spiritual  
lines with Dr. Blazel and also continued to refer to Peabody's book.  
Christmas,  
1935,  
he returned to Little Rock for the express purpose of making amends  
and  
restitution.

Alcoholics Anonymous had begun to take root at this same period of  
time unknown  
to  
Sterling, but he stayed sober practicing his own version and began to  
work with  
others (with little success.)

Three and a half years passed when a call came from Harlan N.'s boss  
asking  
Sterling  
to help Harlan. With patience, tolerance, hope and despair the  
sponsor-prospect  
relationship continued into its seventh month. The two became aware of  
a  
magazine  
article in the September 30th issue of 'Liberty Magazine' by Morris  
Markey

entitled  
"Alcoholics and God" and told a little of the new groups being formed  
in New  
York,  
Akron and Cleveland. On January 26, 1940, Harlan wrote for the book.  
When it  
arrived  
in Little Rock Harlan was drunk, and the book sent COD, was returned  
to New  
York.

Sterling's new boss noted with interest an article in the February 19,  
1940  
issue of  
'Time' concerning a dinner given by 'the' most outspoken teetotaler of  
the day,  
John  
C. Rockefeller, which culminated an investigation of two years. Mr.  
Rockefeller  
was  
expected to lead other philanthropists and endow AA with hospitals and  
centers  
throughout the country. Bill W., Dr. Bob and other AA people in  
attendance were  
very  
disillusioned when told that money might ruin the good thing they had  
started.  
The  
article mentioned the book and the beginnings of new groups  
nationwide. Foster  
Vineyard wrote, on insurance company stationery, the second request  
for the  
book.  
Dubious of the motives an insurance company might have for wanting a  
book about  
alcoholism, New York, by return mail, questioned the request. Finally,  
after  
Sterling  
wrote a third letter telling some of his story, the book arrived and  
was paid  
for in  
March, 1940.

Sterling read it eagerly. He called Harlan and said, "Boy, this is  
just what we  
have  
been waiting for. I've been trying to tell you some of these thing and  
now, here

it  
is all in black and white." It seems at that moment AA was born in  
Arkansas -  
when  
one sober alcoholic with the AA book contacted one sick alcoholic with  
a message  
of hope.

The next link in our Arkansas AA chain of recovered alcoholics was  
Glenn "Bud"

G.  
He had committed himself for life in the "nut house" and had given up  
all hope  
of  
ever being able to live without alcohol. Harlan, informed of Bud's  
condition,  
decided  
to pay him a visit. Bud was offered the book and read it three times  
the week he  
was  
allowed to keep it, which was the second week in May of 1940. State  
Psychiatrist, Dr.  
Nick Hollis, could see a remarkable change in Bud. He was so impressed  
with him  
that  
he ordered the second AA book for Arkansas.

Sterling, Harlan and Bud met in the home of Sterling's folks in late  
May and  
this was  
the first AA meeting held in our state. The meeting was somewhat of a  
12th step  
discussion on how to carry the message to others in the area. It was  
decided to  
run  
some blind ads in the newspaper and rent a post office box for  
replies.  
Responses  
were mostly from families and friends of problem drinkers. Sterling,  
Harlan and  
Bud  
kept busy answering the various inquiries. Non-alcoholics were also  
willing to  
help:  
Dr. Hollis, a supporter from the start; Rev. Oscar Egger, Harlan's  
pastor;  
Gordon  
Campbell and Foster Vineyard, Sterling's employers; along with the

families of  
many  
alcoholics.

Bud brought T. D. A. from the hospital with him to the first meetings.  
Joe M.,  
who  
hadn't had a drink in a year, joined the group. Gerald M. had sobered  
up much  
the  
same as Sterling by studying Peabody's book and wanted to help. Rev.  
Egger  
allowed  
the group to meet twice weekly in his church. Some of the church  
members were  
opposed, and subsequently Rev. Egger was fired as the result of his  
interest.

The original three were very promotionally minded due to Sterling's  
and Harlan's  
professions as salesmen and Bud's as a newspaperman. They advertised  
an open  
meeting  
to be held in the YMCA. An assortment of people responded; ministers,  
exhausted  
wives, do-gooders, and some drunks who continued to sneak drinks  
during the  
meeting.  
After three such meetings at the "Y" the experiment with open meetings  
was  
discontinued.

Gordon Campbell offered a room in the insurance agency's office in the  
Wallace  
Building at Markham and Main, and for several months the group met at  
this  
location.  
The content of the meetings consisted mainly of Sterling's reading of  
the Big  
Book  
followed by Bud G's "witnessing." One night Sterling suggested they  
close the  
meeting  
by repeating the Lord's prayer in unison. The practice was adopted and  
soon  
spread to  
other groups throughout the country. The meetings at this time were  
attended by

fifteen to twenty alcoholics.

There was soon the need to "qualify" the prospects in order to devote more time to the more serious ones. The new man was asked four questions: 1. Are you convinced you cannot handle your alcohol problem? 2. Are you willing to let a group of fellows who had the same problem as you prescribe a course of action. 3. Will you do anything to eliminate alcohol from your life? 4. Do you believe in a power bigger than yourself? If the prospect could not answer all four in the affirmative, he was told to come back when and if he could. He also was asked if he was willing to go to the nut house (State Hospital) or Uncle Purl's rescue Mission (often as only a test of his sincerity.) From the beginning there was some dissension among the membership regarding the merit of qualifying a prospect other than a desire to stop drinking.

Ed I. M., Attorney, advocated a very rigid plan for new prospects before they could be inducted into the group. Perfection was sought for the entire membership to remain sober. He was given the job of designing such a program using the AA book as a guide. This resulted in the creation of the Little Rock approach program. The prospect was required to: read the Big Book in three days; keep a twenty-eight day book; write a case history; make a time and money budget; take a two week leave of

absence, if  
employed, in order to devote two weeks full time to the plan; and to  
accomplish  
other  
assignments. The plan provided for an individual sponsor for each new  
man and  
outlined for the sponsor the methods which had proven to be successful  
even  
though  
less than a year old. Sponsorship then, as now, varied from lily white  
to hard  
shell  
and was the reason for the first split of the group.

In June of 1942 Ed I. M., Newton F. and D. L. T. did not agree with  
the majority  
on  
the methods designed to accomplish certain objectives of the AA  
program and  
left,  
only to return one by one in the fall of 1942.

After the approach plan was approved by the small membership, the need  
for a  
more  
permanent home for the group was felt, and Harlan's family offered a  
large cabin  
on  
Jennings Lake (several miles out Arch Street Pike from Little Rock)  
for a  
dormitory  
and meeting place. The house "dick" was Fred L. and one of his first  
clients was  
Mack  
H. followed by Max H.

Two non-alcoholics, Judge Harper Harb and Dr. Nick Hollis, were  
presented  
plaques as  
honorary members in recognition of their support. Others joining the  
group about  
that  
time were Bob M., Pat., Julian H., Henderson J. and Ladd M.

In 1942 as more and more new people associated themselves with AA  
another move  
was  
necessitated and a large room was acquired at 213 1/2 Louisiana. Macie

H., a  
real  
"stemwinder," approached the group and kept everyone busy for a while,  
but she  
didn't  
really stick with the program until later. New prospects were not  
permitted to  
meet  
with the regular group until they had completed the approach plan to  
the  
satisfaction  
of their sponsors. Buddy K., Jack E., Lee H., Bert C., Bill M., George  
S and  
Andy S.  
were among the inductees. There were also a few out in the state who  
came,  
sobered up  
and returned to carry the message to their communities.

Phonies and floozies came to AA as they do to anything that is open.  
The phonies  
were  
soon gone, but one day in walks "Floozie" in tears, broke, hungry,  
alone, with a  
black eye, many bruises and, of course, a sad tale. Macie H. had moved  
from  
Little  
Rock, but three more women had joined the group. Two of the three were  
assigned  
to  
work with "Floozie," but she preferred the male attention. A week  
passed and  
then the  
news spread, "Floozie" and six of the prospects were over in a hotel  
room naked  
and  
drunk. Then the full truth came out. In addition to the prospects,  
three "old  
timers"  
were in on the deal and were acting as errand boys to the liquor  
store. The new  
girl  
and one of the girls with some sobriety had joined the party. Great  
were the  
rumblings, head shaking and finger pointing. Meeting time finally came  
and the  
decision was made: NO WOMEN IN THE GROUP.

Bud G. had been appointed Director of the State Publicity Commission, and in the spring of 1943, on state business, he was in New York. He contacted Bill W. and was asked to be the guest of Bill and Lois at their home. The result of the visit was a continuing correspondence, culminating in their visit to Little Rock in January of 1944. Bud, returning to Little Rock found another move under way, this time to the Bathurst Building on West 2nd. Three years had elapsed since Sterling and Harlan had received the AA book, and it was time for some recognition of the success. Twenty-four individuals were still active, with over a year in the program. There were others, but World War II had been disruptive to any records. Bud G., acting as chairman, gave a capsuled story of each of the twenty-four. Those who have not been previously mentioned were Sam K., Marvin W., Ed P., Hyder L. and Earl N.

The fall of 1943 Bill and Lois made a speaking tour from coast to coast that included Little Rock on their agenda for January 17 to 20, 1944. Plans made for their visit included sight-seeing trips, a dinner dance in the Skyway room atop the Lafayette Hotel, bull sessions at the club and ending with a speech by Bill at the Robinson Auditorium. For two weeks prior to their visit both Little Rock newspapers printed case-histories of some of the AA members. The publicity worked beautifully, and

on

Sunday the auditorium was filled with 1,500 guests. A local member, who had gone

to

hear Bill in Los Angeles noted that there were only about 500 there.

Newspaper publicity not only attracted a lot of folks to the open meeting, but

attracted a lot of drunks who wanted to get sober. Frances P. was among them.

They

told her in no uncertain terms that they did not accept women.

Frances later

stated, "They should have told me they didn't want me! I could have understood

that." Three times the AA book was left for her to read in the prescribed three

day

period, but she continued to drink. Totally frustrated, she went to

Chick W.'s

office. "Chick, you have a woman member whether you like it or not," she said.

Chick

replied, "You will have to do everything I tell you to do." Frances answered,

"I'll

walk down Main Street in a 'G string' if that will keep me sober."

Chick said,

"Your

hair's not long enough. Go home and get sober." Her desire for sobriety had not

convinced the majority of voting members and she was still denied the right to

attend

the regular Thursday night meetings. However, squad meetings (usually one or two

members meeting with several new prospects) were held weekly in her home. One

day

while cleaning house and still in shorts and halter and carrying a broom she

impulsively set out to find Doyle W. Doyle gave her a list of members to call on

and

after seeing them all she finally was allowed to attend the group meetings on

Thursday evenings.

Other women followed Frances, but Ruth P. was the only other constant recognized.

Macie H. returned to Little Rock and Frances sponsored Vi D. and Myrtle T. A lot of problems lay ahead, but the successful challenge to the "no women" rule had been initiated.

Larger space was needed after Bill W.'s visit. Sterling located an ideal place at 120 1/2 Main Street at a nominal rent. All hands were put to work cleaning, painting, plumbing and wiring the new location. Furnishings were acquired whereby some of the new prospects could have sleeping quarters.

For the next thirteen years, 120 1/2 Main was the hub of AA activities in the state.

The "Grapevine" characterized it as the "mother group of the southwest" because so

many new groups could trace their origin to someone who had carried the message after finding sobriety at 120 1/2 Main. The building was sold for remodeling in 1957.

The group moved to the Glover Building for a short time followed by moves to: 14th and Scott, 9th and Scott, 2619 West 13th and today functions as the 120 1/2 Club here at 2725 West Twelfth Street.

In 1961 the expanding need for dormitory facilities at 120 1/2 could be better administered by a separate foundation and the Twenty-four Hour Club was established to operate in that capacity. Soon thereafter a detoxification unit started operation





On the plus side, it provides a really good discussion item.

Cheers

Arthur

PS: Who made the quote "Statistics are the best of slaves but the worst of masters."

-----

From: goldentextpro@aol.com

To: AAHistoryLovers@yahoogroups.com

Cc: Goldentextpro@aol.com

Sent: Sunday, September 21, 2003 9:40 PM

Subject: Re: [AAHistoryLovers] - "Dr. Bob & the Good Oldtimers"

>I have always understood AA to go with the INTENT of suggestions,  
>not the  
>letter of the law. And this is one of the best examples I can see  
>of the  
>intention of AA to be best suited for alcoholics who do not have  
>much in the  
>way of honesty when we first darken the doors of the rooms. Leaves  
>us lots  
>of wiggle room to get sober.

>Jon

Also leaves us lots of wiggle room NOT to get sober.  
However, your remark on the Forewords has merit. This includes the success rate percentages in the Foreword to the Second Edition. "50% stay sober, 25% after a slip, etc." People still quote these today, and it's woefully inaccurate. Success rates are between 2.4 - 4.8% today, and have been consistently similar since 1977.

It's basically an argument of the so-called "authoritarian" AA vs. the "acceptance of limitations" AA. Many current thinkers are just turned off by the early AA (Akron) program, the Four Absolutes, etc. Some of these writers state that the socio-political and religious climate of the times should be taken into account. I would suggest that we should also examine what natural inclinations the writer possesses due to his own view of life experiences within his own



five years are difficult to determine. Anecdotal reports indicate that A.A. Members enjoy periods of sobriety up to fifty years.

--- In AAHistoryLovers@yahoo.com, "Arthur Sheehan"

<ArtSheehan@m...> wrote:

> Pinning down success rates is not a trivial proposition. Sometimes things written in the Big Book or other AA literature are placed in the same vein as scripture and elevated to holy writ (i.e. their reinforcement is far more a function of belief and repeated recitation as opposed to fact).

>

> My concerns relate to the statistical validity of the sampling method that goes into the construction of quoted rates and whether it rises to a level that yields statistical confidence in the numbers produced. Even today with the membership surveys that are conducted by AA, I have concerns with the sampling method used.

>

> The deadly characteristic of alcoholism is the inclination of the alcoholic to repeatedly return to drinking even in the face of compelling evidence that shows they have no business taking a drink (the jay walker analogy in the literature is right on).

>

> A fair number of alcoholics will fall into the "unsuccessful" tally a number of times, hit bottom, and then move into the "success" tally. All too often an underlying presumption exists that if somebody doesn't participate in AA any longer then they are likely to have returned to drinking. That is just flat out wrong. There are many paths to spiritual living and being helpful to others. I think the Achilles heel of quoted rates lies not in the determination of the number of folks who are around and sober, but in pinning down the number of folks who are not around and have returned to drinking.

>

> Those who stay sober in AA are clearly 100% successful and that population can be approximately determined. As for the determination of the number of those who have come to check out AA and then departed to drink again, each member will have their anecdotal account but in terms of coming up with a statistically valid census, I really have my doubts if it can be done.

>

> Other things that increasingly cloud today's figures are "chemical dependency" folks that enter AA with no drinking history who undergo a metamorphosis into an alcoholic (usually because that don't want to attend NA and want to go to AA instead). There also is an emerging fundamentalist element that likes to toss around "old time" success rates in claims of asserting that they have something to offer other than the opportunity to spend dollars on their retail recovery products.

>

> On the plus side, it provides a really good discussion item.  
>  
> Cheers  
> Arthur  
>  
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>  
> This is just one of those arguments that will probably never be resolved. Although one argument simply cannot be avoided, at least much longer:



meetings, and attracts twice as many at open meetings. Three shoots are growing out of this parent group--Liverpool, Cazenovia and Pulaski. The secretary of the recently organized Hollywood, Fla., Group writes that meetings are held Monday nights at St. John's Lutheran Church. A.A.s in Norfolk, Va., marked their first anniversary with a banquet, attended by two members of the Richmond, Va., Group who presided at Norfolk's first open meeting a year ago. Three charter members of the Norfolk Group traced the growth from the start of eight to the present enrollment of nearly 200, about 125 of whom remain active. The principal speaker, a Norfolk minister, highly commended A.A. from his pulpit two days later.

He Didn't Lose His Lodging, But.-- A new group has been formed at Wallaceburg, Ontario, about 50 miles up the Detroit River from Windsor. The founder is a fellow who had a habit of breaking up furniture. It didn't cost him his living quarters, for it was his own furniture--he runs a hotel!--but it made plenty of people unhappy nonetheless. He first met A.A. in Windsor but didn't completely succumb, he had another good drunk, then a friend got D.T.'s and 12th Step work came into play. The innkeeper took the pal to Windsor for treatment. Together they decided to try the program, and held their first meeting with the chairman of the Windsor South Group assisting. The Windsor A.A.s turned out in a body for the second meeting in

Wallaceburg, and the new group is off to a flying start now, with five charter members. Attendance runs about 90 per cent in the new Woodland, Cal., Group, an offshoot of the Sacramento Group. Starting with eight, there are now 13 active members, meeting Tuesday evenings in members' homes. Socials, with wives and husbands joining in, follow the closed sessions.

Advertise for A.A.s.-- The St. Johnsbury, Vt., Group has recently received several letters and phone calls in response to advertisements in the local paper. One ad said, "Is alcohol your downfall? If so, let the A.A.s give you a hand. We have helped many overcome this and we can help you. Write to Alcoholics Anonymous, P.O. Box 342, St. Johnsbury, Vt." One of the letters read "I saw your ad in the paper. Would like to know if anyone could do this to anyone and not let them know about it. Please let me know and what the results would be!" The group recently held its first anniversary banquet.

On the Air and In Clinics. -- A woman member of the Washington, D.C., Group appeared on Ruth Crane's "Modern Woman" program recently on WMAL. Last year the speaker was one who had attended the summer school session of alcoholic studies at Yale. There were questions and answers about A.A. objectives and principles, together with detailed and local information about the alcoholic clinic operated by the District of Columbia at which A.A. volunteers work. The program was aimed at

housewives in  
the  
hope some member of a household might jot down the information and  
telephone  
numbers  
given for future reference. From Washington it is also reported that  
due to the  
constantly increasing number of patients and need for relief the  
Bureau of  
Mental  
Hygiene in the District of Columbia has extended its services in the  
two  
district  
alcoholic clinics. Dr. Leopold Wexberg, director of the Department of  
Mental  
Hygiene,  
is in charge of the clinics to which local A.A. groups lend their  
services.

Visiting with Australia. -- Father Dunlea, sponsor of A.A. in  
Australia, and  
founder  
of its Boys' Town, recently spoke to the Omaha, Nebr., Group and said  
that he  
wished  
those attending might visit his group "down under." As a result a  
recording  
machine  
was set up, a special program was recorded during a regular meeting  
and talks  
and  
greetings were sent to the Australian group. Getting together through  
the  
columns of  
the A.A. Grapevine the Balboa (Canal Zone) and Omaha Groups plan to  
exchange  
letters  
and ideas on a regular basis. Members of a neighborhood unit of the  
Omaha Group  
met  
last month at a suburban district fire station at the request of the  
firemen.

Meet in state Hospital. -- In response to a call for speakers for a  
new group at  
Rockland, N. Y., State Hospital the Passaic, N. J., Group recently  
took over a  
meeting there with 16 alcoholic patients attending. The Passaic Group,

eight  
months  
old, hopes to have larger meetings for both men and women at the  
institution  
soon.

Club Ownership Changes. -- Three years after the San Francisco, Cal.,  
Fellowship  
opened its first clubhouse, it turned over its second club at 143 Bush  
Street,  
with  
all physical assets, to the newly incorporated Alano Club, thus  
completing  
separation  
of the administrations of the Fellowship and the Club. Requirement for  
the Club  
membership is voting membership in the Fellowship. Guest memberships  
will be  
extended  
to new A.A.s, visiting A.A.s and relatives of members. The first club  
was  
outgrown in  
a year, after beginning with 35 at a meeting in February 1944. The  
second club  
has a  
seating capacity of about 250 and served as central meeting spot until  
nine  
months  
ago when it was necessary to rent an outside hall. The A.A. office  
will remain  
at the  
Club for the time being. San Francisco membership is estimated between  
400 and  
500  
with ten weekly meetings.

New Club Started. -- Approximately 150 members from various  
metropolitan groups  
have  
secured a clubhouse at 400 East 35th street, New York, N. Y., as a  
social  
center. It  
will not be considered an A.A. group nor will it function in that  
capacity, the  
members planning to continue their other A.A. activities through their  
respective  
groups. The club is open from noon to midnight under the usual rules  
and an

additional order suspending for 30 days anyone entering while drinking. Members say the only difference between this and other social clubs will be the discussion of alcoholic problems as the principal conversation.

Miami Gets Visitors.---Many visiting A.A.s are reported from the Anona Club, Miami, Fla., with representatives from all over the United States. The Northwest group of Miami continues to grow while Ft. Lauderdale A.A.s heard Dr. R. S. recently.

Anniversaries Rolling Up. -- Montclair, N.J., will celebrate the fifth anniversary as a group on March 28. Starting with ten, the group now numbers 90, though many have left to form new groups. Five of the original eight remain. One of The members spoke recently before the Baptist Ministerial Association of Northern New Jersey with 50 members present. At Tampa, Fla., the third annual banquet was held at the Bayshore Hotel with Jacksonville, Atlanta, and Cleveland, Ohio, speakers on the program and 300 attending. A fish fry with 97 A.A.s from the various groups in Northwestern Ohio was staged as the third anniversary of the Port Clinton Group recently, members being present from Sandusky, Fremont, Bellevue, Norwalk, Milan, Bowling Green and Toledo. A solitary A.A. in Oak Harbor reports prospects of a group there. First anniversary of the Tallahassee, Fla., Group was celebrated at the Cherokee Hotel with a speaker from

Jacksonville. An offshoot of this group, Thomasville, Ga., is using the Detroit WWJ records after which they will go to the Federal Correctional Institution in Tallahassee. The group founded there a year ago is functioning with seven members. A two-year observance is reported from Springfield, Mo., while Columbia, Mo., had the first anniversary party at the Daniel Boone Tavern in Columbia. This group has also gotten a new club room. Council Bluffs, Ia., with the cooperation of the parent Omaha, Nebr., Group celebrated its first year recently with several hundred members and guests from Iowa and Nebraska attending the banquet at the Hotel Chieftain to hear three Iowa A.A'.s. A breakfast in the clubrooms and a two-day open house followed. About 200, including delegations from Minneapolis, Des Moines, Pocohontas, Marshalltown, Waterloo, Boone, Dubuque, Sioux Falls, Chicago, Carroll, Algona, Kanwha, Britt, Spencer, Spirit Lake, Fonda, Rockwell City, Alden, Paton and Ogden attended the second anniversary at Ft. Dodge, Ia.

Hear Psychiatrist. -- Dr. Theo. E. Tetreault, psychiatrist, who has had three years service with the Army in Europe, Africa and the Philippines, discussed what he had seen of alcoholism, especially while in England, before the Kent, Ohio, Group. A delegation of 36 Kent members went to Cuyahoga Falls to help celebrate the fifth anniversary there.

Entertainments Scheduled. --The Token Club, social arm of the'

Louisville, Ky.,

A.A.

Groups began a series of entertainments under the guidance of a newly appointed activities committee. At its first meeting the committee discussed formation of a soft-ball league, fishing parties and other hobbies. A publication, "Friend Al," will keep members informed.

Holds First Open Meeting.--The Virginia Beach, Va., Group, which got under way only three months ago, held its first open meeting February 5. More than 150 visiting A.A.s and friends of the group from other Virginia cities and from North Carolina were welcomed by the mayor and other city officials. Five A.A.s from points in Virginia and one from Georgia originally were on the program. Because of family illness, the Georgia A.A. telephoned that, he was unable to attend. At the last minute, a speaker from New York rushed down to Virginia Beach to pinch-hit.

Getting Going and Growing. -- E. K., a member from Hastings, Nebr., who made the program the hard way out on the lone prairie, conducted the first meeting of the Hastings Group at the Clarke Hotel there recently. Thirty-four attended including many who have pioneered different groups in the Middle West, with speakers from North Platte, Nebr., Jefferson City, Mo., Grand Island, Nebr., Des Moines, Ia., Fremont, Nebr., and Ord, Nebr. A short time ago a North Platte contingent of two members started a series of district visits which called for much travel and long hours, but which paid off with groups now operating in Fremont, North Platte,

Grand Island,  
Hastings, Lincoln and other cities. Seven members and wives of the  
Danville,  
Ill.,  
group, organized about seven months ago, visited with Decatur  
recently. San  
Mateo,  
Cal., is introducing its year-old group which is one of the Peninsula  
Groups,  
which  
include Palo Alto, parent group, and Redwood City. The Peninsula  
Groups held an  
open  
house for the general public recently with three A.A. speakers, a  
clergyman,  
psychiatrist and a judge on the program. Small groups attend meetings  
in Agnew  
State  
Hospital and in Veterans Hospital, weekly and in San Quentin Prison  
monthly with  
good  
results. The Northeast Nebraska Group got going at Norfolk recently  
with a  
dinner at  
a hotel attended by 30 members including three from Sioux City, Ia.,  
and four  
from  
Yankton, S.D. Dr. Charlton of the Norfolk State hospital allowed four  
patients  
to  
attend and has given his permission to hold meetings in the hospital.  
A doctor  
from  
the hospital staff spoke briefly as did Father Robert Byrnes.  
Portland, Ore.,  
now has  
three groups with possibility of having to start a fourth as the  
result of  
continued  
growth. Nine A.A.s who have been members in Duluth, Minn., recently  
started the  
Superior, Wis., Group which now numbers 19. Meetings are held Thursday  
evenings  
at  
Room 103, 1923 Hammond avenue. A high attendance record with only  
three slips  
and a  
growth from eight to 15 members in a few months is reported by

Indianola, Miss.,  
with  
some members in Greenville. In less than a year the Wichita Falls,  
Tex., Group  
has  
grown to 38, although no women are active as yet. Wives of the members  
recently  
started their own meetings. After getting going some time ago as Eau  
Claire,  
Wis.,  
Group No. 2, the organization is changing its name to the Chippewa  
Valley Group  
of  
that city. Our reporter says the A.A. transcription is getting good  
attention  
under  
sponsorship of the Eau Claire Group No. 1. A.A. came quietly to  
Springfield,  
Mass.,  
about three years ago in the person of a doctor from Boston, who was  
joined by a  
few  
others who fell away, leaving him alone again. However, he held  
steadfast and  
the  
group now numbers 106 in spite of withdrawals that saw the birth of  
successful  
and  
growing groups in Holyoke, Pittsfield and Greenfield. Springfield  
A.A.s have a  
regular schedule of talks at the State Hospital in Northampton, the  
Veterans'  
Hospital in Leeds, the county jail and before church, civic and  
educational  
organizations. To accommodate ever increasing attendance the open  
meeting on  
Wednesday night is now held at South End Community Center where over  
200  
gathered  
recently to observe the group's third birthday.

Succeed After Eight Years. --For the first time in its history the  
Saturday  
Night  
Group of Dayton, Ohio, has established a real Saturday Night group,  
holding a  
regular  
meeting at 8:30 in Anna May's Tea Room, 717 West Third street. This



would begin working with people (see Dr. Bob & the Good Oldtimers). If you have a good eye, you can always increase your success rate by prescreening in this fashion.

Sgt. Bill S., in his book which just came out (*On the Military Firing Line in the Alcoholism Treatment Program*), explains how he obtained a similar success rate in the strongly A.A.-linked alcoholism treatment program which he set up at Lackland Air Force Base in San Antonio in the early 1950's: 50% got sober and stayed sober the first time around, and additional people, after being bumped from the program, eventually realized how they had missed the boat and came back to A.A. meetings on their own and got sober. Sgt. Bill S. (who got sober on Long Island in 1948, and now has 55 years of sobriety) also prescreened people before he would begin working with them: there had to be evidence of strong motivation (one of Dr. Bob's key criteria), and Sgt. Bill also excluded people who had serious mental problems. His criterion for the latter was that he refused to admit Air Force personnel into the program whose mental problems were so serious that they would have had to be released from the service anyway.

After Dr. Bob's death, Sister Ignatia continued to have high statistics at St. Thomas Hospital because she made the A.A. people do her prescreening for her, and insisted that an Akron A.A. member in good standing had to "sponsor" the newcomer, which meant agreeing to pay that newcomer's hospital expenses if he dropped out and didn't make it -- you can bet your boots that this made the prescreening rigorous indeed!

Also, Sister Ignatia normally allowed people only one chance to make it. On rare occasions, she would let a patient come back for a second try, but that patient would be completely isolated from the other incoming alcoholics, so as not to tear down morale. And no one at all got a third chance. That also increases your statistics on "successes," because when an alcoholism treatment center allows people to come back for treatment fourteen or fifteen times in a row, this greatly pulls down your observed success rate. See Mary Darrah's biography of Sister Ignatia, and the chapter in Sgt. Bill's book on the year he spent visiting Sister Ignatia at St. Thomas and seeing how she did it.

In Nancy Olson's recent book, *With a Lot of Help from Our Friends*, she has a couple of chapters on the successful treatment program which Dr. Joe Zuska set up for the Navy in the late 1960's. This was the one which Betty Ford and Billy Carter were later sent to in order to get sober. A whole book needs to be written on Dr. Joe, who is a marvelous man, and Dick J., who helped him start it. This program was a team effort, in which an A.A. member, a retired Navy Commander named Dick J., was given major input at all times, and in which Dr. Joe (a

nonalcoholic himself) learned to listen to Dick J. and take him seriously. I am close friends with Submarine Bill, a retired submarine commander who went through the Navy program that Dr. Zuska originally devised, and they still did very careful prescreening, and also booted people out of, not only the treatment center, but the Navy, if they refused to work the program. So they too had those very impressive official success statistics.

Can A.A. still obtain similar success rates today? Submarine Bill and I have done a study of an excellent small A.A. meeting in Osceola, Indiana, which follows good old-time A.A. practices and procedures. Over the past twelve years plus, 90% of newcomers who attended every Tuesday evening without fail for a full year stayed sober for that whole year. And 90% of those who stayed sober that year, even if they later moved and started going to other A.A. meetings, are still sober today. That is around an 80% success rate, measured that way.

Obviously, we were using the other strategy for producing high measured success rates, one which was mentioned in a previous posting: we excluded those people who only attended a relatively few meetings and then dropped out because of lack of any real internal motivation.

Also, as Sgt. Bill explains in his book, there were both good A.A. groups and poor A.A. groups even in the old days, and even in the greater Akron area (he gives an account of a group not far from Akron in the mid 1940's which did an abysmally poor job of helping newcomers, and explains in detail why it failed to help nearly as many people as it could have).

There is a moral dilemma involved in doing prescreening or excluding certain groups from A.A. meetings (like court appointed attendees, most of whom have no real motivation, and therefore do not make it, and who lower the apparent success rate). If you set the standards too high, you will refuse to work with some alcoholics who could have made it, and condemn them to a miserable fate, perhaps even condemn them to the death penalty. If you set the standards too low, you tear down everybody's morale (as Sister Ignatia emphasized) and that too will mean that alcoholics who should have made it will end up failing and going to their doom. I am not sure there is an easy answer to this dilemma. I at least do not have one.

Glenn C.

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A.A. Benefits Community. -- Members of the Wilmington, Del., Group heard a leading industrialist and the head of the medical department of the duPont company praise the efforts of the organization as a contribution to industrial stability and happiness in the home when the annual dinner meeting was held recently. Dr. G. H. Gehrman, the medical director, was quoted at considerable length in newspaper accounts of the meeting in one Wilmington paper while another carried an editorial headed "Manifold Benefits" saying in part "both for the industries concerned and the individuals affected it is obvious that the gains have been impressive." A further report from Wilmington goes on to say that A.A. was part of the program during a four-day conference of company physicians from all over the country and that the two local company psychiatrists work very closely with the group. Founded about three years ago with the help of the Philadelphia group, Wilmington A.A.s have an outstanding record of community cooperation. Their operation includes a rotating committee for managing group affairs with keen participation by women members. Besides three regular meetings a week the activities committee arranges for visits to the Delaware State Hospital twice a month and there is always a car load to visit at Dover each week. Plenty of social affairs are scheduled and the wives hold separate closed meetings and prepare coffee for the social hour afterward.

Discussions in Two Languages.--The Norwegian Sunset Group had scheduled an open house at the Norwegian Seamen's House, 62 Hanson Place, Brooklyn, N. Y., on April 10 according to advice received at press time. This is to be an anniversary meeting with the talks in English. Recently the group conducted an open meeting at the same location with discussion in Norwegian only.

"A.A. Inside."--The tenth anniversary publication of 'The Clarion' published at the California Institution for Women, Tehachapi, Cal., carries the name of D. G. as editor and one of the articles "A.A. Inside" tells of the story of A.A. in institutions in that state since the first group was formed at San Quentin in 1942.

The group at Tehachapi started in 1945, according to the article, which says in part,

"Parole officers are most enthusiastic in their reports of the success of A.A.

members on parole. After four years of concentrated effort, it has been proven that

the percentage of violation among A.A. members throughout the country is less

than

two percent. We, of course, have not had as many people paroled, who had worked

at

the program, as the groups who had been working a longer time.

However, there

are now

several members in the community. So far our record is 100 percent.

Believing

that

A.A. is of no value unless it goes through the portals we have worked to that

end.

The moral psychological program worked on our inner selves has resulted in the

overcoming of complexes, fears, resentments and self-pity."

Participate in Conferences. -- A.A.s in California and Minneapolis have participated recently in conferences on the alcoholic problem. In Minneapolis, Minn., the second Institute on Chronic Alcoholism, sponsored by the Hennepin County and State Bar Association at the University of Minnesota heard representatives from the Midwest Council on Alcoholism and A.A. during a program built around the theme of handling the chronic alcoholic. Principal agreements at the conference indicated opinions that existing treatment by incarceration, medication, admonitions and release should give way to a modern clinical service, that chronic alcoholism requires the introduction of the concept of the latter as a disease into legal codes and practices, and that the recognition of the almost invariable association of neurosis or psychosis with chronic alcoholism requires the introduction of new methods into the pratique of social service institutions. Many national authorities spoke. In Los Angeles, Calif., alcoholism was viewed as a public health problem during a conference of leading doctors, psychiatrists and social workers under the sponsorship of the Welfare Council, The Southern California Society for Mental Hygiene and individual members of A.A. F. R., active Los Angeles A.A. who died recently, had worked for some months toward the conference and had met frequently with Dr. Anton Carlson of the Research

Council on Problems of Alcohol in the interest of such a conference.

Not Out in the Cold --The North Group of Windsor, Ont., having been pushed about for several months on account of the housing problem, has finally found permanent quarters for Sunday meetings in the Y.M.C.A, while Tuesday meetings are in a member's home. Attendance, including members from all groups in Windsor, Detroit and other outside points has increased from five to 35.

Omaha Keeps Stepping. -- The Omaha, Nebr. Group continues to throw off sparks of activity, the latest being what is described as a "new hopped-up group bulletin to be printed on our old mimeo" and called 'The Twelve Stepper', according to the newly elected secretary. The publication will reprint articles from 'The A.A. Grapevine' and other group publications each week. A new hospitalization set-up has made considerable progress with the medical centers and Omaha A.A.s now feel that the next step is public, education on alcoholism. The group has been asked for material to publish in The magazine section of the 'World-Herald' and members' articles will also be printed. On the lighter side the group recently had a big bingo party plus a floor show and refreshments.

Progress at Dallas. -- Dallas, Texas, A.A.s now number over 300 with about 200 of these in the downtown group and the others in the suburban organization. The downtown

group recently hired a full time manager, a nonalcoholic formerly associated with a Dallas institution devoted to treatment of alcoholics and nervous ailments. He is paid through voluntary contributions of members who believe it will aid in a more business-like operation of the club. Dr. E. M. Jellinek, professor of physiology at Yale and director of its department of alcohol studies is scheduled to visit Dallas late in April and will speak at a public meeting sponsored by the local unit of The National Committee for Education on Alcoholism and later at a closed meeting of A.A. groups.

Drouth Spreads.--Estimates of A.A. membership are likely to be revised upward soon according to the rate new groups are being formed! The Delray Beach, Fla., Group, an outgrowth and affiliate of the Palm Beach County Group, is now under way while members of the Fremont, Ohio, Group have started a morning group in the home of a member to accommodate those who could not attend other sessions. Members from other towns have been attending the meetings which begin at 10 o'clock Saturday morning. A two man group has been created at Newport, Ark., according to the Batesville, Ark., Group which also reported growth. In the Nevada state Prison, at Carson, The first meeting was attended by 14 alcoholic inmates and five members of the Reno and Carson

Groups. The move is supported by Warden Richard Sheey and Gov. Vail M. Pittman.  
The Fair Lawn, N. J., Group held its first meeting at the Warren Point Lutheran church recently with one of the winter's worst storms failing to keep 65 members and friends away. The group will meet in the church on Route 4, which is the main route from the George Washington Bridge to Paterson. A member from Artesian, S.D., who has been talking the matter over with the Mitchell group, has decided to get a group going in his own town and has written for 'A.A. Grapevine' subscriptions, books and literature.

Clubs Want A.A. Speakers. --Civic organizations, principally Kiwanis and Rotary in Tampa, Fla., and surrounding cities, have recently been requesting speakers from the Tampa Group to explain the A.A. program to members, indicating a recognition in that section. Lakeland Kiwanians made the first request and the talk of one of the older Tampa members was highly complimented, the program director hailing it as the best since his tenure of office. The president of the club, who is editor of the Lakeland paper, was so favorably impressed that he printed a two-column article. Similar requests have followed. An appreciative letter was sent to the A.A. secretary by the Lakeland club program secretary.

Memberships Mount. -- Including a few who are "playing hard to get" the Battle

Creek,  
Mich., correspondent reports a roll call for 65 members as opposed to  
13 two  
years  
ago. After functioning for a little over a year, Columbia, S. C., has  
about 50  
members and the group has acquired two nice rooms for a club. During  
the past  
several  
months weekly meetings have been held at a church, but are now being  
changed to  
the  
well-furnished club rooms at 819 Harden Street, Five Points, Columbia,  
with club  
phone 2-1045, an alternate day phone 2-1095 and a night phone 2-0346.  
Traveling  
members may make contact at the night phone or with H.B. at 203 Harden  
Street.

Anniversary Celebration. -- The second anniversary of the Pine Bluff,  
Ark.,  
Group  
will be observed at a banquet April 24 with Rev. Sam D. of Rome, Ga.,  
as guest  
of  
honor and principal speaker. Open to the public, the affair will  
include guests  
from  
15 to 20 other groups in the area. Founded two years ago by Bill F.,  
Memphis,  
the  
group in turn fostered the Fordyce Group about a year ago. Lexington,  
Ky., held  
its  
first anniversary with one of the original members, J.J. and H.H. of  
Cincinnati  
as  
principal speakers. Four of the original group as well as members from  
Mt.  
Sterling,  
Paris, Cynthiana, Frankfort, Versailles, Louisville and Cincinnati  
attended. The  
Lexington Group has grown to 40 with the central meeting on Thursday  
night and  
smaller meetings in Frankfort Monday, Cynthiana on Friday, at the  
Narcotic Farm  
Sunday afternoon at 1:30 and the Veterans Hospital at 3 o'clock. A  
banquet

attended  
by 115 marked the recent first anniversary of the Niagara Falls, N. Y.  
Group  
which  
has grown from the original six to 25 at the present time. Speakers  
included the  
first local member, dry three years, first Tonawanda member, dry five  
years and  
first  
Buffalo member, dry seven years. The group recently went to St.  
Catherine's,  
Ont.,  
and helped form a group there. Little Rock, Ark., has sent out notices  
that its  
seventh anniversary will be marked April 27. Principal speaker will be  
Dr. A. L.  
of  
Jacksonville, Fla.

Clubs Open. --The Longview, Wash., Club has opened new quarters in The  
Alano  
Club,  
215 Empire Building, Hudson and Commerce Streets. Regular meetings are  
each  
Wednesday  
and Saturday at 7:30 with visitors invited. The Longview Group is also  
putting  
out a  
card bearing the P.O. Box number 1028, and phone, 3075-J, with the  
admonition  
"Let us  
help you solve that drinking problem" and a four page leaflet with  
questions to  
determine whether the reader is an alcoholic and A.A. information.  
Clearwater,  
Fla.,  
members have what our correspondent describes as "ideal" quarters for  
the group  
of  
25, the former headquarters of the Garden Club with a palm tree which  
came to  
grief,  
and blew over, arching the doorway. The palm, a real alcoholic, has  
risen again  
and  
put out shoots. In spite of a small membership the Butte, Mont., Group  
found a  
good

place with a kitchen adequate to prepare much coffee. A good many members are reported familiar with the surroundings, (formerly a speakeasy) but redecorated considerably, from new wall paper out. The ambition is to have the club open every night and that goal is being approached. About 50 volunteers showed up in Des Moines, Iowa, to help put the arch through the wall to take on 600 square feet of additional space for the club there and it was reported as a great cooperative effort. One member brought a crew of five with three trucks and air and hand hammers.

Short Snorts.--The Rev. Fr. James P. Timmins of Hartford, Conn., addressed an open meeting in Strong Vincent High School auditorium, Erie, Pa., recently with about 450 attending. After the meeting there was a closed session at Perry Hall. Father Timmins, editor of the 'Connecticut Catholic Transcript', described his work with A.A. over the past five years. The Southington, Conn., Group is giving each member a year's subscription to 'The A.A. Grapevine'. Good newspaper stories and a favorable editorial in the local paper have also been obtained in Southington. Recently the Linda Vista, Calif., Group presented "Junior" with his first birthday cake, "Junior" being 78 years old and with a record of drinking for 74 years!

Buckeyes Get Together.--The North Western Ohio Groups, which include Bellevue, Norwalk, Sandusky, Fremont, Tiffin, Milan and Port Clinton, recently had a joint session at Fremont celebrating the fifth anniversary of G.C. of





Grapevine, May 1947

A.A.'s Country-Wide News Circuit

S.R.O. for A.A. -- Police and firemen were needed to turn away over 300 while

700

enthusiastic A.A.s and friends crowded into Brown Hall in Boston recently when

the

Central Service Committee there sponsored the largest meeting ever held in the

area.

M.M. of New York was the speaker. She also addressed the New England Hospital

Association and the National Committee for Education on Alcoholism as well as a

local

professional group and several citizens' groups. Newspapers gave A.A.

a great

deal of

fine publicity as the result of these efforts. The report from Boston

says there

are

now more groups functioning under the Boston Central Service Committee

than

there

were members in the Boston Group in March, 1942.

Austin gets Club-- Austin, Texas, A.A.s report that a six-room house at 405 West

18th

Street has been rented for clubhouse quarters. Partitions have been removed in

order

to provide space for holding meetings on Tuesday and Friday nights and

Sunday

afternoons. Out of town visitors are invited to pay visits.

"Doubles" Record Claimed-- The Indian Village Group of Detroit announces that

out of

a membership of 55 there are seven married couples who are active members.

They're

inclined to believe that this might be some sort of record, and would

like to

know if  
it is.

Radio Programs in Baltimore-- The Central Baltimore, Md., Group now has four meetings a week in the clubhouse at 857 North Eutaw Street. Monday at 8:30 there is a meeting for alcoholics and their immediate families; Wednesday an open meeting and Friday evening, also at the same time a closed meeting of the discussion type. Sunday at 3:30 there is a beginners' meeting which new members are asked to attend for four consecutive Sundays. An older member reviews the 12 Steps with longer discussions of three of them. Besides these meetings there are neighborhood discussion groups at North Baltimore Friday evenings, East Baltimore on Tuesday evenings and the Valley, Monday evenings. The Towson Group meets three times each week, Tuesday and Friday at 8:30 and Sunday from 3 to 5. Since last September the Central Group has had a 15-minute spot on Station WITH on alternate Sundays with a script written and staged by A.A.s. The Towson Group broadcasts every Saturday over WFBR at 7:15. A.A. members answer questions for 15 minutes without a script. Response is reported good.

Invitation to Breakfast-- Visitors are invited to attend the 9 A.M. Sunday breakfast of the Indianapolis A.A. Groups held in the St. Clair Room of the Antlers Hotel. A change was made recently to this more spacious meeting place which offers a

fancier  
breakfast and a two-story ceiling for the better accommodation of the  
tobacco  
addicts.

Growing Up Fast-- Last month the Wallkill, N. Y. Prison Group  
celebrated its  
second  
anniversary with more than 50 members as compared to the handful who  
began the  
work.

This is an inmate group, first of its kind to become active in the  
State

Department

of Correction which includes all prisons and reformatories. Members  
have

expressed  
their thanks for the interest of the warden, Dr. Walter M. Wallack and  
his

sponsoring  
committee as well as the visitors from outside groups, many of whom  
have

conducted  
meetings. The Wallkill Group is proud of the fact that 70 percent of  
A. A.

members  
leaving the institution have become active outside and are making good  
records.

"We  
are happy to know that on leaving here we will be welcomed into A. A.  
groups on

the  
outside. With this knowledge we can face the future unafraid," the  
report

concludes.

Six Year Olds-- Open house was held in Kansas City, Mo., to celebrate  
the sixth

A.A.

anniversary there. Visitors were present from Missouri, Texas,  
Oklahoma,

Nebraska,

Colorado, Arkansas, Illinois and many other states. The tenth member  
of A.A.,

from

New York, and the founder of the Chicago Group were principal  
speakers. A buffet

supper and refreshments at the open house helped to make it a real

party.  
Another  
sixth anniversary was observed recently at Kent, Ohio, when 160 heard  
Dr. L. of  
Dover  
as leader for the event. In the foreign language department, the  
Sunset  
Norwegian  
Group was organized a year ago last month with the aim of helping  
Norwegian  
sailors  
in New York, many of whom, it was felt, would feel more at home in a  
closed  
session  
of a Norwegian group. First meetings were used to train the charter  
members to  
speak  
A.A. in Norwegian and to translate the 12 Steps into that language.  
The 12 Steps  
and  
an explanation of A.A. have been printed in Norwegian and copies have  
been sent  
to  
the Alcoholic Foundation while others have been mailed to friends in  
Norway.  
This  
group meets Thursdays in the Norwegian Seamen's House, 62 Hansen  
Place,  
Brooklyn, N.  
Y., with the first open meeting held in March. The anniversary was  
celebrated in  
the  
assembly hall of the Seamen's House with an open session in English.  
Marshalltown,  
Ia., had plenty of visitors for the third anniversary April 26 with a  
dinner at  
the  
Tall Corn Hotel. Father Dowling of St. Louis was the speaker. Down in  
Tuscaloosa,  
Ala., some 40 ex-problem drinkers who used to pride themselves on  
drinking like  
Southern gentlemen marked completion of their first six months in A.A.  
recently.  
Two  
of the founders were patients in the Veterans Hospital nearby and  
talked over  
the  
idea of starting a fellowship in town. Members of the Birmingham Group

helped  
and  
home meetings started, with a later transfer to the courthouse where  
they are  
now  
held Wednesday and Saturday evenings. One of the Tuscaloosa  
pioneers recently  
uncovered a paper written in 1936 in which he had drawn a striking  
similarity to  
the  
first seven Steps, but had not talked it over with another alcoholic  
and went  
through  
ten more alcoholic years before he found the complete program.

Saginaw Records Saga-- A two-page history of A. A. in Saginaw, Mich.,  
written by  
Bill  
M. for the second anniversary, tells of growth from 12 to 60 members.  
The start  
came  
when an A. A. came to town after affiliation in Des Moines and Omaha  
and met a  
Saginaw member who had been attending Bay City meetings. They found  
two more and  
started home meetings, put an ad in the paper and continued to grow  
until they  
moved  
to the Y.M.C.A. About a year ago the group blossomed out in the  
present quarters  
at  
the Metropolitan Club with open meetings, continuing closed sessions  
at the "Y".  
A  
coming-out party, active support by The Saginaw News and townspeople  
aided in  
further  
growth with the renting of clubrooms at Genesee and Washington while  
retaining  
the  
Metropolitan headquarters. The group finally has ended up with the  
Metropolitan  
Club  
as the permanent headquarters.

Groups Serve Special Interests-- San Diego, Calif., reports three  
groups  
operating

with real success. The Alcoholic Women's Group has held regular meetings for over a year and has grown from four to over 70 members with 23 with more than a year of sobriety. The Non-Alcoholic Group started about the same time, meeting twice a month on the same night as the Alcoholic Women in the same building, after which the two groups get together for coffee and doughnuts. This group has had considerable success in achieving better understanding and filling social needs of alcoholics. The Young Men's group is composed entirely of men under 40 and has grown so fast that it will soon become two groups or the age limit will be lowered. In this activity San Diego members feel they have found a solution as to how the "old goats" can help the younger people in spite of the difference in outlook of the two generations. These groups, meeting in closed session, are supplemented by an open meeting for all interested. A central office with a full-time secretary is open five and a half days a week. A central committee for A.A. public group relations and a management committee to look after the office and business complete the San Diego picture.

New Chairman Every Three Months-- In an outline of activities Ben B., secretary of the Jersey City, N. J. Group says that this organization elects a new chairman every three months, who with the secretary, books all meetings both at home and away during the period. Jersey City has an average attendance of 125 to 150 at the

Friday  
night  
sessions, having started three and one-half years ago with two. Two  
other  
groups,  
Union City and Jersey City Heights, have been formed partially from  
the original  
group which has continued to grow in spite of these losses. In  
conjunction with  
the  
regular meetings the group conducts two meetings each week at the  
Medical  
Center's  
Psychopathic Ward with a "graduate" of the ward and secretary and  
results have  
led to  
quips that "A.A. may put them out of business." Anniversaries are  
observed with  
presentation of pins after three months and group celebrations of a  
year the  
last  
Friday of the month. An agreement has been established between the  
Round Top  
Group of  
Providence, R. I., and officials of the Charles V. Chapin Hospital in  
Providence  
designed to supplement the physical treatment of alcoholics with the  
group  
therapy of  
A.A. Several beds will be made available for treatment of individuals  
recommended by  
the local A.A. group which will hold meetings from time to time at the  
hospital.  
These meetings were requested by the authorities. Previously only  
alcoholics  
committed by local authorities were accepted. There will be no  
obligation on the  
patients' part to attend meetings. Waverly and New Hampton Groups in  
Iowa held a  
joint meeting recently with visitors from Tripoli, Osage, Allison,  
Clarksville  
and  
Waterloo.

The Doctor Calls-- A.A.s in Columbia, S. C., are still glowing over a  
visit by  
Doctor  
R. S., one of the founders of A.A., and his wife who dropped in on

their return  
from  
a Florida vacation. Dr. and Mrs. S. visited the newly opened club  
rooms and  
joined in  
a general conversation which lasted several hours and during which  
members  
learned,  
as the result of many questions, of the start of A.A., and absorbed a  
lot more  
knowledge of how it works.

Plans and Ideas-- The Control Board of the Central Baltimore A.A.  
Group has  
asked  
each group to ask a member to report to The A.A. Grapevine each month.  
All  
members in  
the Tacoma, Wash., Group are "in the chips," carrying them in their  
pockets and  
purses instead of on the shoulder. A white chip given at the first  
meeting is  
exchanged for a yellow one after 60 days; the yellow for a red at the  
end of  
three  
months and the red for a blue at the end of a year of sobriety. At  
present  
Tacoma has  
four blue chip members with one holding three blues while over half  
have one or  
more  
red chips. These chips are felt to signify and symbolize an honest  
effort to  
live the  
A.A. program. Although founded only in January 1947 the members of the  
Tyler,  
Texas,  
Group have prepared a booklet entitled Slaves of Drink Find Peace of  
Mind. In  
addition to explanations of the A.A. program the booklet includes  
discussions of  
alcoholism as a public health problem, questions to determine whether  
the reader  
is  
an alcoholic and how to make A.A. work. Hamilton, Bermuda, A.A.s  
report a visit  
from  
Carla P. of the Manhattan Group who gave first-hand information on the

Central  
Office, as well as a visit and talk from Rita S. of The Boston Group.  
Bill P. of  
Cape  
Cod and Horace B. of Manhattan are reported attending regular  
Wednesday meetings  
in  
Bermuda. A large bulletin board with group news, items and letters of  
interest  
is  
used by the Passaic, N. J., Group to save time usually taken up with  
meeting  
announcements. Passaic held a spring party during which 90 members  
enjoyed  
entertainment and refreshments.

Empty Jug Discontinued -- Because of the death of its editor, The  
Empty Jug,  
publication of the Chattanooga Group has been suspended.. However, if  
those who  
had  
subscribed wish the publication continued, they are asked to write to  
the  
secretary,  
P.O. Box 905, Chattanooga 1, Tenn.

New Groups Reported-- A good crop of new groups is springing up in  
various  
sections  
of the country according to reports to The A. A. Grapevine. Bay Pines  
Veterans  
Group  
at Bay Pines Hospital, near Strasbourg, Fla., got underway with the  
help of  
several  
members from St. Petersburg and with speakers from New Jersey and Long  
Island.  
Clearwater and Tampa Groups are also expected to be of much help. Five  
members  
at  
Carroll, Ia. have selected Monday as their meeting night after a  
send-off  
meeting by  
groups from Ft. Dodge and Pocahontas. The local paper carried an  
account which  
was  
extremely helpful. A new venture at Butte, Mont, is the organization  
of a group

at  
the state hospital at Warm Springs with 18 to 20 patients reported at  
each  
meeting.  
Butte members have been attending and Dr. G. V. Holmes has taken a  
great  
interest in  
the project. An article in the hospital paper, Steam, recommends the  
A.A.  
program.  
Butte members urge visitors to drop in at their place or visit the new  
group.  
Meetings are at 8 o'clock Wednesday. Easton, Penn., also reports a new  
group  
formed  
within the past few weeks. About 80 Northern Iowa members and friends  
helped the  
Algona Group get its start. Pocahontas, Estherville, Spencer, Britt,  
Kanawha,  
Fonda,  
Emmetsburg, Livermore, Linn Grove, Spirit Lake, Sioux Rapids, Laurens,  
Havelock,  
Humboldt and Ft. Dodge were all represented at Algona. Organized only  
a few  
weeks ago  
the Newport, R. I., Group has more than a dozen members and has  
meetings every  
Tuesday night at the Rochambeau House.

Along the Grapevine -- Members of the Atlanta, Ga., North Avenue Group  
recently  
enjoyed a visit to the daffodil gardens of Joel Chandler Harris, Jr.  
Son of the  
creator of the immortal "Uncle Remus" and inheritor of his wit, Mr.  
Harris has  
spoken  
twice to the group and although a non-alcoholic has attended several  
open  
meetings.  
Within the past six months this group has grown over 100 percent. In a  
town of  
1,800  
the Cambridge, Minn., Group has 18 active members, its own club room  
and a lot  
of  
prospective new members which leads A.A.s there to wonder if they  
don't have a  
"per

capita" record, especially in a dry county. Much of the progress is attributed to the Minneapolis Group, 45 miles away. Members from the latter have been active with the Cambridge Group since its start a little over a year ago. The fourth A.A. minstrel show was given by Cleveland A.A.s at the Little Theater with both recent performances sold out. At our press time a city A.A. bowling championship was getting under way in Cleveland as another activity.

On other Pages-- "What A.A. Has Done for Me" is the title of an article in the Anahgram, monthly publication of Anah Temple A.A. O.N.M.S. of Bangor, Me., in which a prominent Anah noble says he is glad to tell his brother Shriners how A.A. helped him. The Mid-Ocean Times of Hamilton, Bermuda, continues to give considerable space to A.A. with such articles as "New Way of Life for Alcoholics Based on 12 Steps," "A.A. Member Sums Up Aims of Growing Organization" and "A.A. Member Makes Community-Wide Appeal on Dangers of Alcoholism," all by members and another, "Wife of Former Alcoholic Reviews Benefits Gained by A.A. Membership." A combination column of news, favorable editorial comment and feature material was put together by the Maryville, Mo., Forum, praising A.A. activities in that community. Northern New Jersey papers are contributing much favorable space to A.A. The Fair Lawn-Radburn News has an editor's note together with contents of a letter sent by The A.A. Grapevine correspondent; The Paterson Morning Call has an article by a

staff  
writer  
who has a regular assignment to cover A.A. there. A series has been  
stalled in  
The  
Boonton Times-Bulletin. They are prepared by a member of the Passaic  
Group who  
is an  
employee of the paper. The Passaic Herald-News has run a number of  
good articles  
prepared by a specially assigned staff reporter. Under the headline  
"24 in  
'Exclusive  
Club'," there is a lengthy article in a recent issue of The Pantagraph  
of  
Bloomington, Ill., while the Columbus, Ohio, Dispatch carries a  
two-column  
picture  
with the headline "Lawyers Hear 'Mr. Anonymous'." The story tells of  
this  
lawyer's  
experiences before finding A.A. His face is blocked out in the  
picture. The Post  
of  
Cincinnati, Ohio, in the column "Cincinnatus" says in its headline  
"Being the  
Story  
of Joe, the Alcoholic Anonymous, Who Calls to Report 450th Day." The  
column is  
an  
account of Joe, newspaperman, and his gratitude and satisfaction at  
being an  
A.A.

New Publications-- The A.A. Beacon, bearing the picture of a  
lighthouse and the  
question "Are you on the beam?" has been started by the Beacon Mill  
Group,  
Victoria,  
B. C., Canada. The first issue spells out "Sobriety" with a thought  
for each  
letter  
and its well-edited material includes news of hospitalization, visits  
to other  
groups, correspondence, radio news and a back page map showing  
locations of  
groups  
and members. The second issue reports participation in a delegation











(Akron) group disagreed with his plans. Fortunately, Clarence stuck to his principles and the growth of A.A. was phenomenal.

This is from "How It Worked," the authorized biography of Clarence Snyder by Mitchell K. Chapter 5.1 "The First A.A. Meeting in the World" begins:

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<http://silkworth.net/chs/chs05.html#c51>

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On May 11, 1939, one month after the book had been published, a meeting was held. It was a meeting of Alcoholics Anonymous. It was a meeting held by, and for alcoholics and their families only. Historian, Mary C. Darrah, wrote:

"In the years 1935-1939, the Oxford meetings provided a group experience for the early alcoholics. A.A. did not meet as a separate group officially named Alcoholics Anonymous until May 1939 at the home of Abby G. in Cleveland."

Nell Wing\* stated in an interview with the author: "Clarence was rightly the first to use the initials, A.A." She was, however, referring to Clarence's use of the initials "A.A." and not to his use of the name Alcoholics Anonymous.

A fellowship of anonymous drunks had in fact existed prior to May 11, 1939. But it was the Cleveland meeting which first used the name Alcoholics Anonymous, that it took from the book. Cleveland's May, 1939 meeting is the first documented meeting which used the name Alcoholics Anonymous, separate and apart from the Oxford Group.

According to the records of the Cleveland Central Committee's Recording Statistician, Norman E. (which were compiled in the middle of June 1942) the following took place:

On 5/10/39, nine members left the Akron meeting of the Oxford Group to form the G. group. The location of the group was 2345 Stillman Road, Cleveland Heights, Cleveland, Ohio. The sponsors of the group were; Clarence Snyder, Al G., Geo. J. McD., John D., Dr. Harry N., Lee L., Vaughn P., Chas. J., and Lloyd T. The first secretary of the group was Clarence Snyder.

The preceding information was taken from a survey form sent out to all Cleveland groups on June 18, 1942. The G. group information was filled out and signed by, Albert R. G., and dated June 24, 1942.



has announced that in six months it has changed a deficit of nearly \$5,000 into a healthy surplus through a series of various activities and prompt dues paying. Alanon now has a yearly functioning cost of \$50,000 for a tremendous list of activities. Copies of 'The Alanon News' list community sings, parlor nights, women's card parties, booster club meetings, dances, game room entertainment and good restaurant facilities, in addition to monthly Inter-Group mass meetings and other major events in the auditorium. Plans for the future are equally ambitious with modernizing the wiring and light, providing adequate fire exits and possible changes in the restaurant operation are under consideration. Alanon has had a swift, mushroom growth from 70 members who bought the club two and a half years ago to nearly 400 who own it today. A steadily growing number use it daily and nightly.

Women A.A.s Meet Monthly --Women alcoholics in the Kansas City, Mo., Group are now holding monthly meetings at group headquarters for the purpose of making it possible for new members to meet most of the women members, who now number 54. These meetings supplement the central neighborhood discussions and the social meetings but are not offered as a substitute for them. Sessions are informal, but a carefully planned program is presented, followed by an open discussion in which new members are urged to participate. Subjects discussed deal with phases of the A.A. program and

problems  
peculiar to women alcoholics. Attendance has been good and it is felt  
the  
meetings  
have a definite place in the Kansas City program.

Institution Feels A.A. Effect -An article, "Five Years of Progress,"  
published  
in  
'The Clarion' of California Institution for Women, says: "In December,  
1945, the  
initial meeting was held of Alcoholics Anonymous with a membership of  
15. That  
group  
has now grown to 120 with regular meetings every Monday and open  
meetings with  
outside groups the first Sunday of each month. The entire campus has  
felt the  
effect  
of this A.A. program for a better way of living." In another part of  
the  
anniversary  
publication is an account of the visit of an A.A. Group from North  
Hollywood  
which  
concludes, "Live one day at time. Be selfish to the extent that you  
let nothing  
come  
between you and your sobriety. Outside influences cannot affect you if  
you build  
from  
the inside out."

Organizers Are Busy--The Ossining, N. Y., Group, organized late in  
March, with  
its  
first meeting in April, now has about 100 at its official sessions.  
New groups  
have  
been formed in the northwest part of Rochester, N. Y., to be known as  
the  
North-West  
Groups of A.A., with meetings every night except Sunday so that  
members can  
attend  
the open meetings of the Rochester Central Groups at 12 Andrews  
Street. The new  
meeting room is in the Riviera Theatre Building, 1451 Lake Avenue,

with meetings  
starting at 8:30. Answering a definite need in the San Fernando  
Valley, a  
daytime  
meeting has been organized to meet each Monday at 12:15 in the North  
Hollywood  
club  
house at 4343 Radford Street. The Group is described as "co-ed."  
Wauchula, Fla.,  
reports organization of a group which now numbers 10, doing well with  
12th Step  
work.  
Visitors are welcome. Starting as a branch of the Sacramento Group in  
September,  
1946, the Woodland, Calif., Group has grown from eight members to 21.  
Meeting on  
Tuesday nights at members' homes, the present problem is to find more  
space, as  
the  
wives usually attend.

GI's Group -Ex-GI members of the Omaha, Nebr., Group have organized a  
group  
within  
the group, open to all ex-servicemen, which meets each Wednesday  
evening to  
discuss  
servicemen's problems as well as servicemen's alcoholism, which are  
often mixed  
together. Local veterans' organizations have been contacted. World War  
I  
veterans are  
also attending. Since starting almost a year ago the Chapel Hill, N.  
C., Group  
has  
branched out with groups started in Burlington, Raleigh and Durham.  
Although  
losing  
some members to the new organizations, stimulating programs have kept  
the  
attendance  
between 20 and 40 and members report it has not been "to difficult to  
keep  
interest  
alive." About 15 attended the first meeting, an open one, in Atlantic,  
Ia., with  
visitors from Council Bluffs, Ia., and Omaha, Nebr., present to help  
get things

started. The three Atlantic members have arranged to meet Wednesday nights at the Hotel Whitney in Atlantic. Two members of the Binghamton, N. Y., Group have joined a couple of others to start a Norwich, N. Y., Group and have reported to 'The A.A. Grapevine' that an open meeting in conjunction with public spirited citizens, city officials, doctors, and others is planned soon. Visiting A.A.s may make contact at 83 Mitchell Street. With an attendance of 32 and an actual membership of eight, the Neosho, Mo., Group got launched with a strictly "town hall" meeting as the result of a request to the Joplin, Mo., Group. There were visitors from seven towns in response to invitations and an advertisement in a local paper, which also carried a favorable news article written by 'The A.A. Grapevine's' correspondent. Organized in January, 1946, the Clinton, Okla., Group now numbers 18 active members and about three months ago was split into two groups, the other being at Cordell, with many members attending sessions of both each week.

Discuss Northwest Conference--Possibilities of a Northwest conference have been discussed recently, according to the Beacon Hill Group of Victoria, B. C., Canada, with Vancouver and Vancouver Island Groups to join with those from Washington and Oregon. Victoria has been mentioned as a possible locale with a two or three day meeting suggested. Seattle, Spokane, Tacoma and other Northwest groups are reported

as welcoming the idea and promising to send good representations if it is held.

Victoria A.A.s are also following the amendments and debates on a brief presented recently to the Provincial Cabinet by Vancouver, Victoria and New Westminster A.A.s concerning education on alcoholism.

More and Better Clubs--Formal opening of new clubrooms last month was held by

Mankato, Minn., A.A.s, with speakers from Colfax, Wis., and Minneapolis. A local

member gave a brief history and a letter from Bill W. was read.

According to the president of the Alano society there, the group was two years old early this

spring and has grown from two men, who started out in July, 1944, and by March, 1945,

had drawn in five others. First meeting in homes, a local hotel room was used later

and served until March, 1946, when two rooms were leased in a downtown building.

This year 2,600 square feet of space in a new building were leased for four and a half

years. The 46 regular members spent about \$4,000 in fixing up The quarters.

Mankato has four women members, one of whom is the oldest in sobriety.

Quarters for the club

in Denver, Colo., have been enlarged substantially during the past six months

and the membership is still growing. In Omaha, Nebr., a drive for the building fund

closed last month. About \$2500 was put into the clubroom, including; a

kitchen with modern, complete equipment for social activities. Redecoration, remodeling, lighting

and  
modern furniture were included in improvements. The recreation room in  
the  
basement  
is not complete, but the final drive is expected to take care of this.

Birthdays Recall Growth--More than 400 persons attended the third  
anniversary of  
A.A.  
in Memphis, Term., at the Hotel Chisca recently. From three members in  
April,  
1944,  
Memphis now has three groups, Downtown, 152 Madison, closed meeting  
Friday;  
Crosstown, Character Builders Hall, closed meeting Tuesday, and  
Overton Park, at  
the  
clubhouse, Monday, all sessions being at 8 o'clock. In addition there  
is an A.A.  
breakfast at Britling's on Madison Avenue, open, 9:30 A.M. Sunday;  
12th Step  
discussion at 152 Madison, closed, 3:30 Sunday afternoons; open house,  
open at 8  
Tuesday nights; and Questions and Answers, closed session for new  
members at 8  
Wednesday nights. Since many of these sessions are closed, the Overton  
Park  
Group has  
been holding "Family Open Meetings" about once a month with local  
people in  
charge.  
The open meeting at the anniversary party was addressed by a  
well-known Des  
Moines,  
Ia., attorney, who told how he came in to A.A. through a man whom he  
had  
prosecuted  
for drunkenness. In Memphis there is also considerable interest in  
neighboring  
groups  
throughout the region in Mississippi, Arkansas, Tennessee and even in  
Southern  
Kentucky. The Central Club room at 152 Madison is open every day from  
9 A.M.  
until  
midnight for visitors, with a member in charge. With the cooperation  
of a  
physician

in a nearby veterans' hospital, weekly visits are being made by Memphis A.A.s to the hospital. The San Antonio, Tex., Group held its second birthday party recently with the singing of "Thank God, We Have A.A." to the tune "The Eyes of Texas" as one of the features. It has been printed on small cards for distribution by the group.

In Kansas city--At the sixth anniversary of A.A. in Kansas city, Mo., it was recalled to the attendance of 550 that the group was started when two local men, unknown to each other, were brought together by a traveling A.A. Today the membership of 350 includes 54 women. Ten have been dry five years; nine, four years; 10, three years; 33, two years; 77, one year. There are 10 husband and wife teams, six who have brothers or sisters in some group; two father-son combinations; one man sponsored his son-in-law, one non-alcoholic woman has a husband and brother-in-law in the Kansas City Group and a brother and sister in other groups. None of the original three are now in Kansas City's Group, but all are still in A.A. and two have been dry since the beginning. More than 20 groups have been started by Kansas City A.A.s, including two at the Federal Penitentiary at Leavenworth, Kans. Recently 40 of the 68 members and 11 visitors from Kansas city groups helped observe the second anniversary at Leavenworth. This group has grown from five members under the Kansas City

sponsorship

which has provided books, literature and subscriptions to 'The A.A. Grapevine'.

At

the request of members who had been transferred to the honor farm a group was

started

there last August. Two members of the Kansas city Group attend each of the

weekly

meetings. Less than 10 percent of the 80 members who have been released since

the

group started have been returned to the penitentiary or are known to have

encountered

legal or alcoholic difficulties. This figure is substantially lower than the

percentage of the entire number of men released from the penitentiary.

Eighteen

members of the Jefferson City, Mo., Group took a local bus to attend the Kansas

City

anniversary sessions. First anniversary for Wooster, O., A.A.s was held last

month

with a dinner at Weitzell Hall and speakers from Columbus and Toledo, O. About

175

attended the Daytona Beach, Fla., fifth anniversary at the Hotel Osceola, coming

from

as far away as Sarasota, Fla., and Savannah, Ga. Judges, doctors and clergymen

were

among those attending. Five speakers, including A.A.s from Orlando, and

Washington,

D. C., as well as Father Brunton of the Episcopal Church, spoke and there was an

open

house at the clubrooms, 105 Ivy Lane, where the pool table had been transformed

to

serve as a buffet supper table.

Seven Originals--the seven original members of the Passaic, N. J., Group spoke

at the  
first anniversary there last month. The thought was expressed that  
success in  
the  
growth of membership has been of educational value to the city.  
Interest and  
backing  
of clergy, doctors, and good coverage by a daily paper are reported as  
having  
helped.

Interest on the part of a reporter resulted in friendly, intelligent,  
sympathetic  
columns stressing the spiritual foundation of the 12 Steps. The Rev.  
F. R.

Edward  
Dowling, S.J., of St. Louis, Mo., was principal speaker at the third  
anniversary  
of  
the Marshalltown, Ia., Group at the Hotel Tallcorn recently. Four  
Marshalltown  
men  
representing industry, law enforcement, the clergy and medicine spoke  
briefly  
summarizing the A.A. program with regard to their vocations. In the  
afternoon  
Father  
Dowling conducted a Cana Conference and a smoker was given at the  
hotel for  
visitors.

What Some Are Doing -- The Atlanta, Ga., Group recently heard a fine  
talk by a  
Red  
Bank, N. J., member visiting there, who also spoke to the Rome, Ga.,  
Group. Fair  
Lawn, N. J., recently elected officers by secret ballot with all but  
one member  
participating. A secretary, chairman, treasurer, 'Grapevine'  
correspondent and  
committee members were chosen. Cards bearing the heading, "Is Alcohol  
Your  
Problem?"  
and another telling of A.A. meetings have been put out by the Dodd  
Town Group of  
East  
Orange, N. J. Meetings for wives have been planned by the Spirit  
Lake-Milford-Spencer, Ia., Group. A new leader for May, June and July  
was

selected  
recently by Plainfield, N. J., A.A.s. Both groups in Eau Claire, Wis.,  
are  
reported  
growing with good liaison. Many A.A.s take advantage of good roads to  
attend  
other  
meetings in a radius of 100 miles. The Bellflower, Calif., Group is  
trying out a  
scheme by which four leaders were elected at once, the one getting the  
greatest  
number becoming chairman, while the other three preside in weekly  
rotation with  
the  
chairman in an effort to bring more initiative into the group and  
promote better  
12th  
Step work. Alcansia Inc., of the South Los Angeles, Calif., Group,  
held a free  
gala  
dance May 31 with many prizes and refreshments. Proceeds went to the  
building  
fund.  
From Charlotte, N. C., 'The A.A. Grapevine' hears that the Myers Park  
Group  
held its  
first meeting in February and has grown fast since that time. Meetings  
are  
Monday  
nights at 8 at the Myers Park Methodist Church. The workings of A.A.  
were  
explained  
at an open meeting sponsored by Cleburne, Tex., A.A.s at the First  
Baptist  
Church. A  
member of the Shawnee, Okla., Group who works for a Wewoka paper has  
been  
running  
A.A. articles there, telling of the program and pointing out that  
A.A.s from  
Holdenville, Ada and other towns have been attending the meetings.

Church Welcomes A.A.-- The Church in Aurora (community) program  
recently carried  
a  
bulletin saying, "We are honored to have a meeting of A.A. here at the  
church  
every

Sunday afternoon. There is real "togetherness" in those meetings, and a spirit of humility, honesty and mutual helpfulness not often encountered in these times. Perhaps the methods and the spiritual dynamic which have helped alcoholics so much could be well used in other areas of life, too." The program was sent to 'The A.A. Grapevine', by a member of the Kent, O., Group.

A.A. on Sports Pages--In connection with the Kentucky Derby A.A. drew mention from two 'New York Herald Tribune' sports columnists. Writing in "Views of Sport" Red Smith in describing the week said in part "The Kentucky metropolis is called the Fall City, presumably out of respect, for the fall guys who rent hotel beds here during the first week in May under the preposterous delusion that the beds will be slept in. However, it cannot be said that the hotel managements are not both forehanded and considerate. In one hotel, for example, there is furnished to each guest, free of charge, the local address of Alcoholics Anonymous together with the hours of its meetings and the notation. "Everybody welcome." In another 'Herald Tribune' column Joe H. Palmer wrote "And a great many who do see The Derby have only a fragmentary idea of what they are looking at. It is a combined picnic, old home week, fashion show and a national reunion for all persons who have resigned from Alcoholics Anonymous." A United Press story sent out from New York says "Don Black, former big

league bad boy whose escapades sent him back to the minors, was following the soda pop trail today to a comeback with the Cleveland Indians" and goes on to say that he has joined A.A.

Publications Change--'The Screwball', publication of the Deep East Texas Group of Nacogdoches announces in a recent issue that it is "reborn" with a present circulation of about 250. It serves all groups affiliated with the Deep East Texas group. Editorial policy "will cling close to the 12 Steps." From Omaha, Nebr., it is reported that 'The Twelve' has grown up and become a bi-monthly publication, being mailed on the first and fifteenth of each month. Its purpose is to give a more complete report of local and national A.A. activities, to publish excerpts from other publications and to feature articles and news from members of the Omaha groups, including those in neighboring towns and cities.

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++++Message 1372. . . . . 1. Richmond Walker 24 Hr Book  
From: Glenn Chesnut . . . . . 9/29/2003 9:08:00 PM

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[Richmond Walker Part One of Four Parts] Posted as a gesture of appreciation for the planners and participants in the national archival conference held this past weekend (Sept. 25-28, 2003) amidst the palm trees and sunshine and good A.A. fellowship of sunny Florida.

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RICHMOND WALKER & THE TWENTY-FOUR HOUR BOOK

Glenn C. (South Bend, Indiana)

Talk given at the 8th Annual National A.A. Archives Workshop, Fort  
Lauderdale, Florida

Sept. 27, 2003

\*\*\*\*\*

### Introduction

The three most published A.A. authors are Bill W., Richmond Walker, and Ralph Pfau, in that order. Ralph, who lived in Indianapolis, became in 1943 the first Roman Catholic priest to get sober in A.A., and under the pen name "Father John Doe," wrote the fourteen Golden Books along with three other books, all of them still in print and read by A.A. people today. Richmond Walker got sober in Boston in May 1942, and later moved down to Daytona Beach in Florida, where in 1948 he published *Twenty-Four Hours a Day*, which became the great meditational book of early A.A. from that point on.

The oldtimers in my part of the country say without hesitation that they got sober by using two books: the *Big Book* and Richmond Walker's *Twenty-Four Hour* book. Phrases and topical advice from both books are sprinkled throughout everything they say when they talk about their own experience of the program, and when they give advice to newcomers. A.A. people carried the little black book with them everywhere they went. It was always considered permissible to read from the *Twenty-Four Hour* book during A.A. meetings, and to base the discussion on a topic from that book. By 1959, it had sold over 80,000 copies, which means, given the number of people in the program at that time, that roughly fifty percent of the A.A. members owned their own copies, and most of the rest had attended meetings where it was read from or used. As of 1994 (the latest figures which I have), it had sold six and a half million copies (see note 1).

In the *Big Book*, the eleventh step said "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." But there were only a handful of extremely short prayers in the *Big Book* to use as examples, and even if one added the Lord's Prayer and the Serenity Prayer, this was still an unworkably short list. Early A.A. people often used the Methodist meditational book called the *Upper Room*, and listened to the radio broadcasts of Bishop Fulton J. Sheen, but they had nothing of their own. The traditional western books on spirituality and meditation were, most of them, tied to the life of the medieval monasteries and convents and religious orders, and were not tailored to people who were married and had jobs in the secular world, nor were they, most of them, designed

to deal with people who had suffered the kinds of trauma, violence, internal torment, and degradation which many alcoholics had experienced. There was an acute and desperate need for something which would teach recovering alcoholics how to pray effectively, and how to meditate on the spirit of the twelve steps.

So Rich produced a little book which I myself would put on my short list of the world's ten or fifteen greatest spiritual classics -- and I include eastern as well as western writings in my assessment. I have been a scholar and a professional in this field for forty years now, and I have seen an incredible number of people make far more spiritual progress in their own lives by meditating daily on that little book, and accomplish this far more quickly, than with any other spiritual work I know of.

### The Walker family background

Richmond Walker's world during his youth centered on the wealthy city of Boston, the grand old homes on Beacon Hill, the fancy new houses in Brookline, and the political power residing under the shiny gilded dome of the great state house overlooking the green grass of Boston Common. Rich's family were personal friends with presidents of the United States, like William Howard Taft and Theodore Roosevelt. The family money and political prominence came from Rich's Grandfather Walker, who had started out in Worcester, forty-four miles west of Boston, and made his fortune in the shoe manufacturing business. He was not only a successful and wealthy businessman, but got himself elected to the U.S. Congress as the representative from Worcester, and spent many years in Washington continually building his political power in the halls of Congress (Ld 2).

Rich's father and mother (his mother also came from a moneyed manufacturing family) lived in a new house in the fashionable Boston suburb of Brookline at 108 Upland Road at the time Rich was born. Rich's father also went into politics, and got himself elected to the Massachusetts state legislature as the representative from Brookline, where he eventually rose to be speaker of the house from 1905 to 1907 (Ld 1 and 3). He ran for governor of Massachusetts once and failed, and in 1912 decided to run again. He was a Republican, and personal friends, as we have said, with both President Theodore Roosevelt and President William Howard Taft. 1912 was unfortunately the year the Republican party split in half. Taft controlled the old machine politics and the patronage system, and easily obtained the Republican nomination at the convention. Teddy Roosevelt, in outrage, formed a third party, nicknamed the Bull Moose party, made up of reformers and progressives and the honest politicians, and made his own separate run at the presidency.

Rich's father cast his lot with Teddy Roosevelt and the break-away Bull Moose party, but alas, half of the Republican vote was not enough to gain Roosevelt the presidency nor Rich's father the governorship (Ld 3). Rich turned twenty during the summer of that year. At one level, this was very heady stuff: your father, a prominent and well-known politician, running for governor, the whole house abuzz with talk of the bitter split between Taft and Roosevelt at the national political level, and with major political figures regularly dropping by either to plan strategies with Rich's father, or to try to shift him over to their side with threats or promises. And after the bitter results of the election came in, and when it became clear that the family had gone down in humiliating defeat, the atmosphere of depression, resentment, and hurt must have been overwhelming. That was the year, 1912, and that was the situation in which the twenty-year-old Rich started drinking and trying to flee into the bottle.

#### Rich's childhood and youth

That was the catalyst, but the pressures had already been there since Rich was a small child, and he had already become, long before that point, a very unhappy and rebellious person. He was one of six children, he explained. Joseph was the eldest, born in 1891, then came Rich, who was born on August 2, 1892, then Dorothy (who died of diphtheria while still a baby), and then George, Katharine, and Evelyn. The baby Dorothy's death created a psychological barrier of some sort, which separated Joe and Rich later on from their three younger siblings and created a special linkage between the two older brothers. It is doubtful whether the parents paid much attention to the two boys at all for a while, as they fell into the throes of grief over the death of Dorothy, and only slowly began recovering. Joe, a year and a half older, weathered it better than Rich, who was at an extremely vulnerable age. Poor Rich became convinced from that point on that his parents neither loved nor cared for him at all, and began acting accordingly, which only made matters worse (Ld 5).

His older brother Joe was the only one in the family whom he felt close to, but he resented even Joe: "I always played second fiddle to my brother Joe," he said, in part simply because of the age difference, but Joe was also "stronger and better loved than I was." Rich felt unnoticed and always shoved into the background, so he isolated himself more and more. He says that he became "a lonesome kid who felt he was not loved enough or appreciated enough by [his] mother and father. They considered me a problem child, which I was." He misbehaved and rebelled to try make his parents notice him (Ld 5, see also 10).

Rich felt that his family did not love him, and this may have been

partly just a misunderstanding in his own head, but he also said that, although they were skilled and brilliant politicians and businessmen, at a deeper level they were people who did not understand love in the true sense, real love, the kind he later discovered in A.A. There was too much emphasis on surface things, grand (and fairly impersonal) social schemes, and personal achievement, and not enough real caring about other human beings at a deeper level. As soon as he was old enough, he went off rebelliously and pretended that they did not even exist.

He and Joe were both sent off to private schools, Joe to Volkman's School in Boston, and Rich to St. George's School in Newport, Rhode Island. Rich then went to a very prestigious school, Williams College in Williamstown, Massachusetts, which had been founded in 1785. In the world's eyes, he was an enormous success at every point along the way. The problem was that Joe had gone to Yale instead. No matter how well you did at Williams College, it could not compare to a degree from Yale. Rich had once again been surpassed and outshone by his older brother (Ld 6 and 10).

And yet Rich had been enormously successful, so bright that he was able to finish college in just three and a half years -- magna cum laude, with a Phi Beta Kappa key -- and then take a grand tour through the great historical and artistic centers of Europe (Ld 6). He was a highly educated man, as shows up repeatedly in his Twenty-Four Hour book, knowledgeable about literature and science, art and psychology, philosophy and theology -- but he regarded himself as a failure.

He won a gold medal for his ability in classical Greek, which is important, because it meant that he had read and understood Plato. In the Foreword to the Twenty-Four Hour book, Rich explains how he took God Calling, a work of traditional Christian piety, and converted these religious statements into what he called "universal spiritual thoughts," which make up part of the small print sections at the bottoms of the pages in the Twenty-Four Hour book. It was not the beliefs of a specific religion which he was interested in, but the Platonic ideas which lay behind them, which were equally accessible to people of all religions, or no particular religion at all.

It was the vision of the sunlight of the spirit in Plato's parable of the cave which Rich was trying to teach, and the eternal ideas which became visible when the prisoners in that cave managed to escape the dark shadow world in which they had been enchained, and finally emerged into that radiant light above. And like all good Platonists, he realized that the material world was a complex hall of mirrors, reflections of reflections of reflections of those shining eternal truths, which were alive with the Eternal Life.

Rich also learned in college about the German philosopher Kant, whose Critique of Pure Reason in 1781 created the central problem of all subsequent western philosophy and theology. Our human minds are imprisoned in a box of space and time, as Rich comments repeatedly in his Twenty-Four Hour book, and the normal scientific method does not allow us any contact with the eternal and infinite ground of the universe which lies outside this box.

But he also learned, at first or at least at second hand, about the German philosophers and theologians of the nineteenth and early twentieth centuries, who had proposed ways to get past the barrier which Kant seemed to have erected. In his Twenty-Four Hour book, Rich talks in language sometimes reminiscent of Jakob Friedrich Fries or Friedrich Schleiermacher, sometimes of Rudolf Otto or the early Karl Barth, sometimes of Albrecht Ritschl or even Adolf von Harnack. These theologians taught us that, in spite of the Kantian problem, we could still obtain some sort of real contact with God via Ahnung (the realm of intuitive knowledge and the hints we could see in the world around us of the infinite), Gefuehl (the realm of feeling and emotion), and by focusing on the moral dimension of human life. This kind of knowledge could only be expressed in symbol and metaphor, in Platonic images and icons and parables and what Rudolf Otto called ideograms ("picture writing"), but it was real knowledge also, just different from scientific knowledge.

In spite of his brilliance in school, Rich was not the kind of person who hid in the library and did nothing but study all the time. He was able to use the family political skills to get himself elected class president, captain of the football team, president of his fraternity -- whatever kind of recognition he set his eye on. And yet, in spite of all the time he spent participating in sports and various social groups, and his ability and enormous skill in manipulating other people, he had no one with whom he was genuinely close. In the lead which he gave at an A.A. meeting in Rutland, Vermont, in 1959, he says:

"Although well-respected, I did not make class friends. I was wrapped in a cloak of reserve; there was a wall between myself and other people. I did not go halfway to make friends, and there was no love in my life. In fact, true love has always been a mystery to me. As a child I was not loved, and as a result I have never learned to truly love others. I was poorly adjusted to life, being self-contained, egocentric, immature, easily hurt, and overly sensitive."

It was the typical alcoholic mind-set: feeling alone even in the midst of a crowd, and unable to feel any real sense of connection with others. He was incredibly thin-skinned and wore his feelings on his sleeve: even a slight word could wound or enrage him to the core (Ld

10-11).

He began drinking when he was halfway through college, and yet at first he regarded himself as a very controlled and moderate drinker. "I thought that those who drank a lot were very foolish." Then, after leaving college, he began to drink more and more heavily, and he began to feel even more isolated (Ld 8). As he says in the reading for January 30 in the Twenty-Four Hour book:

"A drinking life isn't a happy life. Drinking cuts you off from other people and from God. One of the worst things about drinking is the loneliness . . . . Drinking cuts you off from other people, at least from the people who really matter to you, your wife and children, your family and real friends. No matter how much you love them, you build up a wall between you and them by your drinking. You're cut off from any real companionship with them. As a result, you're terribly lonely."

Underneath the surface egotism, the aura of apparent total self-confidence, the glad-handing, the shrewd massaging of other people's fears and desires, was an inferiority complex which turned every achievement to dust in his mouth. In the reading for June 6, he comments:

"Alcoholism is usually a symptom of some underlying personality problem. It's the way we alcoholics express our maladjustments to life. I believe that I was a potential alcoholic from the start. I had an inferiority complex. I didn't make friends easily. There was a wall between me and other people. And I was lonely. I was not well adjusted to life."

And what did Rich mean by that interesting phrase in his 1959 lead, "true love has always been a mystery to me"? (Ld 11) He did not mean it in the romantic sense, where the man sends a Valentine to a woman with a gushy, sentimental message talking about how "when I found you, I found true love at last." He talked repeatedly about not being loved when he was a child, and not knowing how to love anyone else, even family members or friends his own age, in any kind of truly deep way.

He talked about this twice in his Twenty-Four Hour book. March 5th says that he finally discovered that the kind of real love he lacked in his life could only come from the indwelling of God in the human heart, a divine love which drove out fear and pathological dread of closeness with other human beings: "There is no room for fear in the heart in which God dwells. Fear cannot exist where true love is or where faith abides." But we need even more than that. In the reading for May 21, Rich says that we not only need God, we also need the fellowship of the program in order to be healed and to learn how to

share, which is one of the most important parts of loving. A.A. taught him how to share with others.

#### After college

After finishing up at Williams College in June of 1914 (Rich turned twenty-two that summer), he threw himself into drinking and parties in a way he never had before. As he put it in his lead (Ld12), "I found that drinking loosened me up and allowed me to enjoy the company of others -- especially drinkers like myself. Soon alcohol became a crutch to me, which enabled me to enjoy life: the companionship of girls, parties, football games, and all of my activities."

Rich pointed out in one of the essentially autobiographical sections of the Twenty-Four Hour book, the reading for April 4th (see also June 24), that his out-of-control alcohol consumption was a symptom, which pointed towards an even more serious underlying disease. People who came into A.A. not only had a drinking problem, they had an even more destructive thinking problem:

"Every alcoholic has a personality problem. He drinks to escape from life, to counteract a feeling of loneliness or inferiority, or because of some emotional conflict within himself, so that he cannot adjust himself to life. His alcoholism is a symptom of his personality disorder. An alcoholic cannot stop drinking unless he finds a way to solve his personality problem. That's why going on the wagon doesn't solve anything. That's why taking the pledge usually doesn't work."

Sgt. Bill S., the Air Force sergeant who came into the A.A. program on Long Island in 1948 (the year Rich wrote the Twenty-Four Hour book), explores the nature of the kind of emotional conflicts which Rich was talking about in the book he recently wrote, *On the Military Firing Line in the Alcoholism Treatment Program*. Old-time A.A. people knew that we had to do two things in order to be healed: we had to quit fighting God and start making a little better friends with him, and we had to deal with all the character defects and personality problems which underlay our alcoholic compulsion. Not either-or, but both-and.

Rich put the problem very simply: "Alcohol is our weakness," but underneath that is the seething morass of "our unstable emotions." So Rich partied and he played, a son of the wealthy and prominent, and if he seemed to be drinking a tremendous amount, he and everyone else just put it down to youth.

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went off to New York city and had a simple ceremony at the Little Church Around the Corner, as it was called, and then came back to Boston and rented an apartment in Brookline. The part of this story that is especially strange and bizarre -- the part that makes it clear that Rich had very serious psychological problems of some sort by this point -- is that Rich never bothered to tell anyone in his family that he was married until Hilda, their first child, was born. He says that the family accepted this block-busting news just fine. So there was no hint that Agnes was fundamentally socially unacceptable to the family, or that marrying her was in and of itself an act of rebellion. In Rich's version of the story at least, he seems to have just decided perversely that he was not going to tell anyone that he had gotten married (Ld 14).

Joe in particular instantly came to Rich's support, and built them an extremely nice new house in the Chestnut Hill section of Brookline, over in the Boston suburbs. Joe, the family caretaker, attempted to make everything right again. Rich and Agnes ended up having four children: Hilda, Caroline, John, and David. Rich of course did not stop drinking, and looking back at that period of his life from thirty-some-odd years later, he realized that he had never really spent any time with his wife or their young children. He had married in the first place because he felt so alone, and so desperately wanted human companionship, but once he had it, he continually fled from it and went out drinking instead (Ld 7, also see 8).

Once he and Agnes were ensconced in their fancy new house, Rich decided to make his partying bigger and more extravagant:

"We became friends with a family who lived nearby, and together we went on several trips to the West Indies, Havana, and Canal Zone. I was drinking a lot on these journeys, and my alcoholism was becoming more evident as time passed. After we had been married for two years, I bought a summer cottage in Siasconset on Nantucket Island, where we spent our summers. Our friends there were a heavy drinking crowd, and my alcoholism developed rapidly."

It should be said that one reason for the trips abroad was that the Eighteenth Amendment and the Volstead Act had introduced the Prohibition era to the United States by the beginning of 1920, and alcohol was illegal for fourteen years, all the way down to the end of 1933. This did not mean that alcoholics could not obtain alcohol whenever they wanted -- it could easily be smuggled in by boat onto the beaches of Nantucket Island, where Rich indicates that he was able to get all he wanted to drink every summer without any problem -- but a nightclub in Havana, Cuba could operate a good deal more openly, extravagantly, and flamboyantly than a speakeasy in a dark basement in Boston. And you could pretend that there was more glamor to it that

way too.

Rich talked about the fancy nightclubs and the romantic trips to the tropics in some of the autobiographical sections of the Twenty-Four Hour book, and took pains to make it clear that the reality was not so glamorous at all, if you looked at the whole picture (24H 2/6â€"2/7):

"A night club crowded with men and women all dressed up in evening clothes looks like a very gay place. But you should see the men's room of that night club the next morning. What a mess! People have been sick all over the place and does it smell! The glamour of the night before is all gone and only the stink of the morning is left."

"A long mahogany bar in the tropical moonlight looks like a very gay place. But you should see the place the next morning. The chairs are piled on the tables and the place stinks of stale beer and cigarette stubs. And often we are there too, trying to cure the shakes by gulping down straight whiskey."

In his Twenty-Four Hour book in the January readings, particularly the 25th, Rich stressed that this was an unnatural and abnormal way of living, that craved an artificial life of continuous excitement and a hyper kind of "good times" feeling for every waking hour.

The worst of it though, Rich said, was the long-term effect of his drinking on his family and his career and his mind (24H 2/18): "After I became an alcoholic, alcohol poisoned my love for my family, it poisoned my ambition in business, it poisoned my self-respect. It poisoned my whole life, until I met A.A. My life is happier now than it has been for a long time. I don't want to commit suicide." Such a simple, poignant way of summing up what A.A. did for him: I no longer am tormented by such pain and self-hate that I yearn to commit suicide now.

#### The downhill slide begins

On Black Friday (October 28, 1929), the U.S. Stock Exchange in New York crashed, and the economic crisis got worse and worse. By March 6, 1933, Franklin D. Roosevelt had to close all the banks in the country for four days by presidential proclamation.

The two brothers were able to keep their business going, but times were so tough that in 1932, Rich and Agnes had to sell their fancy home in Chestnut Hill. They decided to try to make something positive of it, so they got a smaller house in Cohasset, Massachusetts. It was twenty-five miles south of Boston, but it was right on the harbor, so this gave it some charm. In his lead, Rich talked about his discouragement at that point (Ld 16, see also 7): "I continued to take

the train to Boston and go to the office, but my heart was not in it." Naturally enough, being an alcoholic, he began to drink even more and neglected his wife even further. In the readings for March 29th to 30th, he says, "My few friends were only drinking companions, not real friends."

"I lied to my wife constantly about where I had been and what I'd been doing. I took time off from the office and pretended I'd been sick or gave some other dishonest excuse. I was dishonest with myself, as well as with other people. I would never face myself as I really was or admit when I was wrong. I pretended to myself that I was as good as the next fellow, although I suspected I wasn't."

They were desperately short of money, and in truth, it was not all due to the Great Depression which had struck the country. Rich was drinking up a lot of their available cash. In his Twenty-Four Hour book, he says that one of the things A.A. had given him was that it did in fact "make me happy to see my wife have enough money for herself and the children" now.

In the Twenty-Four Hour book, he says that he acted that way in part out of gross selfishness. In the reading for March 28th, he says: "I wanted my own way in everything. I don't believe I ever grew up. When things went wrong, I sulked like a spoiled child and often went out and got drunk. [I was] all get and no give." And in the reading for May 10th, he said that he had no feelings of loyalty to anyone or anything: "When I was drinking, I wasn't loyal to anybody. I should have been loyal to my family, but I wasn't. I let them down by my drinking." He betrayed his wife, he betrayed his own children, and he didn't even care.. He let them down at a point when they were totally dependent on him. An alcoholic has to face a lot of bitter truths about himself when he does a fourth step and an eighth step.

His daughter Hilda's death: the plummet downhill quickened

Money problems there during the great depression had already thrown Rick into considerable despair. But then came the worst blow of all. Around 1935, he managed to scrape together the money to send his twelve-year-old daughter Hilda to a summer camp on Cape Cod. While she was there, she caught spinal meningitis and died. Rich plunged into such grief that he resigned his position as a partner in the firm. "Agnes and I took a trip to Sweden, and upon our return I went back to the office, not as a partner, but as a clerk working on statistics." Rich was around 42 to 43 years old at the time. The next seven years were the worst of his life: "I was arrested three times for drunken driving," he said in his lead, "and landed in several hospitals," as his drinking just continued to get worse and worse (Ld 17).

The party was over

It had not been like that, he said, back when he was in his twenties. He could still remember those good old days (24H 2/8): "All of us alcoholics had a lot of fun with drinking. We might as well admit it. We can look back on the good times . . . . But the time comes for all of us alcoholics when drinking ceases to be fun and becomes trouble." The party was over now, for good. The only parts of his later drinking years of which he could remember much at all, was the hangovers the mornings after (24H 6/01, 6/02, 6/03, see also 1/28):

"Some things I do not miss since becoming dry: That over-all awful feeling physically, including the shakes, a splitting headache, pains in my arms and legs, bleary eyes, fluttering stomach, droopy shoulder, weak knees, a three-day beard and a flushed complexion. Also facing my wife at breakfast and looking at my breakfast. Also composing the alibi and sticking to it. Also trying to shave with a hand that won't behave. Also opening up my wallet to find it empty."

"Some more things I do not miss since becoming dry: Wondering if the car is in the garage and how I got home. Struggling to remember where I was and what I did since my last conscious moment. Trying to delay getting off to work. Wondering how I will look when I arrive at the office. Dreading the day ahead of me."

"Some more things I do not miss since becoming dry: Running all over town to find a bar open to get that "pick-up." Meeting my friends and trying to cover up that I feel "lousy." Looking at myself in a mirror and calling myself a damn fool. Struggling with myself to snap out of it for two or three days. Wondering what it is all about."

And it was not just the hangovers and the morning after, but the other things alcohol did to him. As his drinking got worse and worse, he had to lie even more each time around: to his wife, to his brother Joe, and to everyone else with whom he came into contact (24H 1/27):

"What a load lying puts on your shoulders! Drinking makes liars out of all of us alcoholics. In order to get the liquor we want, we have to lie all the time. We have to lie about where we've been and what we've been doing. A man who's lying is only half alive, because of the constant fear of being found out. When you come into A.A., and get honest with yourself and with other people, that terrible load of lying falls off your shoulders.

Caught between the times: the terror of remorse and dread

Increasingly, Rich said, he was caught between a past filled only with remorse and a future filled only with dread (24H 1/28 and 3/20).

"What a load remorse puts on your shoulders! That terrible mental punishment we've all been through. Ashamed of the things you've said and done. Afraid to face people because of what they might think of you. Afraid of the consequences of what you did when you were drunk. What an awful beating the mind takes!"

"When we were drinking, we used to worry about the future. Worry is terrible mental punishment. What's going to become of me? Where will I end up? In the gutter or the sanitarium? We can see ourselves slipping, getting worse and worse, and wonder what the finish will be. Sometimes we get so discouraged in thinking about the future that we toy with the idea of suicide."

Only by learning to live well within the now -- the Eternal Now of the divine Spirit -- could an alcoholic be freed from this hell of remorse and dread. Rich placed a proverb at the beginning of his Twenty-Four Hour book which laid out the only route which he had found that he could follow and be happy and unafraid. Notice that he took it from the Hindu spiritual tradition -- Rich was trying to put us on notice, from the very beginning of the book, that the "universal spiritual thoughts" which would save us could be found in all the religions of the world, not just in the Judeo-Christian tradition:

Look to this day,

For it is life,

The very life of life.

In its brief course lie all

The realities and verities of existence,

The bliss of growth,

The splendor of action,

The glory of power --

For yesterday is but a dream,

And tomorrow is only a vision,

But today, well lived,

Makes every yesterday a dream of happiness

And every tomorrow a vision of hope.

Look well, therefore, to this day.

Today well lived was the secret to hope and happiness, provided it was lived with a sure faith in a God of compassion and grace. Only trust in God's compassion can free us from the shame and guilt and remorse over our pasts.

Feeding my pride vs. nurturing the real, eternal, imperishable me

Rich had done his early drinking in fancy nightclubs, and on Nantucket Island where the wealthy had their summer homes, and on expensive trips to the Caribbean. But during his last seven years of drinking he went progressively down the ladder till he was drinking in cheaper and cheaper bars, and with lower and lower companions. He talks about that in the readings for May 4<sup>th</sup> in the Twenty-Four Hour book. "I used to hang around the lowbrow barrooms so I could feel superior to the other customers." "I used to tell tall stories about myself. I told them so often that I half believe some of them now, even though I know they aren't true." "I had to show off and boast so that people would think I amounted to something, when of course both they and I knew that I really didn't amount to anything. I didn't fool anybody."

Rich said he learned an important lesson from that: "If I'm going to stay sober, I've got to keep myself small." He had to learn to quit feeding his pride, and playing the phoney, and find out who he really was. As A.A. began to teach him to live well within the eternal now, Rich said, he was able to begin regaining contact with his own essential being, what he called "the real, eternal, unperishable me." (24H 1/14)

"I will learn to overcome myself, because every blow to selfishness is used to shape the real, eternal, unperishable me. As I overcome myself, I gain that power which God releases in my soul. And I too will be victorious."

The Eternal Me is the true spiritual self, which dwells within the Eternal Now, untouched by the material world, in immediate communion with the Great Spirit who presides over the universe. "The eternal life is calmness and when a man enters into that, then he lives as an eternal being." (24H 3/10 and 3/17) This is the ancient pre-Christian Platonic tradition at its best.

His brief period in the Oxford Group: 1939<sup>th</sup> 1941

In 1939 Rich did what Bill W. and Dr. Bob had done before him: he joined the Oxford Group in an attempt to get sober (Ld 18). He was



## Hitting bottom: Spring 1942

Toward the end of those nine months, Rich finally hit his first bottom, and decided, in total desperation, that he had to reach out once again to whatever kind of God actually ruled this universe, and make a naked plea for help (Ld 19).

"While I was drinking alone in the room on Beacon Street in Boston, I became disgusted with my life and suddenly decided I would do something about it. I talked with some members of the Oxford Group, and the next morning, in my lonely room, I prayed to God to show me how to live a better life. I went to Jim's home in Newtonville for two weeks until I had sobered up."

It was the Spring of 1942. His father died that year, and he went up to his wife at the funeral and, in typical alcoholic fashion, swore a mighty oath that he was off of alcohol forever. "She took me back on the basis that I would never drink again -- I fully believed I never would." (Ld 19) Of course it could not last long. Rich had his second slip. When we read the passages about slips in the Twenty-Four Hour book, it is important to remember that Rich was talking about something which he himself knew about at first hand.

## Finding A.A. -- May 1942 -- early Boston A.A.

This time he really hit bottom, and as he tells us in his lead (Ld 19), "after one week of drinking, I walked into the A.A. clubroom at 306 Newbury Street in Boston." He had finally come to the people who had the real answers. This was in May of 1942, and Rich never drank any kind of alcoholic beverage again for the rest of his life (Ld 20). After the painful nine-month separation, he and Agnes got back together, and ever since that point, Rich said (Ld 9), "I have enjoyed a happy married life and the companionship of my children. Joining Alcoholics Anonymous was the best thing I had done in my life since I started drinking at the age of twenty."

In May 1942, A.A. had not been established in Boston for very long. The story of how A.A. got to that city actually began with Marty Mann, the first woman to get sober in A.A., who had been forced (by Harry Tiebout, the psychiatrist) to read one of the advanced multithed copies of the Big Book while she was being confined at Blythewood Sanitarium in Greenwich, Connecticut. The recent book by Sally and David Brown tells her story in detail. She resisted the program at first however, and did not go to her first A.A. meeting until April of 1939, the same month the Big Book actually came off the presses. The Boston connection arose because Marty subsequently brought a man named Paddy K. to Blythewood, and Paddy decided to start working the A.A. program, and then started the first A.A. group in Boston. And one of

the first two Bostonians whom Paddy brought in was Jennie B., the first woman to get sober in that city, the daughter of a Back Bay family (see note 3). In spite of his snobbiness back in his drinking days, Rich had to respect a group which included people like Jennie.

The first regular A.A. meeting in Boston was begun in March 1941, only fourteen months before Rich came into the program. It is important to note that the first Boston A.A. meetings were held at the Jacoby Club at 115 Newbury Street. Early Boston A.A. was linked to the Jacoby Club in the same way that the earliest history of A.A. in Akron and New York was intertwined with the history of the Oxford Group. The Boston A.A. group obtained its own meeting place in June of that year, at 123 Newbury Street, but the same end of the block, and they kept up their connection with the Jacoby Club. Both groups were located only two blocks away from the Public Garden and Boston Common in the heart of downtown Boston, which meant that they were only two blocks away from Emmanuel Episcopal Church at 15 Newbury Street, where the Emmanuel Movement and the Jacoby Club had first begun. The A.A. group then moved four and a half blocks further west shortly before Rich came in, and had just started meeting at 306 Newbury Street. They had just made their final break with the Jacoby Club, but many of the comparative oldtimers at the first meetings Rich attended had come into the A.A. program when the Jacoby Club linkage was still intact (see note 4).

The Emmanuel Movement and the Jacoby Club were started in Boston in the first decade of the twentieth century, and had demonstrated a good deal more success than the Oxford Group in not only getting alcoholics sober but keeping them sober. In fact, in the 1940's, thoughtful students of alcoholism treatment would tell you that an alcoholic's best bet was to join either A.A. or the Jacoby Club, which both worked, because psychiatry only worked in two or three percent of the cases. The Jacoby Club believed that alcoholism could be treated only by combining real spirituality with techniques that dealt with psychological problems, using what they called moral suggestion techniques. They also realized that fellowship among recovering alcoholics was absolutely vital to success and made this the centerpiece of their program.

The teaching of Richmond Walker's Twenty-Four Hour book is really much closer to the spirit of the Emmanuel Movement and the Jacoby Club than it is to the spirit of the Oxford Group. Rich had tried the Oxford Group, and had not been able to obtain permanent, long-term sobriety there.

#### Renewal and the taste of heaven

Boston-style A.A. worked. When he walked into the A.A. clubroom on Newbury Street in May 1942, Rich was a man who had fallen into total

hopelessness. What he found there was like a pool of fresh water to a man dying of thirst (Ld 19, 24H 4/29 and 4/04). He saw people who had gone through the same hell which he had, but had managed to recover. Working the program required a great faith, but it was not a blind faith. We could see a demonstration (an Emmet Fox term, see note 5), right before our very eyes, that this kind of faith actually worked (24H 4/22).

"People believe in A.A. when they see it work. An actual demonstration is what convinces them. What they read in books, what they hear people say, doesn't always convince them. But when they see a real honest-to-goodness change take place in a person, a change from a drunkard to a sober, useful citizen, that's something they can believe because they can see it." He saw people at his first meetings there in Boston who had genuinely changed (an Oxford Group term), and he had to admit to himself that whatever they were doing, it actually worked (April 25).

So Rich's life story turned from one of tragedy into a story of renewal. He had found new life. But a total personal transformation of that sort required real work on his part. As he says in the reading for January 18, we alcoholics have to re-educate our subconscious minds (an Emmanuel Movement and Jacoby Club idea).

"The new life can't be built in a day. We have to take the program slowly, a little at a time. Our subconscious minds have to be re-educated. We have to learn to think differently . . . Anyone who tries it, knows that the old alcoholic thinking is apt to come back on us when we least expect it."

How do we re-educate the subconscious? One way is to take a meditational book like Rich's and read from it every morning when we first get up. The Emmanuel Movement and the Jacoby Club had had great success with what they called the moral suggestion technique. Rich's method embodied richer and more sophisticated techniques for doing this. The subconscious mind is especially susceptible to impression at that point, and the effect will start building up over time, even if ten minutes after we read the passage, we seem to have forgotten all about what it was talking about. The subconscious will not have forgotten, not if it was a book like Rich's, which was especially designed to contain images and metaphors and ways of speaking which spoke directly to the subconscious. That is why early A.A.'s found his book to be the most powerful meditational work they had ever encountered.

The principles of this new way of life were eternal, heavenly principles (24H 1/10): "I pray that I may learn the principles of the good life. I pray that I may meditate upon them and work at them,

because they are eternal." They are the taste of heaven itself. When we stay in the Now, and live by these eternal values, we ourselves are living in the eternal life of God. So Rich made the daring statement (24H 1/25):

"I do not look upon [God's promise of eternal life] as referring only to the after-life. I do not look upon this life as something to be struggled through, in order to get the rewards of the next life. I believe that the Kingdom of God is within us and we can enjoy "eternal life" here and now."

It was a biblical statement which Rich was citing -- Luke 17:21, "the kingdom of God is within you" -- but Rich carried it out to its full radical conclusion. He was teaching a realized eschatology as opposed to a future eschatology, to use the terminology which the Christian existentialist theologian Rudolf Bultmann was expounding at the University of Marburg over in Germany at that time. Or to use the terminology of the history of religions scholar Mircea Eliade, Rich was using language about the end time as a symbolic way of talking about how we could learn to cross through the barrier which separates ordinary profane space and time from the realm of sacred space and time at any time that we wished to (see note 6). The two realms actually coexist simultaneously. Where is heaven? Heaven can be right here and right now, if we are willing to grow enough spiritually to enter it.

#### The move to Florida

Rich helped in the formation of the A.A. intergroup in Boston, and at some point moved to Daytona Beach, Florida, where he also helped in the formation of the A.A. intergroup there (see note 7). He said that (24H 2/20â€"2/21) "my main business now is keeping sober. I make a living in business, but that's not my main business. It's secondary to the business of keeping sober." He became one of the great heroes within Florida A.A., which is why I am so pleased to have the opportunity to talk about him here in Fort Lauderdale.

#### Twenty-Four Hours a Day

Rich talked in his lead (Ld 24) about writing the Twenty-Four Hour book in 1948 (see note 8). It has a page for each day of the year, with each page divided into three sections. The large print section at the top is called the Thought for the Day: some of this material was adapted by him from a work he wrote earlier, called For Drunks Only, and he also included an extended selection of excerpts from the Big Book as part of the large-print section for one period of the year. The section in smaller print that followed was called the Meditation for the Day, and then at the very bottom of the page was a short

Prayer for the Day.

### God Calling by Two Listeners

For the small print sections at the bottom, Rich drew heavily on a book he had discovered, entitled *God Calling by Two Listeners*, which had been edited and published by A. J. Russell, one of the most famous Oxford Group authors (see note 9a). The book had a strange origin. One of the two women (whose names are unknown to this day) explained in an introduction how they were inspired to begin their spiritual exploration:

"In the autumn of 1932, I was sitting in the lounge of a hotel when a visitor, quite unknown, crossed over and handing me a copy of *For Sinners Only* asked if I had read it. I answered no, and she left it with me. On returning home, I bought a copy for myself. I was curiously affected by the book and . . . there came a persistent desire to try to see whether I could get guidance such as A. J. Russell reported, through sharing a quiet time with the friend with whom I was then living. She was a deeply spiritual woman with unwavering faith in the goodness of God and a devout believer in prayer, although her life had not been an easy one. I was rather skeptical, but, as she had agreed, we sat down with pencils and paper in hand and waited . . . To this day, I cannot obtain guidance in this way alone. But with my friend a very wonderful thing happened. From the first, beautiful messages were given to her by our Lord Himself, and every day from then these messages have never failed us . . .

"Certainly we were not in any way psychic or advanced in spiritual growth, but ordinary human beings who had more suffering and worry than the majority and who had known tragedy after tragedy. [And yet] always, and this daily, He insisted that we should be channels of love, joy, and laughter in His broken world . . .

"We, or rather I, found this command difficult to obey; to others it might have been simple. Were we to laugh, to cheer others, to be always joyful when our days were pain-racked and our nights tortured by chronic insomnia, when poverty and almost insupportable worry were our daily portion . . . ? Still came this insistent command to love and laugh and bring joy to the lives we contacted. Disheartened, one of us would gladly have ceased the struggle and passed on to another and happier life . . . [Yet] He encouraged us daily . . . Continually He exhorted us not to lose heart and spoke of the joy that the future held for us . . . He stressed, most strongly of all, the immense power given to two souls praying together in close union and at one in their desire to love and serve Him."

This was the kind of message that could actually speak to struggling, tormented alcoholics. Rich decided to take it and use it freely in the small print sections in each day's meditation in his own compilation. He had to shorten the work enormously, and eliminate references to calling on the name of Jesus or contemplating Christ on the cross. Instead of prayers to Jesus, he turned it all into prayers to God instead, which was very, very important in the A.A. context. He clarified passages that were difficult to understand, and often almost totally rewrote the material.

He also added copious material of his own which was vitally important, explaining what the concept of a higher power was really about, for the help of alcoholics who literally did not have the foggiest idea of what was actually meant by the word God (see note 9b).

Perhaps the best way of summing up what Rich actually did would be as follows: God Calling was a nice little work of early twentieth-century Protestant piety, replete with the sentiments of the popular hymns from that period, hymns like "I walk in the garden with Him, while the dew is still on the roses, and the voice I hear, whispering in my ear, the Son of God discloses." It was nice, but not exceptional. Rich remolded it, reshaped it, added copiously and cut away equally vigorously, and came out with what I would regard as one of the ten or fifteen true classics of spiritual literature -- a masterpiece, measured by the standards of the past three or four thousand years, and including both eastern and western spiritual writings.

#### Publishing the book

Rich finished putting the Twenty-Four Hour book together in 1948, and at first handled the printing and the distribution on his own. He did not place his name on the book in any way, merely putting at the very back the simple words "Compiled by a member of the Group at Daytona Beach, Fla." The book sold over 80,000 copies during the first ten years alone (Ld 24), which means that over 10,000 copies a year were eventually having to be packaged and shipped out year after year, just to keep up with the demand. It did not take long for Rich to become totally overwhelmed by the task. In 1953, he asked the New York A.A. office if they would take over this job, but his request was turned down. In their defense, New York was desperately short on money, staff, and space; they also already had their hands full with the Twelve Steps and Twelve Traditions, which came out in April of that same year. They only just barely managed to cobble together a financial deal to get that vital book published. The next year, 1954, Patrick Butler at Hazelden offered to take over the mammoth job of printing and distributing Twenty-Four Hours a Day to keep the book available. Mel B. says that this was the publication that got Hazelden started as a major publisher of recovery materials (see note 10). As

of 1994, nearly six and half million copies of *Twenty-Four Hours a Day* had been sold, and the little book is still doing fine today.

### Rich's credo

Rich regarded himself as the teacher of an intelligent faith in the Great Intelligence behind the universe. In language partly similar to Emmet Fox's (see note 11), he says for June 21st that:

"Intelligent faith in that Power greater than ourselves can be counted on to stabilize our emotions. It has an incomparable capacity to help us look at life in balanced perspective. We look up, around and away from ourselves and we see that nine out of ten things which at the moment upset us will shortly disappear. Problems solve themselves, criticism and unkindness vanish as though they had never been."

God was, he said in the language of the Platonic philosophers, "the Great Intelligence behind the universe," which meant that we do not have to sacrifice our own minds and intellects in order to talk about God. But God, as any good Platonist knows, is infinite and eternal, which means that to approach him, we must rely on faith and intuition and feeling and vision, not the language of the scientists. Ultimately, we can only be saved by faith alone.

When Rich gave his lead at Rutland, Vermont, in 1958, he was around sixty-six years old and knew that his days were fundamentally numbered, so he talked about not only life but also death, in deeply moving fashion. Death was returning to God, and that was where faith alone could carry us across the great divide which separates our world of space and time from the realm of the eternal ideas and the infinite reality which lies beyond all else (Ld 26, see note 12):

"Above all, my faith in the Great Intelligence behind the universe, which can give me all the strength I need to face whatever life has to offer, is the foundation of my present life. When I die, my body will return to dust. Heaven is not any particular place in the sky, but my intelligence or soul, if it is in the proper condition, will return to the Great Intelligence behind the universe and will blend with that Great Intelligence and be at home again whence it came. My problem, in what is left of my life, is to keep my mind or intelligence in the proper condition -- by living with honesty, purity, unselfishness, love, and service -- so that when my time comes to go, my passing to a greater sphere of mind will be gentle and easy."

Notice that in that last sentence, he refers to the four central Oxford Group virtues: Honesty ("Is it true or is it false?"), Purity ("Is it right or is it wrong?"), Unselfishness ("How will this affect the other fellow?"), and Love ("Is it ugly or is it beautiful?"). But



Based on the researches of David and other Florida A.A.'s whom I have talked to, it appears that Rich was probably for many years what the Florida people call a "snow bird": he would go back to New England for the hotter months and keep up his links with friends and family there -- which is presumably why he was able to give his lead at the A.A. meeting in Vermont in 1958 without having to travel too far -- but then he would return to Daytona Beach for the colder months. But it is clear that, by the time the Twenty-Four Hour book was published, he had come to regard Florida as his real home.

In the Twenty-Four Hour book, Rich said that (2/20â€"2/21) "my main business now is keeping sober. I make a living in business, but that's not my main business. It's secondary to the business of keeping sober." David W. says that, on the basis of his research, by the end of his life Rich had gotten an inheritance from his brother, and was basically living during his retirement years on the investment proceeds from those funds.

#### The "second book"

I cannot help but think that reading Rich's little black book as their "second book," surpassed in importance only by the Big Book itself (which was of course the all-determining and foundational source), was one of the things that helped A.A. to grow and prosper so much during its greatest growth years. It is clear that, back in those days, people could form a good A.A. group simply by getting a copy of the Big Book and doing what it said, even if they had no personal contact with anyone already in the program from elsewhere. But it seems to me that the people who also read the little black book formed even better A.A. groups. It told you how to keep the fellowship strong and healthy, and inspired you to commit yourself even more deeply to A.A. service work. It reminded you over and over that loyalty to your group, and to A.A. itself, was one of the primary virtues, and would give you life abundant. The members who were the most dedicated also frequently carried the little black book with them instead of the Big Book, for instant help in times of spiritual crisis -- that was one of the other things they found it especially useful for.

I think it is significant to note how early A.A. in Indiana and Michigan treated three different groups of material. You had to have a copy of the Big Book: you read from it and quoted from it at meetings, and used it to define the essential principles of the program. Rich's little black book was the only book not coming out of New York which was universally acknowledged by the early tradition as appropriate to read from at official A.A. meetings, and to quote from freely when speaking at meetings -- but it was not the "defining" book on matters concerning essential program principles. That was the all-important distinction. Many early A.A.'s in the United States and Canada also

read Ralph Pfau, the third most published early A.A. author, who had produced his little Golden Books under the pseudonym of "Father John Doe" to preserve his anonymity and maintain the spirit of the Twelve Traditions. But in Indiana at least, when small groups would meet in someone's home to read and study the Golden Books, or to listen to phonograph records of Father Ralph speaking, they felt that it was not appropriate to call these little groups "A.A. meetings" in the official sense. And the Golden Books were certainly never regarded as "defining" statements of official program principles. So there were three levels of importance, and three different kinds of ways that A.A. people could use wise and healthy spiritual literature. Richmond Walker's Twenty-Four Hours a Day was the major work at the level of the second tier of importance.

### One human soul touching another

David W. says that when Rich first began writing the material which shows up in the small print sections at the bottoms of the pages, he never intended to publish a book. He prepared these little meditations simply for himself, and carried them around on little cards. Other people at the A.A. meetings in Daytona Beach saw some of these, and were so impressed by the depth and profundity of what they said, that they finally talked him into putting them together into a book, so other people could use them too.

I think this is one of the things which gives the small print sections in the Twenty-Four Hour book so much power: they were not written by someone "preaching at" us, and trying to tell other people what the author wanted them to believe. They are simply the very private and very personal jottings of a person of extraordinary spiritual depth, reaching out simply for himself, to try to touch God and feel his presence and open himself up to the workings of God's healing and empowering grace. When he finally agreed to publish these little private prose poems and personal exercises in guided imagery, he opened up his own soul to us. He does not "teach at" us, but invites us to accompany him on his own spiritual journey, as a soul-mate and a trusted friend. When we open up the little book to read the selection for the day, what Rich is really saying to us is, "This is what I see and hear and feel and touch when I pray and meditate and try to draw closer to the living presence of the Great Intelligence behind the universe. What do you yourself see and hear and feel and touch?" He says to us, "This is what I learned when I thought about these particular images and principles, which helped me to grow spiritually. What have you learned about this part of the spiritual life by this point in your spiritual journey and how do you plan, on the basis of that new insight into these universal spiritual thoughts, to start living and acting a little differently today?"

Along with Bill W. and the other good old-timers, Rich is saying to everyone who reads his little volume the same essential words which conclude the first major section of the Big Book (page 164 in the 3rd edition):

"Abandon yourself to God as you understand God. Admit your faults to Him and to your fellows. Clear away the wreckage of your past. Give freely of what you find and join us. We shall be with you in the Fellowship of the Spirit, and you will surely meet some of us as you trudge the Road of Happy Destiny.

"May God bless you and keep you -- until then."

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## NOTES

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24H = Richmond Walker, *Twenty-Four Hours a Day*, Compiled by a member of the Group at Daytona Beach, Fla. (Center City MN: Hazelden Foundation, 1975 [orig. pub. 1948, 1st Hazelden edit. 1954]).

Ld = Richmond Walker, lead given at an A.A. meeting in Rutland, Vermont, in 1958, paragraph number in the text as given in the Northern Indiana Archival Bulletin 4 (No. 1, 2001): 14. See the foreword to the 40th Anniversary Edition of *Twenty-Four Hours a Day* for the date and location where Rich gave this talk.

1. Mel B. (Toledo, Ohio), special foreword to the 40th Anniversary Edition of *Twenty-Four Hours a Day* (Center City MN: Hazelden Foundation, 1994).

2. Ibid.

3. *Pass It On: The Story of Bill Wilson and How the A.A. Message Reached the World* (New York: Alcoholics Anonymous World Services, 1984), pp. 203, 210-13, 257-8.

4. See Richard M. Dubiel, *The Road to Fellowship: The Role of the Emmanuel Movement and the Jacoby Club in the Development of Alcoholics Anonymous*, Hindsfoot Foundation Series on the History of Alcoholism Treatment (forthcoming, Fall 2003).

5. See Emmet Fox, *The Sermon on the Mount*.

6. This is actually the Platonic concept of participation. As the twentieth-century theologian Paul Tillich has pointed out in his

writings on religious symbolism, the material thing which is the shadow or symbol (the "icon" or holy image in the Greek) does not just point toward something else from the outside (like a signpost beside the road which points the way to the Grand Canyon), but participates in that higher reality to which it leads our minds.

7. Foreword (p. iii) to the edition of *Twenty-Four Hours a Day* printed to celebrate the 50th anniversary of the Hazelden Foundation (no actual date given). This version is a reprinting otherwise of the original 1954 Hazelden edition.

8. Richmond Walker, *The 7 Points of Alcoholics Anonymous*, rev. ed. (Center City MN: Hazelden/Glen Abbey Books, 1989).

9a. *God Calling*, by Two Listeners, re-edited by Bernard Koerselman (Uhrichsville OH: Barbour and Company, 1993). One of the two women had what scholars of comparative religion call the gift of ecstatic prophecy (compare the way Mohammed received the verses of the Koran): caught up in a trance, she would deliver the meditations verbatim, while the other woman wrote down the words with a pencil on a piece of paper. But there were also similarities to a phenomenon which the early twentieth century called automatic writing.

9b. An account is given of some of the other major motifs in Rich's spiritual teachings in Glenn F. Chesnut, *The Higher Power of the Twelve-Step Program: For Believers & Non-Believers*, Hindsfoot Foundation (San Jose: Authors Choice/iUniverse, 2001), Chapter 5, "Two Classical Authors of A.A. Spirituality," pp. 115-129, and also pp. 81-82 and p. 213 n. 10: maintaining soul-balance, finding inner calm, the prayer without words (a contemplative technique similar to the Hindu discipline called transcendental meditation, but using guided imagery and a Zen-like contemplation of nature instead), faith (trust, courage, and a willingness to commit, based on intuition and feeling, coupled with pragmatic experience), becoming one of the Friends of God, and guidance.

10. Mel B., foreword to the 40th Anniversary Edition of *Twenty-Four Hours a Day*.

11. Compare Emmet Fox's *Golden Key* (described in Chesnut, *The Higher Power of the Twelve-Step Program*, pp. 91-96).

12. In Cleveland A.A., it is actually the Four Questions which accompany the Four Absolutes which are at the center of the spiritual path. This helps to avoid the flavor of "absolutism" which made Bill W. apprehensive about that way of speaking about the spiritual life. The kind of absolutism which Bill W. wanted to avoid was the sort of moralistic, Pharisaic rigidity which will either lead us astray into

hypocrisy and arrogance and boasting, or commit us to the kind of ruthless perfectionism which leads ultimately to despair. See Bill W.'s letter to McGhee B., 30 October 1940, as quoted in Ernest Kurtz, *Not-God: A History of Alcoholics Anonymous*, p. 51:

"The principles of honesty, purity, unselfishness and love are as much a goal of A.A. members and are as much practiced by them as by any other group of people, yet we found that when the word absolute was put in front of these attributes, they either turned people away by the hundreds or gave a temporary spiritual inflation resulting in collapse. The average alcoholic just couldn't stand the pace and got nowhere."

See Chesnut, *The Higher Power of the Twelve-Step Program*, pp. 58-59, and also 129-133 (discussing the way Father John Doe makes the same point in his *Golden Books*), on pathological perfectionism as a great spiritual danger, and also as one of the frequent major contributing sources of chronic depression.

In Cleveland A.A. however, it was the Four Questions which were emphasized in actual practice. We are instructed to remind ourselves every morning to go through the day asking the following simple questions before speaking or acting: "Is it true or is it false?" (Honesty), "Is it right or is it wrong?" (Purity), "How will this affect the other fellow?" (Unselfishness), and "Is it ugly or is it beautiful?" (Love). Almost anyone who is dedicated to living the spiritual life could benefit from the exercise of reading these four questions every morning for a month, and trying to live by them throughout the day for every day of that month. See the little pamphlet which the Cleveland A.A. intergroup still publishes on the *Four Absolutes*.

Richmond Walker, following Bill W.'s suggestions, omits the dangerous word "absolutes," but does weave an emphasis upon those four great virtues throughout the pages of his little book. So it is clear that his two and a half years in the Oxford Group did have a lasting influence on his ideas. But he learned from his contact with the Jacoby Club too, and added that fifth vital item, the virtue of Service, as of co-equal importance. The continual emphasis in his meditational book on doing A.A. service work and above all on maintaining the fellowship (a Jacoby Club theme), is one of the most important continuing themes in his book. It helped make A.A. vital and strong back during that period of its history.

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program to prospective members. Newspaper articles in both local papers carried these announcements. In addition Chattanooga A.A.s have made talks on alcoholism to the Pastors Association, at a dinner meeting at the First Christian church and at an open meeting at Head House where they appeared with prominent visiting speakers. Some members of the Chattanooga Group met with Rome, Ga. members at Lafayette, Ga., recently to help start a group in the latter town. City authorities lent the courtroom of the city hall and promised cooperation. Chattanooga members and their wives have a Dutch treat dinner at a restaurant or hotel the first Saturday night in each month.

Miami Activities "Growing -- After admitting "it is possible that no other group has remained dormant as long as Miami (six years)," a correspondent reports considerable activity. The delayed growth is reported as "probably due to failure to recognize the importance of the new member -- the consequences being that our turnover has been tremendous." However, four neighborhood groups as well as the downtown group are now operating under an inter-group steering committee made up from a representative of each group. This provides Greater Miami with three open and three closed meetings a week as well as a women's auxiliary club. A hospitalization fund set up to underwrite the expenses of new members has been operating two months with 23 patients receiving benefits; all are meeting their obligations. Along with the expansion has come 'The Anona News', a mimeographed publication.

Michigan Visitors Invited -- The Clare-Mt. Pleasant Central Michigan Group extends an

invitation to A.A.s vacationing in Michigan to attend meetings at Clare every Wednesday night and at Mt. Pleasant every Thursday evening at 8:30 at St. John's Parish house, corner Locust and Washington. Further information may be obtained from Box 121, Mt. Pleasant or Box 28, Clare. This group was formed a little over a year ago with four members and now has over 20.

School Class Studies A.A. -- Recently the secretary of the newly formed Neosho, Mo., Group received a letter from a high school student at Grandby who said that his high school health class had been studying A.A. via magazines and requested literature and information on how A.A. is run, its financial backing and other features. The new secretary wrote in part, "the health point of view on A. A. is a hard one to grasp. We are not doctors nor scientists. We are amateurs, 40,000 strong, who have pooled our information, and who have many times been the guinea pigs for experiments which determined eventually what makes an alcoholic. The conclusions are simply this: Alcoholism is an incurable disease. Any alcoholic can arrest the ill effects and bodily ailments caused by drinking if he abstains. He can never drink normally, and perhaps never completely rid himself of the desire to drink. Alcoholism is the sixth greatest health menace in the United States, and those afflicted should be treated as people who are very ill. To finance our efforts we, as members, voluntarily take care of the expense we go to in order to help other alcoholics. There is, of course, a

central office, and it is also kept solvent by voluntary contributions, the sale of the A.A. book and other literature. Should you need further explanation you should write to P.O. Box 459, Grand Central Annex, New York. Maybe this will make you the top man in your health class."

California Suggestions -- No charge for ideas is made by the Central Group of Los Angeles, Calif., which has recently passed along a couple. When one member died recently a few others decided instead of buying flowers in his memory to donate four A.A. books to the Public Library. Each book has a suitable inscription on the flyleaf and a copy of the meeting directory pasted in the back. Members feel the volumes will help carry on the work the former member loved so well. Another idea from Central which has worked well is having a meeting conducted by a woman A.A. with all women speakers once every six weeks.

Working With Veterans -- "Consider Perry Point" is the conclusion of the Baltimore, Md., Central Group after experiences at the U.S. Veterans' Hospital for the mentally ill about 40 miles from Baltimore. Although Baltimore A.A.s do not believe that they are alone in sponsoring this sort of program, they hope that others will be interested in the results of their work with patients and personnel. They estimate that about a third of the patients at Perry Point and in other veterans' hospitals are alcoholic. Two A.A.s who joined the Baltimore Group after being released from Perry Point decided to visit friends made while they were patients. These became bi-monthly visits and arrangements were made to hold regular meetings. At first

some members of the staff were uncertain as to reaction of the patients but after a few sessions they not only sanctioned the meetings but urgently requested that they be continued, and one enthusiastic doctor considers the meetings part of patients' treatment although they are not required to attend. Meeting attendance has grown from about ten a year ago to around 50 and is continuing to expand. Many who have been discharged from the hospital have joined A.A. groups in their respective localities. Baltimore A.A.s have found that four speakers each limited to 12 minutes, with a few remarks by the physician in charge, makes up a good hour's program. They also believe the spiritual angle should be brought into the meetings, but should be handled cautiously at first as most of the patients are transients and their reactions should be studied carefully. Women speakers have proved useful in showing that drinking is not a male problem alone.

New Papers Received -- 'The Sahara' is the name of a new publication from Birmingham, Ala., with an illustrated front cover, and a full explanation of A.A. in its first issue. In addition to articles the 10 pages carry a considerable amount of news. Although listed as the eighth issue the May 25th 'Alky Argot' of Wisconsin State Prison at Waupun, Wis., is the first issue received by 'The A.A. Grapevine'. Consisting of eight mimeographed pages it contains articles, news and humor.

Tulsa Reports "Happy Group" -- When about 200 A.A.s with an additional 100 relatives and visitors celebrated the third anniversary of the Tulsa, Okla., Group recently the general opinion was that "disagreements are few and bickerings aren't

allowed to occur." Tangible evidence of the spirit is shown in such items as rent paid in advance for a year, \$6,000 worth of furniture and equipment and \$1,000 in the treasury. A.A. came to Tulsa in 1944 when a young business man got a copy of the book and as he had graduated from several institutions from Texas to New York, began attending meetings in Oklahoma City, 125 miles away, twice a week. Then came a luncheon meeting in Tulsa with visiting A.A.s and two other prospects including the chief of police. Small office meetings, then a meeting with Oklahoma City Group members in a union hall and the group was really launched. Meeting in various homes, with wives aiding in serving luncheons, the group has continued to expand, graduating to larger meeting places, aided by newspaper and radio publicity. By 1945 when the group numbered about 40, a hall was secured and reconditioned as a clubroom which was formally opened with visitors from Kansas City, Dallas, Houston and other cities. Our correspondent writes, "Almost every conceivable business, profession and trade is represented. About 25 percent of our members have never had a slip and probably another 50 percent have sailed a straight course after getting their bearings. We have about 20 women members and some 10 or 12 husbands and wives, both alcoholics. We have classes for new members, membership meetings and open houses. We employ a full-time secretary and clubroom manager and are open 10 or more hours every day. Come out and see us sometime."

R.I.C.E.A. Incorporated -- Recently incorporated as The Rhode Island Committee for

Education on Alcoholism, a group of the state's citizens, including representatives of the Round Top Group of Providence has laid the foundation for a campaign to "increase public understanding of alcoholism, its nature and its treatment." The unit will be affiliated with the National Committee for Education on Alcoholism. An executive committee has been named and sub-committees are to be chosen.

Neighboring Groups get Together -- Members of the Atlanta, Ga., Group held joint meetings with three other Georgia Groups in Griffin, LaGrange and Thomaston recently with from 20 to 30 of the Atlanta Group making each trip. In Griffin and Thomaston the meetings were held in homes of members and in LaGrange at the First Methodist church, whose pastor, Rev. Charles S. Forester, attended the Yale Clinic seminar last summer. The groups in Griffin and Thomaston were both formed recently and being only about 30 miles apart, plan to alternate attendance at each other's meetings. An Intergroup Hudson Valley meeting at Poughkeepsie, N.Y., heard speakers from eight Hudson Valley towns, Kingston, Newburgh, Middletown, Liberty, Peekskill, Ossining, Hudson and Poughkeepsie. The March of Time movie "Problem Drinkers" was shown to the attendance of over 150. Poughkeepsie speakers later went to Liberty to conduct a meeting.

Tells of "Patron Saint" -- A talk on the life of Malt Talbot, an alcoholic who stayed dry through prayer for 40 years until his death in 1925 was given by the Rev. Fr. James McCloskey of St. Mary's R.C. Church, Plainfield, N. J., to the group there recently. From the story the speaker termed Talbot the "patron saint" of A.A.

and

said his own work with heavy drinkers of all creeds has been made much more successful since he himself has been reading and studying the A.A. program.

Many Attend Open Meetings -- Orange County and Harbor Groups sponsored a huge

joint

meeting in the New Masonic Temple, Long Beach, Calif., recently with the six Orange

County Groups, three Long Beach Groups, San Pedro, Wilmington, Signal Hill and

Downey

joining together. Special invitations were accepted by many clergymen, doctors,

welfare and civic officials, police and juvenile officers and others

interested

in

the problems of alcohol in their communities. Reservations for the 750 seats

in

the

hall were made with standing room for others. A university professor was the principal speaker with others giving typical A.A. talks. The Ottawa, Can.,

Group

was

host to members and friends at an open meeting at the Justice Building Annex with

three members of the group speaking and one giving the story of A.A. and the Ottawa

Group, while others told of the advantages of A.A. and ways to combat alcoholism.

Several clergymen were among the 100 attending, this being the first meeting to

which

they were invited. Visitors were present from many places including Hull, Quebec,

Arnprior, Ont., Renfrew, Ont., and Smith Falls, Ont. Recently there were visitors

from Vancouver, B.C. and from the Beacon Hill Group of Victoria, B.C., both of

whom

spoke.

Seventh Anniversary in Baltimore -- About 250 members and guests attended the

seventh annual dinner of Baltimore, Md., A.A. in the grand ballroom of the Lord

Baltimore Hotel. Non-A.A. speakers and guests included the Rev. Thomas Guthrie

Speers

of Brown Memorial church, Dr. Edward Kerman, T. J. S. Waxter, director of public

welfare of Baltimore, Warden Price of the state penitentiary, Lonnie Staar of

Station

WFBR, Dr. John Krantz, head of the University of Maryland School of Pharmacology, Dr.

John Evans, Dr. Hood, superintendent of Perry Point Veterans' Hospital and Dr.

Ayd,

psychiatrist of the same hospital and specialist on alcoholism. Guests were present

from Philadelphia, Washington, Wilmington, Hanover, Los Angeles, New York, Richmond,

Alexandria and other cities.

Convention Marks Fourth Year -- the Richmond, Va., Group celebrated its fourth

anniversary by holding a two-day regional A.A. convention. At the first day banquet

speakers from Fayetteville, N. C. and from Arlington, Va., were heard by approximately 300 A.A.s and wives from Virginia, North Carolina, Washington and

Baltimore. The Richmond Group has redecorated its club quarters at 203 North Jefferson Street. Open meetings are held every Friday at 8:30 and Sunday at 4:30.

WLEE, Richmond radio station, recently completed a six-months weekly A.A. rebroadcast

of programs originating in Detroit. State officials and judges attended the

Richmond banquet. Governor W. M. Tuck sent an official representative while state

officials present included Hunter Miller, incoming chairman of the state alcoholic

beverage control board and Dr. Joseph E. Barrett, state commissioner of mental

hygiene and hospitals.

Memphis and Madison Celebrate -- In anticipation of the third anniversary of A.A. in

Memphis, Tenn., 400 attended an open meeting held at the Hotel Chisca. Among other

activities in Memphis is the redecoration of the club room with a brighter and

pleasanter effect although Clubroom Director Bess W is reported to have lost 10

pounds in the process. Called the first annual dinner, since it is planned

to  
make it  
a yearly affair, The get-together of the Badger Group in Madison, Wis., was  
attended  
by about 120 members and guests. Speakers came from the Minneapolis and  
Chicago  
Groups. Founded in December, 1946, the Badger Group numbered 37 members  
after  
five  
months, and is the second in Madison.

Skid Row Feels A.A. Impact -- A San Francisco newspaper article begins "Down  
along  
San Francisco's Skid Row, for a little army of approximately 300 persons who  
were  
bums once and are men again, the talking mice don't climb out of the necks  
of  
bottles  
any more." Then the article goes on to tell of the transformation of their  
lives  
when  
on January 20 the big sun-flooded club at 235 Minna Street was opened. A  
one-time  
Catholic shelter, it became Unit Fourteen of A.A. in San Francisco. By way  
of  
creating atmosphere a big American flag and a picture of firm-chinned  
Admiral  
Halsey  
were tacked up to encourage the fighting spirit. The article goes on to tell  
of  
the  
brave struggles made by many who are finding a way out and concludes:  
"Medicine  
and  
the clergy have tried for years to cure these people and failed. Now, with  
something  
in their own souls, they are curing themselves. Some day, brother, there  
won't  
be any  
Skid Row."

Report Growing Pleasures -- On July 3 the Delray Beach, Fla., Group passes  
the  
six-months mark with a growth from the original three founders to at least  
16  
members  
and several prospects. Still meeting in homes, they hope to have a permanent  
place

before winter when many visitors from the North are expected. The group pays tribute to the Palm Beach County Group for assistance as well as to the one in Ft. Lauderdale while a visit by Dr. Bob, co-founder of A.A., encouraged the members. Although the Fairmont, W. Va., Group is only about seven months old it has already sponsored a district banquet with more than 40 present. There were guests from six neighboring groups present. Plans are being made to make this a quarterly affair with different group as hosts. The Fairmont Group was started by a woman. During the first five months, attendance at the new group meetings in Hollywood, Fla., have grown 50 percent. Much of this success is credited to support from Ft. Lauderdale and Miami Groups while a local pastor has been very cooperative and has spoken at meetings. Many visiting A.A.s from all over the United States have given talks and all others are urged to drop in Monday evenings at St. John's Lutheran church, 1746 Buchanan St.

Church Cooperates -- At its 119th annual convention the Episcopal diocese of Kentucky adopted a plan to provide psychiatric treatment for alcoholics in cooperation with A.A. The new wing being constructed at Norton Memorial Infirmary, the diocesan hospital, will be given over to the program. In connection with such activities the Rev. Canon Sydney B. Peters of Bay Shore, L. I., N. Y., who has been active in cooperation with A.A. calls attention to E. M. Jellinek's 'Recent Trends in Alcoholism' which says on Page 38, concerning admissions to mental hospitals, "While first admissions for alcoholic psychoses to veterans' hospitals show a small decrease after 1940 with a sharp upturn in 1943, first admissions for alcoholism without psychosis show a sharp decline after 1940, and this continued even in 1943

or  
became  
even more pronounced in that year. The years 1942 and 1943 were the last  
years  
of the  
first substantial increase in the membership of Alcoholics Anonymous and it  
is  
suggested that the quite considerable drop in first admissions for  
alcoholism  
without  
psychosis to veterans' hospitals may reflect absorption of this part of the  
alcoholic  
population into groups of A.A."

Tyler Hears About A.A. -- The alcohol problem in Tyler, Tex., was brought  
realistically before the public at a meeting conducted by the local unit of  
A.A.  
Principal speakers were a prominent Dallas business man and a Shreveport  
newspaper  
man. It was stressed throughout that members are not reformers. The Tyler  
unit  
has  
listed P.O. Box 1074, for those desiring confidential information or a call  
by a  
member of A.A.

New Groups Report -- "Another group in Iowa, Storm Lake organized Tuesday  
night  
with  
six members. Spencer and Pocahontas Groups aided. How can the Storm Lakers  
lose?  
Their post office box number is 711," says a telegram to 'The A.A.  
Grapevine',  
from  
Spencer, Ia. Since its start in March the Centralia, Ill., Group feels that  
it  
is  
being helpful in the community and the members are acquiring experience  
which  
will  
help them to become even more so. Members of Decatur and East St. Louis,  
Ill.,  
and  
St. Louis, Mo., Groups are given credit for assisting and encouraging.  
Members  
meet  
in homes on Mondays and Thursdays with an attendance of up to 15 members. A  
highly

favorable newspaper article recently revealed that A.A. has been operating in the Tenth Ward in Rochester, N.Y. with Room 7, Riviera Theatre Building on Lake Avenue as the meeting place every night except Saturday and Sunday at 8:30. Newest group listing reported by the Central Office, Oakland, Calif., is that of District No. 7.

Mortgage Burned -- The board of trustees of Alanon Association, Inc., club unit for Newark, N. J., A.A.s, paid off in full the second mortgage on the clubhouse amounting to \$2,550 and the occasion was celebrated by a "mortgage burning" and big party.

Cooperation Helps -- The Ossining, N.Y. Group, started early in April, is growing steadily, thanks to the cooperation of Westchester and Connecticut Groups and local newspaper support. Nearly 100 were present at the first meeting. White Plains took over the second meeting, the third was a home meeting and the fourth found many Yonkers members present while Stamford followed and a closed meeting preceded the Ossining Group's first out-of-town invitation to lead a meeting at Yonkers. The membership roll now totals more than 20.

Deland Runs Ad -- Started with nine members the Deland, Fla., Group had 16 on the roll at the end of five weeks although the town has only 6,000 population. Importance of 12th Step work and quality of sobriety are being stressed. The group has donated the book to the County Stockage and plans to visit there every two weeks. A permanent ad is run in the local paper. A young ministerial student appeared before all local

civic groups explaining A.A. The telephone number is 164M and the post office box is 1364. The group hopes to have permanent quarters soon.

Still We Spread -- The Calcasieu Parish Group of A. A. with membership from Lake Charles, Sulphur and Maplewood, La., has been formed with other towns nearby listed as Vinton, De Ridder, De Quincy, Kinder and Jennings. Meetings are at the Charleston Hotel in take Charles, Room 201 at 7:30 on Thursday. The phone number is Lake Charles 4287 and the post office box 2584, Maplewood. Members of the Alconon Group of Ft. Wayne, Ind., who number about 30 and who have been meeting at the Y.M.C.A, on Wednesday evenings and Sunday afternoons, have announced the organization of a group of five of their former members at Van Wert, Ohio, 35 miles away. Another happy and active group is reported at Bellingham, Wash., where four members got together in January, and at the time of reporting had at least a dozen on the active list. They, too, have had calls from Everett and other nearby groups. A new group called Riverside recently held its first meeting at Blessed Sacrament School, 147 West 70th Street, New York, N. Y.

"Tramps" Do Some Traveling -- A double claim to the title of "Tramp Group" is made by our correspondent at Vacaville, Calif., who says his organization uses the name because the members are so widely dispersed and because they meet in different localities. Seven towns are represented from three counties with some driving 70 miles to attend and with an average of 30 miles traveled to meetings -- and there is

little absenteeism. Originally the charter members belonged to a group in Sacramento, none of them living there. Finally a few organized a group in Woodland and begun to obtain recruits from neighboring towns so that the group now numbers 27 with about three new members a month being added. Wives travel to the meetings with husbands to enjoy the social hour. Meetings follow the usual plan except there is no "Beginners' Class," some going to Sacramento for that part of the program. The group varies widely in age and has three women members. Present growth may force formation of a new group soon although members feel it might be like breaking up a family. Members often attend meetings in San Francisco, Oakland, Berkeley, Sacramento and Stockton.

First Open Meeting -- The Staunton-Waynesboro, Va. Group held its first public meeting in the Veterans' Home at Staunton recently with an attendance of about 100. Guest speakers, six in all, were from Lynchburg and Richmond and all of them emphasized A.A. beliefs and principles. This was the first public meeting although the unit was organized several years ago.

Glances at Groups -- 'The Rope Yarn', publication of the A.A. Seamen's Club, New York, N.Y., is now appearing in pamphlet form with attractive illustrated cover. Squad One of Washington, D.C. has returned its meetings to Force School, 1740 Massachusetts Avenue N. W. on Monday nights at 8:30. The Pinehurst, N.C. 'Outlook' carried a glowing account of a public meeting and dinner given by the Southern Pines Group under the feature "Pinehurst Scoreboard" recently. Kent-Ravenna and Aurora, Ohio, Groups held a joint meeting at Aurora recently with the 8005 Lorain Avenue Group of Cleveland coming by bus, accompanied by two clergymen. Attendance was



"He's helped hundreds and hundreds of people," said Edwin Train Caldwell, a San Francisco attorney who knew him.

"He's saved countless lives, and this agency more than once," said Michael Sullivan, executive director of the St. Vincent de Paul Society, a charitable organization that Mr. Brennan greatly admired.

The society named its public service award for Mr. Brennan, someone they called "the indispensable volunteer."

Mr. Brennan's own story sounds like one of those old adventure novels merchant seamen used to read. Born in Syracuse, N.Y., and raised in an orphanage, he went to sea in the merchant marine and wound up in San Francisco in 1934, just in time for the big waterfront strike of that year.

In polite company, he was described as a "union activist" but in fact, he beat up people like strikebreakers and their sympathizers.

He was in the Navy in World War II and saw action in the Pacific. He was also a boxer in the Navy and though he earned battle ribbons and commendations,

he also spent time in the brig, often as the result of alcohol-fueled fights.

In the winter of 1946, he hit bottom. Just out of the service and working on San Francisco's waterfront, he had turned into a falling-down drunk. He was sick, his weight had dropped from 192 pounds to 128 and he was arrested for manslaughter.

His lawyer steered him to a recovery program and probably saved his life. Mr. Brennan was fond of saying he hadn't had a drink since Jan. 4, 1946.

He then embarked on his life's work, which was to help individuals recover from addictions, particularly alcoholism.

Mr. Brennan never forgot how tough it was to quit drinking. "He never gave up on anybody," said Caldwell. Mr. Brennan went to at least one Alcoholics Anonymous meeting every day. "For me, it's still one day at a time," he said.

He was a familiar sight on the old waterfront and later in the Tenderloin. He had the face of a boxer and the rolling gait of a





Grapevine, Aug 1947

### A.A.'s Country-Wide News Circuit

Prison Group Gets Hope -- From the Attica, N. Y. State Prison an A.A. member writes as follows: "A new venture has come to Attica Prison; its members -- inmates whose shortening of their days of liberty to a great extent can be placed on alcohol and who seek recovery; its object -- to prove to these same men that A.A. knows them. The standards are high but there are specific steps to remedy the terrible situation of the prison alcoholic. Thanks to the warden, Dr. Waller H. Martin, various members of A.A. visit each Thursday for an hour with the men, who now number 20, a nucleus expected to increase. Thus far 14 meetings have been held. The hopes of the Attica Prison Group lie today with the methods of A.A. We are helpless without them. The observer can be certain of one thing. A.A. is here to stay. Appreciation for these A.A.s who spend their valuable time with walled-in alcoholics is very great. May this group, who are attempting to lead prison alcoholics away from alcoholism, see their efforts rewarded."

Memorial Day Celebration -- What may become an annual affair was the observance of Memorial Day by the A.A. Groups of Washington, D.C., at the last open meeting before that date. Colonel F. G., one of the first members in Washington, a veteran of World War I who also saw service with the U.S.A.A.F. in the C.B.I., spoke in memory of deceased members of the group and in particular of two who served in the

late  
war,  
Lt. Col. H. C. and J. H. M., founder of the Washington Group. On Memorial  
Day  
members  
of A.A. placed a wreath on the grave of the former in Rock Creek Cemetery  
while  
a  
second group went to West River, Anne Arundel County, Md., and left a wreath  
on  
the  
grave of the second in the Christ Church graveyard.

Public Asks Information -- People in the vicinity of Kansas City, Mo., are  
becoming  
more interested in the problem of alcoholism and in the help A.A. offers,  
judging  
from the fact that there have been more than 20 requests for speakers  
answered  
by the  
public relations committee during the last eight months. Most of the  
requests  
have  
come from churches but there have also been calls from business men's clubs,  
women's  
organizations and one from the Mental Hygiene Association whose membership  
includes  
the medical profession and municipal welfare officials.

Proud Parent -- The Spencer, Ia., Group is proud of the fact that while the  
group  
itself is less than a year old it is the parent of two other flourishing  
groups  
in  
the area. Late in May a group of Spencer A.A.s went to Storm Lake and helped  
get  
six  
members started. That group now numbers 11. In June the Spencer  
representatives  
went  
to Estherville and helped about 10 get going. In spite of the losses to the  
new  
groups, Spencer still has about 25 to 30 active members. A group in  
Emmetsburg  
is the  
next step in a campaign to establish a group in every county seat in  
Northwest  
Iowa.

Years Add Growth -- About a year ago the South Bronx, N.Y., Group started with 16 members. At the June celebration of the first anniversary in St. Jerome's School there was an overflow crowd of more than 600! An eight-year member from Manhattan and a five-year member from South Orange, N. J., were the speakers while groups from Metropolitan New York, Westchester County, and Connecticut were represented. Dr. W. D. Silkworth was also a guest. After the meeting there was cabaret style entertainment, dancing and entertainment by several Broadway favorites, and by a group from the Alanon Club of Newark, N. J. The Rev. Fr. Clement J. Rieger of St. Jerome's praised the organization's work and said it was the "talk of the neighborhood" ...Six oldtimers were on the platform when the Kearny, N. J. Group celebrated its fourth anniversary recently. The spirit of A.A. embodied in the talks gave an insight into the strength of purpose and the fortitude making A.A.'s earlier members successful, according to those attending...In Jamestown, N. Y. the anniversary celebration was at the Hotel Jamestown where more than 250 heard speakers from New York and Cleveland. Speakers praised the Jamestown General Hospital for its cooperation as well as the local press and radio... On July 25 and 26 the Deep East Texas Group celebrated the second anniversary of its existence with several entertainment features including a barbecue at a lake near Nacogdoches. The public was invited to an open meeting at the high school auditorium .. The Pocahontas, Ia., Group held its anniversary dinner with Dubuque and Des Moines men as speakers.

Patients Make Good Record -- A.A. groups have been started in the Montana State Hospital at Warm Springs and the State Prison at Deer Lodge with gratifying

results.

Of approximately 15 patients released from the hospital only one so far has been known to slip, while many others are active in groups in their home towns, and at least two groups are being formed in Montana by former patients who joined A.A. while at the hospital. Members of the Butte, Montana, Group have attended all the Saturday meetings since the group was founded, and members have also attended from the capital city, Helena.

Holiday Meetings Suggested -- Since holidays were the days when alcoholics formerly looked forward to drinking, the members of the Northwest Groups of Rochester, N. Y., held a Memorial Day meeting at 10 a.m. instead of the evening meeting and had such a good turnout that members decided to have another gathering on July 4. They are passing along the idea to other groups to give a thought to holidays to come!

A.A. Crusoe Looking for Fridays -- Since an A.A. member expects to be 30 miles "as the fish swims" on Nantucket Island this summer he has asked any visiting A.A.s to contact him through P.O. Box 452, Nantucket, Mass. He says the police and the island paper, 'The Inquirer and Mirror', also know of him and he hopes that with the aid of visitors he can start a permanent group that will remain to function when he and his wife leave. He believes this would be the easternmost group in the United States.

Fly to Anniversary Dinner -- The Lewes-Rehoboth, Del., Groups were well

represented  
at the 13th anniversary dinner in Cleveland, two members from Rehoboth and  
two  
from  
Berlin, Md., flying there in the plane of one of the members. They reported  
royal  
treatment after going through some threatening weather on the crosscountry  
hop.  
One  
of the men, a former paratrooper, said he enjoyed it, though, as he didn't  
have  
to jump.

Starting Off Well -- With about 75 members, friends and observers in  
attendance,  
the newlyformed Westerly, R. I. Group got off to an auspicious start at a  
recent  
open  
meeting at Caledonia Hall. Moderator was a member of the Providence Round  
Top  
unit  
who was accompanied by a good sized delegation from that group. In the  
audience  
were  
District Judge Walter S. Flynn, representatives of the state probation  
department,  
and members of the Norwich, Conn. Group...The Durham, N. C. Group was  
reorganized  
early this year with five members, one former member of the old group, and  
it  
now  
numbers about 30, all new except the one mentioned. Progress is felt to be  
on a  
solid  
basis. The Durham Group, with the cooperation of the Chapel Hill, Burlington  
and  
Raleigh Groups, hopes to hold a public meeting soon. Several Durham members  
recently  
visited New York and enjoyed a visit to the Alcoholic Foundation.

Meet in Bank -- Four members of different groups meeting with a new man who  
had  
just  
lost his wife caused the start on March 14 of the Oakman Boulevard Group in  
Detroit,  
Mich., Membership is now 38 with an attendance averaging 95 at the open  
meetings and  
40 at the instruction sessions on Friday evenings. The group, affiliated

with  
the  
Greater Detroit office, has excellent facilities for meetings in the hall of  
the  
Hostess Banking Co. at Oakman Boulevard and Twelfth.

Last Chance Group -- From the 'Eye Opener' of Los Angeles, Calif., comes the  
following account: "One day the writer went to Lincoln Heights Jail with  
J.L.V.

to  
carry the message of A.A. to the women there. Although they listened  
intently I  
seemed to sense an unexpressed reaction from them which said, 'This is all  
very  
well,  
but what about me? I am here now. I have no clothes, no money, no friends.'  
Driving  
home the nagging thought persisted. Could anything be done to complement the  
splendid  
work J.L.V. is doing? An idea took shape. Could a group of alcoholic women  
be  
formed  
whose main activity would be to make personal calls in Lincoln Heights, the  
hospitals  
and institutions to sponsor a girl before her release so that when she  
regains  
her  
freedom her outlook is toward A.A. with its abundant living instead of  
toward  
the  
first bar? The idea materialized into a new group for women alcoholics --  
the  
Last  
Chance Group. It has met with outstanding success so far."

Advertises for Prospects -- A woman alcoholic who has stuck it out for over  
two  
years  
as the only female member of a group has inserted an ad in a San Bernardino,  
Calif.,  
newspaper, calling for women interested to attend a session at the Y.W.C.A.  
or  
to  
write PO. Box 1096. Although she regards San Bernardino as a difficult spot  
for  
women  
drinkers she is hoping for a good response.

Issue Letter in Booklet -- A letter by a Seminole, Tex., doctor to another doctor who requested information on A.A. has been printed in booklet form by the San Angelo, Tex. Group. The San Angelo Group is making it available at low cost to other groups who wish to write to Box 943 in their city. The San Angelo Group also reports that its new address at the permanent club is 19½ East Harris Avenue and the telephone number is 4662. Now numbering 58 members, the group keeps a daily register at the club which shows the visitor average of 16.5 per day in April rising to 24.92 per day in May and about 30 for June. The figures are regarded as significant because many members travel from towns as far as 82 miles away. In addition to furnishing membership information the register gives a permanent record of visitors from other cities, all of whom are welcome.

Inside Prison Walls From Wallkill, N.Y State Prison 'The A.A. Grapevines' correspondent writes: "The average A.A. member may be interested to learn how A.A. can flourish and grow in prison. At Wallkill we have the wholehearted cooperation of the clergy, the warden and his staff in our work, but it is the task of the inmate members to obtain inmate speakers. At first glance it may seem difficult to the outsider for us to contact men willing to tell their story before the group. The public, perhaps, thinks of men in prison as being cynical and intolerant and it is likely that at one time these men had those characteristics. However, for most, that is a thing of the past, due to the A.A. program. Each speaker, as he unfolds his life

story, is listened to attentively by all and there is no scoffing as one might expect from an audience of inmates. As the listeners note the changes that have come over men who have made frank admission of their faults they are encouraged to speak also. These men see that the speakers are not looking for sympathy but are gaining courage through A.A. to face life again when they are released. They have come to the realization that there is nothing they can do about the past but there is much they can do in the future. The program committee, consisting of 10 members and a chairman, acts as a contact in arranging for inmate speakers and our programs have never been lacking for material."

Grapevine Sprouts -- At a recent meeting of the Kent, Ohio, Group there were four clergymen as guests, both Protestant and Catholic, one of the latter having been located in Kent several years ago when he was helpful in getting the group started. An increasing number of A.A.s are war veterans, it is reported from Minneapolis, Minn., where one member estimates at least 25 percent of the 2,000 in that city are veterans, including several women. Re-establishment of a city farm for working out Corporation Court fines would aid in the rehabilitation of Dallas, Tex., alcoholics, members of the city administration were told recently. Favorable consideration has been given the matter. A carnival staged by Des Moines, Ia., A.A.s to furnish a hospital room for the treatment of alcoholics had a goal of \$580 for the necessary cost. When the receipts were counted it was found that the affair brought in \$750,

which minus \$170 expenses, netted just the amount needed! Santa Fe, N.M., A.A.s went to Albuquerque recently for the opening of the clubhouse of the Duke City Group. About 35 went in a motor cavalcade.

Score Slam in Clubs -- When it comes to achieving new club rooms or quarters, A.A.s still don't seem to let the housing shortage bother them. North Hollywood, Cal., recently held a housewarming at the new clubhouse at 4343 Radford Avenue, the group having outgrown its original building on Chandler Boulevard. The celebration was old time Western style...The Tacoma, Wash., group now is quartered in attractive rooms on Pacific Avenue. Many hours of scrubbing, painting and other work went into the conversion of an old bootleg joint. On opening night main addresses were given by one of the founders of the Salem, Ore., Group and Chuck Y. This group has continued to grow with an average attendance of 50 to 60 instead of the 15 to 20 of a year ago. Influence in the community is demonstrated by opinions expressed by a member of the police department who was impressed to see a number of his old "regulars" sober. A Methodist minister recently requested one of the group to occupy his pulpit and talk on the principles of A.A. Twelve members of the group have blue chips representing a year of sobriety.

Texans Have Big Ideas -- Spacious new club rooms in the down town area are now occupied by the San Antonio, Tex., Group, the new address being 503½ West Commerce

Street. The club occupies the entire upper floor of a commercial building, having a total floor space of 6300 square feet of which 4500 square feet is given over to an assembly room for meetings and social gatherings sponsored by the club. The room has been completely redecorated and renovated. It is fluorescent lighted, and a water heater, cabinet sink, electrically cooled water fountain and public address system have been installed. There are also candy, cigarette and coke vending machines. The club membership is increasingly rapidly and with the employment of a full time paid secretary the goal is to be the largest club in the largest state. San Antonio members are also holding regular weekly meeting at the State Hospital with a patient attendance of 25 to 35. The doctors are cooperating fully and each week some patients are brought to closed meetings...A dinner dedicated the new club rooms at Marshallowtown, Ia., with meat and coffee furnished by the group and members bringing the rest of the food in covered dishes.

Permian Basin Goes Plural -- The Permian Basin Group started in November, 1946 at Monahans, Tex., in an informal session, had its first regular meeting at Odessa in December with four members and now has several groups located at Odessa, Monahans and Midlands. Big Spring is also one of the Permian Basin Groups although it did not originate from the first small meeting. These groups visit each other virtually every week. Average attendance at Odessa and Monahans is about 20 while Midland had nine at the first session. Addresses are Odessa -- Box 2567, Monahans -505 West Lang, and

Midland-807 West Texas Street.

New Nursing Home -- Over 600 visited the recently established Cleveland Alcoholic Clinic at 7809 Euclid Avenue, and consumed uncounted gallons of coffee and ice cream.

An innovation in nursing homes is the spacious third floor club rooms providing billiard, cards, ping pong and other diversions as well as the usual A.A. sessions.

On the first floor there is a completely equipped dining room open to A.A.s and their guests. A doctor will give a thorough physical examination and trained nurses will be in attendance at all times.

Iowa Veterans Hear About A.A. -- Over 100 A.A.s gathered at a dinner at the University of Iowa in Iowa City, to get an idea of how A.A. handles the drinking problem. A good representation of G.I.s and about 125 A.A.s attended, the latter being from Dubuque, Iowa City, Cedar Rapids, Waterloo, Oelwein, Marengo, Davenport and Fremont, Nebraska, while guests included the sheriff, county attorney and the press. An Iowa City man was chairman with the main speakers from Des Moines and Dubuque. Emphasis was placed on working with younger people. The sheriff and county attorney pledged their support. . . . C. G. K. of the New Orleans Group writes in to say that he went to his first meeting on May 10, 1944, when the membership was about 15. Nobody could have told him then, he writes, that three years later the group would number approximately 150, with another 400 or so A.A.s active elsewhere throughout the state.







Stedman's Medical Dictionary (for example) has only 2 definitions for the term bipolar:  
"1. Having two poles; denoting those nerve cells in which the branches project from two, usually opposite, points. 2. Relating to both ends or poles of a bacterial or other cell."

The older term, of course, was manic-depression, but there is no exact correspondence between the two terms. The diagnosis of manic depression originally required that the patient have manic episodes which were characterized by clearly abnormal behavior which was readily distinguishable from the patients normal behavior, alternating with well-defined depressive episodes.

When it was noted that some patients who did not qualify as manic-depressive by the older definition nevertheless had depressive episodes alternating with behavior which was normal or only somewhat "hyper", the terminology was changed to reflect the range of bipolar conditions which had been identified. The new term (bipolar) is therefore more inclusive than the older term (manic-depressive), and has several subtypes.

My understanding is that there was no one, in Bill Wilson's lifetime, who actually said that he had manic-depression. And, given the strict diagnostic requirements he would have had to meet to be so diagnosed, I would be surprised if anyone had.

What people probably mean when they say he was bipolar is that, given today's broader use of the concept, it is possible he would have been diagnosed with one of the bipolar-



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> What people probably mean when they say he was bipolar is that, given today's broader

> use of the concept, it is possible he would have been diagnosed with one of the bipolar-

> spectrum disorders if he had been born 50 years later.

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> Cora

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Mark First Year -- The Fellowship Group of Windsor, Vt., held its first anniversary dinner July 19, with 118 in attendance. Guests came from St. Johnshury, Montpelier, Burlington, St. Albans, Bethel, Lyme, Randolph, Bennington and Rutland, and guest speakers from Haverhill, Mass., South Orange, N. J., Mt. Kisco, N. Y., and the New York City Seamen's Group.

Cleveland Troupers Plan New Show -- Though performances of the musical revue staged far and wide by Cleveland A.A.s have been curtailed during the summer months, members are busy planning a new show to take to the local boards in the fall. The show was originally the outgrowth of a purely amateur stunt night program last February. An invitation from another group to repeat the 30-minute revue led to more requests, and the show was polished and expanded and engagements were played in many nearby towns. The show has not been used as a money-raising venture, but purely for its entertainment value and fun.

Growth Keeps Pace -- As the population of Houston, Texas, continues to expand, so too, do the A.A. activities there. Group No. 2 was formed less than five months ago, with an initial membership of 17, which has now grown to 47 active participants. Meetings are held twice weekly in the Parish house of St. Stephen's Episcopal Church, and the rent for the hall is donated to the alcoholic ward of St. Luke's Episcopal Hospital which will be part of the medical center to be constructed in Houston. Among the speakers at the open Monday night meetings have been prominent physicians, judges and others. The closed sessions on Thursday are given over to round-table discussions of the 12 Steps. Sometimes the discussions follow the form of the "Information, Please" radio program, with four of the older members answering questions submitted

by others as to their interpretations of the A.A. program. Saturday evening parties in members' homes have helped members of the group to become better acquainted.

Advertising Pays -- In last month's A.A. Grapevine there was a brief item about an ad run in the San Bernadino, Cal., newspaper by the lone A.A. woman in the city, asking that others interested communicate with her. Now she reports that the Women's A.A. of San Bernadino was organized at a meeting June 18 in the Y.W.C.A. with seven active members attending! An open meeting on July 2 attracted 20, and the chairman, herself an A.A., lead the meeting by passing out papers for questions about the program, and she and a non-alcoholic woman who has been helpful in establishing the group both provided answers. Others who have offered their assistance include a clergyman and a physician. The editor of the daily newspaper has cooperated by running weekly items about the meetings.

Nurses Hear A.A.s -- Two members of the San Antonio, Texas, Group responded to a call from the City Health Nurses to make talks before that group. The San Antonio Group, now numbering 140, finds increasing support for its activities from city officials and law enforcement agencies, it reports. During the past few weeks, San Antonians have entertained visitors from Chicago, Denver, Minneapolis, Oklahoma City, Chattanooga, Mexico City and several other Texas groups in the new clubrooms in the heart of the business district. One of the members has organized a Thursday night discussion group for men on various aspects of the program and pertinent reading. The first book read and discussed was "Alcohol -- One Man's Meal." Another new venture in San Antonio has been the inauguration of a meeting for wives of members, at the same

time the members hold closed meetings. Two copies of "Alcoholics Anonymous" have been placed in wards of the State Hospital and two others in the San Antonio Public Library.

Winonans Advertise, Too -- The A.A. Group in Winona, Minn., runs a classified ad daily in the 'Republican-Herald', the local newspaper, changing the wording every six or eight weeks. The current ad has read: "Is drinking a problem that is affecting you domestically, socially, economically, and physically? Possibly we can help you.

Write

Alcoholics Anonymous, P.O. Box 122. No treatment, confidential, no dues."

Twenty

members from Winona were among 300 who attended the first anniversary dinner of the Alano society of Rochester (Minn.) A.A. in July.

Georgians Get Around -- Members of the Atlanta, Ga., Group have been active lately in aiding in the establishment of new groups. One member on vacation in Selma, Ala.,

felt the need for a group there and helped form one. Another started a group in the

Lawson Veterans' Administration Hospital with the cooperation of the psychiatric staff. In answer to a request from Athens, Ga., another went there and assisted

in getting a group underway. Atlanta plans to invite several of these nearby groups to conduct some of its meetings this fall and winter.

Elbow Bending A.A. Style -- The Monday following the picnic held by the Kingsport, Johnson City and Bristol, Tenn., Groups, several members sported sore right arms, in this case the result of horseshoe pitching, so the "hangovers" were fairly painless. The picnic was held during the summer at the Tri-City airport, and there was ham, chicken, coffee, coke and watermelon. The three groups plan more of these

get-togethers.

Notes From Correspondents -- Next month, the Duluth, Minn., Group will be two years

old. starting with a nucleus of three on . Oct. 2, 1945, it now numbers over 200.

Duluth helped start groups in Superior, Wis., and several other neighboring towns. .

. . Erie, Pa., now boasts six groups, with meetings every week night, and on Sunday a

meeting of the men's training class. . . . Patients, members, or employees are invited to regular Wednesday night meetings of the Los Angeles Veterans' Administration A.A. Group in the Gray Ladies' Hut. . . . An A.A. Group has been

formed at Grenada, Miss., with ten at the first meeting, some of them coming from

Greenwood. The Grenada address is P.O. Box 1010.

Overflow Crowd -- Although none of the speakers was introduced by name, an overflow

crowd jammed the Little Theatre of the Sacramento (Calif.) memorial auditorium to

attend the first open meeting staged by the Sacramento A.A. Group. A businessman, a

housewife, an insurance man and a shoe salesman told the audience, which included

clergymen, physicians, judges, nurses and other interested persons, how they had

arrested the disease of alcoholism through following the A.A. program. A.A.s from the

vicinity got together following the meeting at the clubhouse.

Milwaukee Women Organize -- A women's group has been formed by A.A. in Milwaukee,

with meetings every other Wednesday in the Alano Club at 1012 North 3rd Street.

The

Alano Club is now 16 months old, and occupies a suite of six rooms in downtown Milwaukee.

Dr. Jellinek A Visitor-Dr. E. M. Jellinek of the Yale University School of Alcohol

Studies was a surprise visitor to the 1947 Texas state Conference of A.A. held in

Austin during the summer. The biggest event in A.A. history in Texas, the two-day

meeting was attended by approximately 400 A.A.s representing 25 groups.

Members

from  
Austin, Dallas, Houston, Fort Worth, Schulenberg, Seminole, Waco, San Antonio,  
Taylor, Nacogdoches and New York City spoke at the various meetings. There  
were  
also  
movies and recorded talks by Bill and Marty M.

60 At First Open Meeting -- The Calcasieu Parish Group held its first open  
meeting at  
Lake Charles, La., in July, with M. H. of Memphis as the guest speaker and 20  
A.A.s  
and about 40 friends and relatives attending. Not only have several calls been  
received by the group since the meeting; the newspaper announcement of it also  
brought forth a couple who were formerly affiliated with the Kansas City,  
Kan.,  
and  
Corpus Christ! Groups, and didn't know of the existence of a chapter in their  
new home.

|||||

+++Message 1394. . . . . Re: Singleness of Purpose History  
From: gratitude . . . . . 10/9/2003 4:45:00 AM

|||||

I have just finished reading Dr. Milton's  
Maxwell's article "The Washingtonian Movement" (1950), and have found  
some excellent points to address "Singleness of Purpose". This is the  
theme for the next General Service Conference this coming up in April,  
2004: Singleness of Purpose. In our California Area 9 General  
Service we have started the cycle of developing the conversation in  
workshops on this issue so that our districts might benefit from  
material we could make available to them to take to their home groups,  
and then from the Home Groups to the GS Conference. We are in the  
middle of developing workshop material for our district and I am  
looking for historical perspectives on this tradition, and am bringing  
my request for information to you.

Currently what is very prevalent on many of the fellowship's minds  
concerns the sustained objection of a group's desire to address alcohol  
issues only by those who have other "addictions", and how to address  
objections of a group's perceived selfishness by the alcohol-addict who  
insists on taking us down the "drug-alley" memory lane with their  
pitch. I can imagine some responses to a scenario, and we all can  
suggest responses, but how has the fellowship responded when other  
issues have tested our Singleness of Purpose?.





The tentative program follows. When we have information as to which meeting you will attend - location and time can be determined. You can help by writing NOW.

CONFERENCE MEETING - (Saturday, July 29, 2 P.M.)....The Conference Meeting will be devoted to discussing, defining and action on the Twelve Traditions of A.A., and other matters of international importance.

"BIG MEETING" - (Sunday, July 30, 1 P.M.)....Doctor Bob and Bill will be the only speakers at the General Meeting. Husbands and wives will be welcome. Need more be said?

A.A. WOMEN'S MEETING - (Friday, July 28, 1:00 P.M.)....Certainly this meeting will be important. The purpose of A.A. itself "carrying the word to those who don't know", should prove a most productive topic. We can't promote women into A.A., but we can attract them.

NON-AA AFFILIATE MEETING - (Friday, July 28, 1:00 P.M.)....At this meeting of non-alcoholic husbands and wives of A.A. members, Lois (Mrs. Bill) will be one of the principle speakers. A discussion period will follow the meeting. Learn what the program can mean to the non-alcoholic members of the family.

TEA - (Friday, July 28, 3:30 P.M.)....Where the A.A. women and the wives of A.A. can get acquainted and do some "dishing".

INDUSTRIAL MEETING - (Friday, July 28, 10:00 A.M.)....This meeting will disclose the growing influence of A.A. in industry. The movement has gained recognition in many of our large industrial plants such as duPont, Eastman Kodak and Thompson Products. Representatives of industry will take an active part in the meeting, as well as well qualified A.A. speakers.

HOPITALIZATION - (Friday, July 28, 10:00 A.M.)....Experience has shown that hospital, beds, equipment, and time of personnel is not misused when they accept A.A. sponsored alcoholics. Doctors and hospital superintendents will tell others with less experience of results obtained by cooperating with A.A.

A.A. PUBLICATIONS MEETING....We cannot underestimate the role these publications have played in the development of the movement. At this meeting editors and managers will pool their experiences and plan for future service to A.A.

YOUNG PEOPLE'S MEETING....Many AA's "under 35" feel they have special problems. This meeting will give them a chance to discuss them together.

INSTITUTIONAL GROUPS MEETING....Our new Directory discloses ninety hospital groups and seventy prison groups. Doctors, hospital workers and prison wardens deeply appreciate the help A.A. is giving in their work with the many individuals affected. They are eager to learn more through sharing



Grapevine, Oct 47

### Norwegian Group Among New Ones

From July 1st to August 14th, the following new groups registered with the Central Office:

NORWAY -- Lillibro Drobak.

CANADA -- Camrose and Red Deer, both Alberta; Kamloops, British Columbia; Brantford and Kinsway Group (Toronto) both Ontario; Moncton, New Brunswick.

ALABAMA -- Brewton, Fairhope and Wetumpka.

ARKANSAS -- Warren.

CALIFORNIA -- Benicia, Camp Meeker, Cathedral, Glendale Central Group, East Bay Group

of Long Beach, Los Gatos, Crescenta Valley Group (Montrose), Group No. 2 in Sacramento, San Bernardino Women's Group, San Jose Men's Group, Southern Marin Group (Sausalito), Taft, Trona, Twenty Nine Palms.

COLORADO -- -Pike's Peak Group (Colorado Springs).

CONNECTICUT -- Greater New Haven Group, Wallingford.

FLORIDA -- Belle Glade, Murray Hill Group of Jacksonville, Miami Beach, Coral Way Group of Miami, Panama, West Palm Beach.

GEORGIA -- Athens, Cairo, LaFayette.

ILLINOIS -- Christopher, Macomb.

KANSAS -- Mission, Salina.

LOUISIANA -- Welch.

MARYLAND -- Annapolis, Cumberland.

MASSACHUSETTS -- East Milton, Taunton.

MICHIGAN -- Alpena.

MISSISSIPPI -- Grenada.

MISSOURI -- Camdenton, Rocket Group of St. Louis.

NEVADA -- Fallon, Hawthorne, Donner Trail Group (Verdi).

NEW HAMPSHIRE -- North Conway Group (Kearsarge), Rochester.

NEW JERSEY -- Central Group of Newark, East Side Group of Passaic, Penns Grove.

NEW MEXICO -- Loving.

NEW YORK -- Beacon, Cortlandt, Hispano Group of New York City, Harlem Valley Group (Pawling), Rochester, Southwest Group of Rochester, Wellsville.

NORTH CAROLINA -- Kings Mountain, Lincolnton.

OHIO -- Barnesville, Pioneers Negro Group of Cleveland, Hamilton, Lima, Portsmouth, Struthers, Wakeman.





From: gratitude

To: AAHistoryLovers@yahoogroups.com

Sent: Thursday, October 09, 2003 4:45 AM

What issues have historically brought our singleness of purpose to conversations? What illustrations AA's experience might assist groups to understand Singleness of Purpose, and Traditions as we now know them.?

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from the A.A. Grapevine April 1948 used with permission of the A.A. Grapevine, Inc.

Tradition Five

by Bill W.

Says the old proverb, "Shoemaker, stick to thy last." Trite, yes. But very true for us of AA. How well we need to heed the principle that it is better to do one thing supremely well than many things badly.

Because it has now become plain enough that only a recovered alcoholic can do much for a sick alcoholic, a tremendous responsibility has descended upon us all, an obligation so great that it amounts to a sacred trust. For to our kind, those who suffer alcoholism, recovery is a matter of life or death. So the Society of Alcoholics Anonymous cannot, it dare not, ever be diverted from its primary purpose.

Temptations to do otherwise will come aplenty. Seeing fine works afoot in the field of alcohol, we shall be sorely tempted to loan out the name and credit of Alcoholics Anonymous to them; as a movement we shall be beset to finance and endorse other causes. Should our present success continue, people will commence to assert that AA is a brand-new way of life, maybe a religion, capable of saving the world. We shall be told it is our bounden duty to show modern society how it ought to live.

Oh, how very attractive these projects and ideas can be! How flattering to imagine that we might be chosen to demonstrate that olden mystic promise: "The first shall be last and the last shall be first." Fantastic, you say. Yet some of our well-wishers have begun to say such things.

Fortunately, most of us are convinced that these are perilous speculations, alluring ingredients of that new heady wine we are now being offered, each bottle marked "Success"!



entertainment for the members' children. . . An article written by Bill Cunningham, 'Boston Herald' columnist, dealing with A.A., brought many inquiries and phone calls to the Boston Central Office at 30 Huntington Avenue with an average of 10 new persons a day coming into the office for the three weeks following publication, for literature and contact with the nearest group. . . A recent affair which sent many A.A.s away on an overnight trip was the establishment of a new group at North Conway, N.H., well-known resort. The opening session was at Mitchell's Ski Ranch, Kearsarge, N. H., with members from various groups in Massachusetts, and New Hampshire lending support. . . The Portsmouth, N. H., Group had a gala picnic recently at Perkins Cove, Ogunquit, Me. . . The Central Service Committee, which sponsors the All-Group meetings every Wednesday night at 30 Huntington Avenue, Boston, has been trying out a program at which old-timers are chairmen and round up their own speakers. Previously individual groups ran these sessions, but the oldtimers have been doing a good job. . . The secretary of Central Service has had so many calls from the Boston City Hospital for A.A.s to visit, and for additional help in carrying out work with the Boston Psychopathic Hospital, that an appeal has been made for more volunteers from the Greater Boston groups. . . Two large open meetings, designed to inform the community of A.A. activities and directed at giving help to those wanting it, were held in Malden and Norwood during September. On Sept. 12 the Malden Group, on its first anniversary, held a big meeting at Rotary Hall in that city while the Norwood Group welcomed many visitors with special speakers at K. of C. Hall on Sept. 26. . . Some of the Greater Boston groups have moved to larger meeting places. The Arlington Group now meets at Spanish War Veterans hall, which is the old town hall, Arlington Center, on Friday nights. Worcester No. 2 Group has changed to CIO Hall, 74 Main

Street, third floor, on Thursday nights. . . Another newcomer to the Greater Boston groups during the summer was East Milton, which holds sessions Sunday nights at Ellsworth hall. . . The Manchester, N. H., Group now meets at the Franklin Congregational Church on Tuesday nights, starting at 8 instead of 8:30. . . Record attendances were set at two unusual Wednesday night all-group meetings at 30 Huntington Avenue, one a "Women's Night" with the women taking over the whole affair, and another the "Mr. and Mrs. Alcoholic Night" with married couples as the speakers.

Spreading the Word -- The Lampasas, Tex., Group, recently organized, is doing all it can to let people in the locality know about A.A. The nine members recently staged an open meeting at the court house, with Dr. David Wade, prominent Austin psychiatrist, as the main speaker and five other speakers, all alcoholics, from other towns.

Into Another Prison -- Firmly convinced "A.A. has come to stay" at Stillwater, Minn., Prison, our reporter there says the first meeting of eight members was held recently under the sponsorship of Warden L. F. Utrecht and the guidance of members of the Midwest Council on Alcoholism, Inc. By the time the third meeting was held there were 17 members and several more applications on file. Meetings are every Saturday afternoon from 1:30 to 3:30 with A.A.s from Minneapolis, St. Paul and Stillwater in charge. The fourth Saturday meeting will be conducted by inmates. "We are not proud of our status as a prison group," the reporter writes, "but we are extremely grateful to the warden and the outside groups who have made and will continue to make these meetings possible. Physically and mentally there is little to distinguish between the alcoholic who occupies a cell and the one in a penthouse. Each is a sick man, each must meet and master the same tragic reality -- he can't take that first drink. Of course, the alcoholic in prison can't get his first drink but that doesn't eliminate

his craving, nor his desire to get drunk and shut out the reality he must face each day, nor the fear that is constantly with him -- 'Can I leave it alone once I get out?' We sincerely believe that A.A. philosophy is the answer to his problem." The group hopes to publish its own paper soon. Its first printed matter is an attractively gotten-up commemoration of the first meeting.

Speakers Exchanged -- In the interest of getting varied views and opinions the Austin, Tex., Group has inaugurated an exchange of speakers among neighboring groups. Austin has sent at least two speakers to talk at Waco, Houston, Lampasas and San Marcos. The Waco Group recently sent two members to the Tuesday open session at Austin and the idea is proving so mutually beneficial that other groups are expected to join the "speakers' circuit" soon.

News from Newark -- Judging from the variety of activities, past and planned, the publication of the Alanon Association of Newark, N. J., is well named 'The News'. Included in the September issue are announcement of a bowling season, report of a Monte Carlo Night, a venture in sound moving pictures, a corn cob and hot dog party, a series of games, a fall dance, a "Monster Ball," rehearsals for the second annual "Show Boat," a contemporary art exhibit and tea as well as a report of the regular monthly inter-group meeting and announcement of the first annual New Jersey Inter-Group banquet to be held at the Terrace Ball Room October 16.

Growth Fast and Good -- The San Angelo, Tex., Group believes it has duplicated in less than a year the phenomenal growth of A.A. in the nation. From four "founding fathers" in November, 1946, membership has grown to around 75 with new prospects almost every day and a surprisingly low number of slips. It is a matter of chest-thumping pride that the majority of members "get it" and maintain sobriety after the first contact. Spark plug in the first hard days was Dan W., at whose home

the first meetings were held with his wife serving coffee and cake. In March, 1947, the club rented an office and club rooms in a downtown office building. Closed meetings are now held in the club rooms with open meetings in the ballroom of the Cactus Hotel. At the present rate of growth larger club quarters will be necessary soon. The San Angelo Group has acted as parent to groups in Menard, Brady and Coleman with detachments of oldtimers driving regularly to meetings in these towns. In May, 1947, the group sponsored publication of "The Doctor's Letter" by Dr. Andy T. of Seminole, Tex. This letter was given wide circulation and was reprinted in the July 1947 issue of 'The A.A. Grapevine.'

We're the Prize! -- To help the A.A. program in Washington, D. C., a raffle is held at each Friday night meeting with the two winners each receiving a year's subscription to 'The A.A. Grapevine.'

Ship Comes In -- First issues of 'The Derelict' Schooner have drifted into our office. Appropriately headed with the picture of a listing ship, the Jacksonville (Fla.) Group's publication carries a lively assortment of news, ideas and remarks in four long mimeographed pages.

Meeting Interests Public -- The Roanoke, Va., Group was well pleased by the number of interested citizens and A.A.s from Charleston, W. Va., Martinsville, Charlottesville and St. Petersburg, Fla., who attended an open meeting held recently at the Lee Junior High School. The two local papers, 'The Times' and 'The World-News' and three radio stations, WDBJ, WROV and WSLS were also most helpful in publicizing the meeting. In the past several months members have been asked to address the ministers' conference and speakers have been requested for Bible classes. Although the Roanoke Group is fairly new it now has a membership of about 40 with meetings on Mondays and Fridays in the YMCA at 8 P. M.

Prison Group Grows -- The first session of the A.A. Group at Montana State Hospital, Warm Springs, Mont., had only three members but there are now 40. The hospital

secretary who conducted the first meetings reports he has now turned the programs over to the inmates themselves and that they are as "sincere a bunch of fellows as I've met from Chicago to San Francisco at A.A. meetings."

Commission Named -- Governor Robert F. Bradford of Massachusetts has appointed a commission on alcoholism which will serve for four years and report annually. The commission is unpaid, will make a continuous study of methods of treating alcoholism and other practices relative to the problems arising from alcoholism in the Commonwealth, and is empowered to request any information necessary for its work from all departments, boards, offices or other commissions of the Commonwealth. Named to posts were Dr. Sarah M. Jordan, Marblehead; Dr. Robert Fleming, Boston; Dr. J. Morrison Faulkner, Brookline, Arthur F. Desmond, Brookline, and George C. Wiswell, Winchester.

Clam Bake on Anniversary -- -The Corning-Addison Group marked its first anniversary by playing host to New York State groups recently at Seneca Lake. A member's estate on the west side of the lake offered plenty of space for Softball, quoits, swimming, boating and other games. The crowd of about 75 found a large tent with tables and chairs, soft drinks, cold cuts, cheese and cold clams ready for afternoon enjoyment. Dinner was served after an afternoon of games with hot clam broth, chicken, sweet and Irish potatoes, carrots, hot rolls, sliced tomatoes, steamed clams in butter, iced watermelon and plenty of coffee.

Barbecue for Visitors -- "The general idea was visitation with neighboring groups who have helped us immeasurably in establishing this completely happy little group of 14 and our wives," the St. Mary's, Ohio, Group reporter says of the barbecue for visiting members held recently at the shelter house at Lake St. Mary's. Two prominent

speakers in the state led afternoon and evening meetings with the rest of the time spent in getting better acquainted.

Anniversaries Celebrated -- Recently about 150 attended the third anniversary at Camarillo, Cal., State Hospital. Present were members of the hospital staff, patients, ex-patients, former leaders of the group and visitors. After brief talks cake was served and an informal social hour enjoyed . . . About a year ago six men and one woman alcoholic met at the country home, of one near Vincennes, Ind., to form a group after attending meetings in Evansville for a long period. This year a picnic supper and meeting at the same country home found 22 alcoholics and their families present with all of the first seven there. Seven or eight other regular attendants could not be present. Members of this group come from Bicknell, Bruceville, Oatstown, and Washington, Ind., and Lawrenceville, Ill. . . . First anniversary of the Spencer, Ia., Group was celebrated September 14 at Camp Okoboji-Walther League. The program listed dinner, music, speaking, singing by a quartet and the group, dancing and other entertainment and attendance at the famous Clay County Fair.

Entertain at Banquet -- Members of The St. Cloud, Minn., Group were hosts to about 250 A.A.s and their wives from other groups in the state at a banquet at the country club just south of town. L. C. was the principal speaker and an A.A. orchestra furnished music and entertainment.

Prisoners Publish Paper -- Active since March 1 the group at the Federal Correctional Institution, Sandstone, Minn., has been allowed to publish 'The A.A. Visitor' twice a month. The pamphlet features editorials which have been widely quoted. Begun through the cooperation of the Minneapolis Group and Warden C. W. Humphrey, the group has followed a program fashioned after the set-up at San Quentin. There is a beginners' class on Monday and Wednesday evenings and a meeting on

Sunday

which is attended by a visiting group from Minneapolis, St. Paul, Superior, or Duluth.

More New Groups -- 'The Eye Opener' of Los Angeles, Cal., reports a new group at Torrance with meetings on Saturday, and formation of the Glendale Central Group with meetings every night in the week throughout the Glendale area . . . A group to be called Lake of the Ozark Group with the address, P. O. Box 67, Camdenton, Mo., has been announced. A group from Jefferson City helped get things going.

A.A. in Other Papers -- the Roswell, N. M. 'Morning Dispatch' has recently published under "Sidelights on The News" an article discussing the 12 Steps and telling of the local group . . . Half a column in a recent issue of a Richmond, Cal., paper is devoted to A.A. ideas . . . A Seattle, Wash., paper tells of police plans for a rehabilitation farm for chronic alcoholics with A.A. included among agencies cooperating . . . From Galena, Kans., comes announcement of the opening of the Tri-State Clinic there with Dr. Frank W. James, Galena physician in charge and the Tri-State Group working with him . . . Houston, Tex., papers carried lengthy, favorable advance notices and reports of a talk on A.A. by Dr. Andrew W. Tomb, West Texas physician who told of the organization's work in bringing persons back to useful lives . . . A story of the first annual picnic of the Winona, Minn., Group was carried on the first page of 'The Republican' and reported about 50 present.

Report from Stillwater -- "We have ten members and are doing fine," happily reports the correspondent at Stillwater, Okla., which has a comparatively young A.A. group.

-----s-h-o-r-t---c-o-l-u-m-n---f-i-l-l-e-r-----

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-

Ten Los Angeles Groups Stage Round-Robin Picnic





to Maine from Baldwin. L. I., N. Y.

Program Strengthened --When the Plainfield, N. J., Group was in its infancy and the meetings small, new members attending their first gatherings were the center of attraction and got plenty of A.A. help. Growth was so rapid during the next year and the attendance so great at the Friday night meetings that new members were quite often taken for oldtimers from neighboring groups and unintentionally neglected during a period when A.A. was required in big doses. To overcome this condition a New Men's meeting was inaugurated and has been held each Monday night, the purpose being to indoctrinate quickly the new men in the program principles and to acquaint them better with their fellow alcoholics. Meetings are of an informal, educational nature and attendance has averaged over 30. Few who have attended regularly have had trouble regaining or maintaining sobriety. . . Finding that many women had difficulty in making the A.A. program, the Plainfield Group decided to give women early and proper A.A. help to carry them past the first enthusiasm, which was found to wane too often. To remedy this and to promote better understanding and friendship a New Woman's meeting was inaugurated about three months ago. Successful from the start, they are held semi-monthly at members' homes and are patterned very much along the same line as the New Men's meetings. Many women who previously had trouble with the program are reported to have benefited.

Good and Hot--With a gain of a member or more every meeting, members of the Woodland, Cal., Group report that they are "hot" and their aridity is good. Troubles are few and even those who were really hospital cases have recovered.

Second Fall Festival -Inaugurated as an annual affair last year to regenerate enthusiasm for the winter season and rededicate combined efforts to A.A. work and study, the second annual Omaha, Nebr., groups' Fall Festival was attended by more than 200 members, many with their wives and families. Saturday evening at the Elks club they attended a banquet with no speeches, but with a program featuring an array of professional talent which starred "Miss Omaha," Madalyn King, whose fast dancing won the talent award in the Atlantic City Miss America Beauty Pageant. Song leaders from two Iowa groups competed in leading the community sing with a Council Bluffs member winning over one from Des Moines, Ia., both putting on excellent shows. A free Bingo game with several hundred dollars worth of prizes was followed by dancing, cards and impromptu entertainment. Sunday morning members and guests had breakfast at the Alano club, then visited Father Flanagan's Boys Town and other places in Omaha. The meeting of the day was at the Elks club with Omaha's oldest member as chairman and members in attendance from Iowa, South Dakota, Missouri, Illinois, Colorado and Nebraska. The principal address was delivered by Roy M. of Chicago. The open house session at the club ran into morning hours.

New Quarters, New Group--The Permian Basin Group at Odessa, Tex., has moved in, set up shop and begun holding meetings in its new and first clubroom. Moving wasn't difficult, The Grapevine hears, as possessions consisted of a couple of dripolaters, a pound of coffee, some cups and a dozen folding chairs. The club is at 219½ West Third Street, or as members point out, between the city jail and an undertaking parlor. Meeting night has been changed from Wednesday to Tuesdays and Thursdays, while plans are being made to include a regular Saturday night open house. . . . Another Group, the Andrews-Seminole, has been home by the already prolific Permian Basin Group, bringing the number to four. Regular meeting night will be announced

later. . . The Odessa-Permian Basin Group held the first of a series of regular monthly open meetings about two months ago with A.A.s from Big Spring, Midland, Seminole, El Paso, Hobbs, N. M., and San Angelo on hand for brief addresses.

St. Mary's Is Host--Simplicity and punctuality helped to make the gathering of more than 250 guests a success when the St. Mary's, O.. Group entertained neighboring A.A. groups at the National Guard clubhouse on take St. Mary's. The affair was so successful that it has been suggested that this be made an annual affair at the same place. Guests attended from Lima. Marion, Toledo, Defiance, Findlay, Dayton, Van Wert, Columbus, Bellefontaine, and Canton, O., and Ft. Wayne, Muncie, and Richmond, Ind. Two prominent speakers led meetings in an afternoon and evening session with a substantial lunch and social time in between. The St. Mary's group was started January 31, 1947, and now numbers 15 members.

North Carolina Groups Solid--From Kings Mountain, N. C.. The Grapevine's correspondent reports that not only his own Group with 12 members, but others, are "solid." The Kings Mountain Group was started some years ago by Paul M., a non-alcoholic, who provided transportation to Shelby for anyone wishing to try the A.A. way. The group reports a gain of about a member each week. . . The Shelby Group is over six years old and has been aiding men from all over the South. . . Lincolnton is growing and has a fine clubroom open all the time, while Hickory, too, has a growing Group and good quarters. . . The Gastonia Group has started for the third time, with new determination to succeed. . . Rockhill now has about 30 members. They meet with men from York, Chester and Fort Mill each Wednesday. Members from other towns also attend. . . Andrews Group has also been growing and helping Conway, S. C., and Myrtle Beach get going. Bennettsville, S. C., and Rowland. N. C., are holding regular weekly meetings with good results. . . Average attendance at Charlotte

has  
been about 50 with six to eight new men at each meeting. The new club room is  
ready  
to go. The Myers Park Group meets at Myers Park Methodist Church Monday and  
Friday  
nights at 8, with open sessions and fellowship gatherings following. New men  
and  
women from all groups meet at the YMCA on Sunday night to the number of about  
85  
to  
90, starting with a general subject and splitting up into three discussion  
groups.

Another Women's Auxiliary--Along with a list of 10 subscriptions to The  
Grapevine,  
the Hickory, N. C., Group reports that all these new subscribers are part of a  
recently formed A.A. A u x i l i a r y of 36 members who plan to study A.A. as  
well  
as help other women who are "going through what we have, and maybe through the  
wives  
bring other men into A.A." There are two meetings and one social every month.

Chicago A.A.s at Retreat -- Twenty-eight members of Chicago, Ill., A.A.  
attended  
a  
retreat at Childerly, a country estate owned and maintained by the Calvert  
club  
of  
the University of Chicago, principally for its Catholic students and alumni,  
near  
Wheeling, Ill., recently. Both Catholics and non-Catholics were in the group  
which  
included a Catholic priest who was the retreat master, and a brother who  
belonged to  
one of the Catholic orders, eight salesmen, two insurance adjusters, two tax  
collectors, a lawyer, accountant, advertising writer, buyer, advertising  
agent,  
business agent, broker, advertising art director, mechanic, physician,  
manufacturer,  
storekeeper and printer.

History and Humility--Members of the Spencer, Ia., Group report that they are  
having  
a hard time getting rid of a little tinge of human pride since the recent  
celebration  
of the first anniversary recalled the history of the group. . . Organized on  
August  
6, 1946, the Spencer Group now has 50 active members on its rolls. Besides

that  
13  
men, residents of Estherville, came to their first meetings in Spencer and now  
have  
their own group. The Storm Lake Group also was founded through Spencer, making  
a  
total of 77 individuals who got their start there. . . Some 316 A.A.s and  
their  
friends joined at the Walther League Camp on take Okojobi for the birthday  
party  
and  
heard the principal speaker, Carlos C. of Sioux City, who, a year ago, made  
three  
trips from his home town to help the original three members get launched as an  
active  
group. He traced the history of alcoholism and the handling of its problems.  
other  
speakers included Ray H. of Des Moines, Ia., and Spencer representatives. . .  
Eleven  
Estherville members were present with four from Storm Lake, while there were  
others  
from Ft. Dodge, Pocahontas, Sioux City, Des Moines, Cedar Rapids, Algona, Ida  
Grove  
and Knoxville, Ia., and Minneapolis, Minn.; Fremont, Wakefield and Omaha,  
Nebr.,  
and  
Yankton and Sioux Falls, S. D.

Advertising Draws Many--A series of advertisements run in Winona, Minn.,  
papers  
have  
brought many inquiries, some for the local Group and others for information in  
other  
places. The Winona Republican-Herald carried a good account of the open  
meeting  
at  
the Senior high school auditorium on October 20 where A.A.s, as well as local  
physicians, clergy, judges and others, spoke. There, was much favorable  
publicity on  
the radio as well as in the press. The Winona Group held its final picnic  
recently in  
the form of a birthday celebration for three members, one having two years'  
sobriety  
and the others one year each. Attendance was about 50 with representatives of  
one  
family each from Dubuque, Ia., and Rochester, Minn.

Speakers to Montreal --the Forest Hills, N. Y., Group recently made plans to

send  
three representative members to speak at the opening meeting of Montreal  
groups  
which  
comprises eight groups joining in the first session of the season.

Public Forum Planned--On October 17 the Danville, Ill., Group held a public  
forum  
with guest speakers from Indianapolis, Ind. This is a part of the community  
activities of the Group which recently sent members to speak before a civic  
group at  
Sawville, Ill., to disseminate knowledge of A.A. Members have also been  
calling  
on  
patients at the local Veterans Hospital, where one of the chaplains has been  
conducting meetings for patients. Two patients now out of the hospital are  
attending  
the Danville meetings. In addition The members were recently asked to  
participate in  
an open meeting before some 60 people to help start a group in the  
Champaign-Urbana  
area. Officially organized in September, 1946, with three members, the  
Danville  
Group  
now numbers 24 and meets Saturday nights at the YWCA at 8 with the women  
meeting  
in  
an adjoining room. Out of the present active members only three have had  
slips.  
All  
are back on the plan and doing well.

Goshen Growing--The Goshen, Ind., Group now numbers 14 members.

Group Interest Helps--Although a relatively small group of 21 members, the  
Greenville, Mich., A.A.s find that active interest in social and business  
affairs of  
the organization pays. Picnics, fish fries, annual banquets and get-togethers  
help to  
make good fellowship possible. This Group also reports it has the sheriff's  
office  
and the probate and circuit court judges behind the program. Sheriff Walter  
Arntz  
frequently attends the meetings, accompanied by one of his "pupils" and has  
frequently said, "Jail is no place to cure an alcoholic." Probate Judge  
Rasmussen and  
Circuit Court Judge Morris K. Davis of Ionia and Montcalm counties.

Card System Inaugurated -- A card index of all members has been started by the West Palm Beach, Fla., Group. Cards have also been printed listing the place and time of meetings and these are being mailed to a l l hotels, churches and police stations, along with a letter asking them to place it where everyone interested can see it. Other activities include the appointment of two correspondents for The Grapevine; naming three men and three women as a welcoming committee to receive new members who arrive at meetings without sponsors; and having the 12 Steps printed on a banner which is hung back of the speaker's stand at each meeting. With the annual influx of winter visitors the group anticipates many old and new friends.

Happy Birthdays--Helping the Niagara Frontier Area celebrate its sixth anniversary at a banquet at Hotel Buffalo were delegations from Toronto, Hamilton, Guelph, St. Catharines and Simcoe, Canada, Eric and Bradford. Pa., Cleveland, O., and Elmira, Corning, Rochester, Salamanca, Lockport, Jamestown, Eden, Niagara Falls, Tonawanda and North Tonawanda, N. Y. Trustee Dick S., formerly of Akron, O., and now of New York, was the speaker, taking as his theme the traditions and the need of unity. Among the 500 in attendance were several guests who have been good and helpful friends of the Buffalo groups, including Chief Judge of the City Court John J. Hillery, Dr. Donald C. O'Connor, superintendent of Meyer Memorial Hospital, and Sunderland P. Gardner, chairman of the Committee on Alcoholism for the Council of Social Agencies. Invocation was pronounced by Rev. Robert F. Kilroy, O.M.I., who authored an article on A.A. that was widely circulated in Catholic publications earlier this year. Through the courtesy of RKO, the film, "I Am an Alcoholic," was shown as a finish to the largest and most successful A.A. demonstration ever held on the Niagara Frontier. . .

"Remember Des Moines in November" was the slogan for the fourth anniversary holiday, November 1 and 2, at Des Moines, Ia., where the two day program started on Saturday with a noon lunch at the club, followed by a closed meeting for alcoholics, while the women were entertained at Hotel Ft. Des Moines at a tea with Betty Wells, radio commentator, as speaker. Saturday evening there was a banquet and floor show at the hotel. Sunday morning began with a free "chuck wagon" breakfast at the club, followed at 2 o'clock by an open meeting in the grand ballroom of the hotel with Clem. L. of Chicago as speaker. Des Moines gestures of thoughtfulness included a transportation committee to take guests any place in the city and a committee to carry luggage.

The fourth anniversary banquet of the St. Cloud. Minn., Group was attended by 235 from all parts of the state. Members of the Minneapolis and St. Paul Groups spoke briefly and to the point, while other talks were given by public officials and members of the clergy.

Scheduled for November 16 and 17, the third anniversary plans of the Wichita, Kans., Group were not complete at the time for Grapevine copy. Open house at the club rooms, 536 North Broadway, on Saturday afternoon and night with the dinner and main meeting to come Sunday afternoon are the principal plans. Good representation from groups in Kansas, Oklahoma, Missouri and Texas is expected.

Jamestown, N. D., Group, which was organized September 28, 1946, observed its first anniversary recently with the two members of the St. Paul, Minn., Group who started the organization returning for the meeting to present year pins to three of the original group. During the year the Group has tripled in growth and in becoming associated with the North Dakota State hospital in the city has aided with hospitalized alcoholics as a major part of its 12th Step work. More than 30

patients  
have been exposed to A.A. through this group and have been sent out to other  
groups  
or to organize their own groups in some other part of the state. The project  
for  
the  
coming year will be to acquaint better the local and civic community with the  
workings and benefits of A.A.

First anniversary celebration .for the Park Slope, Brooklyn, N. Y., Group was  
observed with a dinner-dance at Michel's restaurant on October 23. Starting  
with  
eight members in August, 1946, and without quarters, the Group has had its own  
clubhouse since March, at 80 Sterling Place.

The club is open every night from 7:30 to about midnight and from 1 p.m. on  
Saturdays  
and Sundays. The Saturday night open meetings have long since outgrown the  
club,  
which holds about 100. Meetings are now held in the school across the street.

The Rosemead, Cal., Group celebrated its first year in the Rosemead Women's  
club  
with  
a home-prepared super-colossal spaghetti dinner. Over 250 members and guests  
from  
surrounding A.A. groups were present. A year ago the average attendance of the  
Rosemead Group was around 30, while now it runs between 100 and 125. The  
women's  
group, started last spring with seven members, has grown so large that  
meetings  
are  
now held in a hall at 1921 E. Valley Boulevard, Rosemead, on Thursdays at 8  
o'clock.

Into Larger Quarters--Since September the Kansas City, Mo., Group has been  
holding  
its Friday night meetings in the ballroom of the BPOE at 612 Grand Avenue.  
After  
many  
months of searching the committee decided the Elks ballroom to be the most  
suitable  
place as it offers parking facilities as well as direct public transportation  
from  
any part of Greater Kansas City. The hall, at 34th and Main Streets, will  
continue in  
use for other activities.





Dubuque, Waterloo and Cedar Rapids, Ia.; Eau Claire, LaCrosse and Sparta, Wis.; Rochester, Faribault and Owatonna, Minn., helped swell the crowd. The Winona A.A.s used considerable newspaper advertising space and received much favorable comment in the columns of the 'Republic Herald,' local paper.

A. A. Lands on Okinawa -- "Happy to inform you that we now have an A.A. group started and going on this island, with the help of my A.A. friend E. W. of the Miami, Fla. Group," our correspondent writes from that spot in the Pacific. "We've had five meetings; at the first one, we were only three and at last week's meeting we were 20. Both E. W. and I have been on the beam here in Okinawa, thanks to A.A. and the A.A. way to stay sober. Will you please send 'The A.A. Grapevine' air mail, as it takes about six to eight weeks to get here by boat."

Bowl Over Pins, Not Bottles -- Cleveland, Ohio, A.A. bowling leagues are again in full swing playing host to some exceptionally fine keglers as well as those satisfied to settle for enjoyment rather than high scores. Growth of the leagues has been phenomenal with about 300 men taking part and finding not only pleasure but a good way to let off steam. Many new members find new and mutually helpful friendships on the lanes. Cash prizes are awarded each learn in the order of its average at the season's end; matches are strongly contested with many A.A. spectators as well as bowlers. Cleveland A.A.s are looking forward to the holiday party season with many plans made.

Badge Shows Squad Pride -- A blue triangle with the figure "5" and letter "P" in a yellow monogram identifies the wearer as member of Squad Five or the Perseverance Squad of Washington, D.C. Adopted some months ago, the emblem is worn at group meetings and other A.A. gatherings. The figure is defined as the first five

Steps of  
the A.A. program with members of the squad attempting to aid each other up and  
through the first five Steps. The color of the figure and letter is symbolic  
of  
the  
light that is necessary for members to seek to accomplish the task. The blue  
field of  
the triangle denotes the caliber of personality necessary to aspire to such an  
undertaking. The letter stands for the name of the squad and the important  
human  
quality which manifests itself at meetings.

Mississippians Meet -- One of the largest and most enthusiastic A.A. meetings  
ever  
held in the state of Mississippi was staged at Philadelphia, Miss., recently  
when  
members of the Columbus, Jackson, Louisville and Meridian groups convened for  
a  
big  
barbecue and open meeting. The feature speaker of the four-city joint session  
was  
Maryan H. of Memphis, chairman of the southeastern regional meeting held in  
the  
Tennessee city in September.

Cincinnatians Active -- Under the auspices of the Salvation Army's Men's  
social  
center a banquet at the Cincinnati, Ohio, Club recently attracted more than  
250  
men  
and women. Major Paul Harvey of the Salvation Army served as chairman and  
introduced  
Major Peter Hofman of Cleveland, the man who first infiltrated A.A. into the  
work of  
reclaiming men. The Akron, Ohio, member who styles himself "the first guinea  
pig  
in  
the A.A. operation" gave a much enjoyed talk. Cities represented from outside  
Cincinnati with its seven units, were Hamilton, Springfield, Dayton,  
Columbus,  
Middletown, Cleveland, Indianapolis, Covington, Lexington and Frankfort. Plans  
are  
under way to make the dinner an annual affair. In Cincinnati at present the  
A.A.  
Group of Greater Cincinnati operates out of the Palace Hotel. The Cincinnati  
Fellowship Group occupies its handsome home at 405 Oak Street with a full  
nightly  
schedule of meetings and a secretary in daily attendance. The Freeman Group

(Salvation Army) meets weekly at 1508 Freeman Avenue and the Covington, Ky., Group meets weekly in the Cathedral Lyceum in that city. Four suburban home-meeting groups are now operating and all things point toward a record year for A.A. in this locality. A Hallowe'en party staged at the clubhouse was heavily attended by members, their wives and children.

Tacoma Attendance Gains -- Attendance is picking up in Tacoma, Wash., our reporter writing that there were 14 new faces, eight of them women, at a recent meeting. A.A. in the Northwest is receiving considerable help from a series of much appreciated articles written by Byron Fish of 'The Seattle Times' which give a good picture of how A.A. works. The reporter also writes that during a recent vacation he visited groups in Portland, Ore., and 10 in the Los Angeles area.

Omaha Women Organize -- A group composed entirely of women has been organized in Omaha, Nebr., and a series of meetings scheduled. While this group retains membership and attendance in their respective groups, members meet each week in a session for women only and discuss their special problems and development of practicable and effective 12th Step activity.

Discussion by Letter -- The Polk County Group, composed of A.A.s from Lakeland, Mulberry, Barlow, Winter Haven and Lake Wales, Fla., feel they have something novel in the way of meetings. John G. wrote to the Rome, Ga., Group and asked that they put on the program, which they did by letter. Different members of the Rome Group explained different Steps, and after the letter was read there was a general group discussion which lasted three meeting nights. Our reporter, who lives in Lake Wales, reports only four members there. They have group meetings Thursdays and then go to Barlow for the Polk County meeting. By next spring each town hopes to have its

own

group but it will have the county group as the "parent."

Nominations Made Easy -- "We have found a good way to appoint committees," the secretary of the South Charleston, W. Va., Group writes. "Just let some bird

holler

for something -- he is right away made a committee of one to do it. Sometime ago

someone suggested a Thanksgiving party. He was IT. Someone else suggested that it was

getting so hot that we should have a fan. Guess who was at once nominated to get

it.

I am hoping that someone suggests getting another secretary. Boy, do I know who

is

going to get that job!"

Seamen's Group in Montreal -- A new group for seamen has been inaugurated formally at

the Montreal Sailors' Institute, Place Royal, Montreal, Canada. The four charter

members have the cooperation of the Rev. William MacLean, manager and chaplain of the

institute, who sat in on the first meeting, offering all the facilities of the

Institute. The group was well received by the press, 'The Montreal Herald' in particular.

Sponsor Prison Group -- The Springfield, Mo., Group has been sponsoring an A.A.

meeting at the federal prison in that city for more than three months. The prison,

known as the U. S. Medical Center, has inmates here for treatment from all over

the

U. S. and many have had previous experience with A.A. Notice of the first meeting

carried in 'The Prison News' brought dozens of applications to attend.

However,

Warden Pescor and Educational Director Bowman carefully screened the applicants

and

allowed only eight, of whom five had had previous A.A. experience, to come.

Meetings

are held at 6 o'clock on the first and third Tuesdays of each month with at least two

members from the Springfield Group attending and with at least one new man going

each  
time.

Hold Vermont All-State Dinner -- More than 350 Vermont A.A.s, guests and friends attended the first annual statewide A.A. dinner at Montpelier, Vt., on October 18.

The dinner was also the occasion of the third anniversary of the Montpelier , Vt.

Group. Principal A . A . speaker was Bill W., cofounder of A.A., who emphasized

the need for attention to the principles of A.A. and declared that these principles would

go far to assure its perpetual unity. Principal non-A.A, speaker was Father James

Timmons, editor of 'The Sign'. The large crowd caught the Vermont A.A.

Intergroup

Committee, sponsor of the meeting, unaware and hastily erected seats had to be prepared to handle it. The committee reports, however, that everyone was comfortably

seated and that the dinner was a huge success.

For A.A. Grapevine 100% -- Subscriptions received from the Fairport-East Rochester,

N. Y. Group make all nine members subscribers. Formed early this year the group

has

started a policy of giving a year's subscription to 'The A.A. Grapevine' to each

member reaching a three months' period of sobriety and hopes to keep up its 100

per

cent subscription record in this manner.

Mankato Proud of Club -- A barren warehouse room has been transformed into a modern

and attractive clubroom by Mankato, Minn., A.A.s to serve as the official meeting

place and recreation center for that city and much of Southern Minnesota.

Located at

502 North Front Street, the new club is described in the Mankato 'Free Press'

as

comprising a foyer, office, squad room, a large attractive lounge, a completely

equipped kitchen and serving counter and large assembly and game rooms, with bright,

attractive furniture. The newspaper article describes the growth of the group from its start three years ago, to 60 members and in the editorial columns the paper supports the A.A. program.

Houston Judge Helps -- Through the influence of a prominent Houston, Texas city court judge, a new building has been erected at the penal farm where old offenders are placed and held in a clean, sanitary abode until they are released and returned to the city, where A.A. and other organizations can aid them. The judge, who spoke at a recent meeting of the Suburban Group, deplored conditions and treatment and said many could be restored to useful citizenship. The executive secretary for the Houston Committee for Education on Alcoholism followed the judge to cite the work being done for the establishment of an alcoholic clinic and the contacts now being made with all Houston hospitals to accept alcoholics as such and render the necessary treatment. It is hoped the civic authorities, the committee and the four local A.A. Groups will cooperate to remedy conditions. The Houston Suburban Group has opened its new club house at 1959 West Alabama Street and extends a cordial welcome to A.A. visitors.

Take 11 steps -- The Twin City Group, composed of members from Benton Harbor and St. Joseph, Mich., have formed the A.A.A. or Alcoholics Anonymous Auxiliary. The members are trying to live by 11 Steps, all but the first of the 12. They advocate attending all open meetings and lectures, as well as social gatherings in order to learn all they can about alcoholics, their own associates in particular.

Busy in Beloit -- The Beloit, Wis., Group, an offspring of the Chicago Group,

has grown from one member less than two years ago to 25 at present with one or more newcomers at each meeting. Originally the group included Janesville, but seven months ago the latter group became so large that it was necessary to split, although the two groups get together for the weekly Saturday night social gathering when husbands and wives attend. Beloit membership includes A.A.s from the surrounding towns of Delevan and Elkhorn as well as Rockton, Ill., while recently several summering at Lake Geneva drove down for the mid-week discussion. Chicago A.A.s are frequent visitors and their talks have been inspiring. One of the Chicago members will discuss A.A. before the local Kiwanis club soon. Recently families of the Janesville and Beloit Groups joined in an all-day picnic at Big Hill park with a baseball game between the two groups as a highlight. Much cooperation from representative citizens including the police chief, ministers, doctors and hospital staff and the editor of the 'Daily News' has been received, the letter's publicity bringing in several new members as well as educating the public. One of the moving picture houses ran the movie short, "I Am an Alcoholic."

Family Hour Enjoyed -- Wonderful success in enjoyment of "the Family Hour" is reported from Sacramento, Cal., where it was first urged by a member coming in from Portland, Ore. Fortunately another member helped and managed to get Sunday night set aside for the meeting, which was greeted with eagerness and understanding. One member has effected a reconciliation with his wife and son after 17 years of separation. Every Sunday morning five or six men from this group go up to the Folsom Prison Group. Many other activities center around the Billois Club, named for Bill and his

wife, while recently 37 chartered a bus and went to Stockton to bear M. M., as they also did to start a new group in Marysville. Many went to Roseville for the second birthday of that group.

Non-Alcoholics Speak -- A Cleveland, Ohio Group recently heard two non-alcoholic wives of alcoholic husbands and a non-alcoholic husband of an alcoholic wife in a program which proved helpful and illuminating. Major purpose of the discussion period was an attempt to arrive at the best and most helpful kind of cooperation with the alcoholic on the part of nonalcoholic members of the family. It was felt the expressed reaction was of great value to the group.

Open Meeting at San Quentin -- the third quarterly open meeting of the group at California State Prison, San Quentin, recently was attended by 109 members from the Bay Area Groups in addition to 150 members of the group in the prison. A.A.s from San Francisco, Oakland, Alameda, Richmond, Vallejo, Santa Rosa, San Rafael, Burlingame, San Mateo, Palo Alto, Pittsburgh and Redwood City were among invited guests. The general session was devoted to discussions by both men and women A.A.s and non-alcoholic visitors. Dr. D. G. Schmidt, acting chief medical officer at San Quentin, spoke from the point of view of a psychiatrist while Warden Clinton T. Duffy, long a supporter of A.A., and Associate Wardens D. C. Rig and H. O. Tees were also invited to speak. 'The San Quentin News', prison newspaper, carried an advance news story and an editorial praising and explaining A.A.

Judge Advises Joining A.A. -- Two men before North Adams, Mass., district court on drunkenness charges were advised to join A.A. by Special Justice William A. O'Hearn recently in an action which is believed by members of the Pittsfield Group to set a precedent for Massachusetts and perhaps for the country. Stating that the

commonwealth classifies drunkenness as a crime and does little or nothing to bring about rehabilitation, Judge O'Hearn said he feels it is a disease and "we should begin to do something about it." The judge continued one case for a year and placed the other on a year's probation, concluding by saying, "I had little faith in A.A. when it was first organized but I have watched the growth of this organization and know some of its splendid accomplishments. I feel that today it perhaps offers the greatest opportunity in overcoming this terrible curse." The Pittsfield Group, which includes members from North Adams is following through on this by planning a big open meeting at the Hotel Richmond in North Adams soon. With the splendid cooperation of the local radio and press it is hoped that this will be successful and result in the formation of a North Adams Group.

Steps to Sobriety -- Ten steps to sobriety have been worked out by S. R., secretary of the Springfield, Mo., Group and printed on small cards for distribution. The final steps express the thought that through the A.A. program he can achieve "a peace of mind; a tranquility that will enable me to live in serenity of spirit with my family and friends; and to be in harmony with whatever Higher powers there are that guide the universe and that I accept as living proof the thousands of men and women who have been helped." It concludes with the statement, "I strongly desire a life of sobriety and will try with honesty and sincerity to practice charity and tolerance with all people."

Prison Group Planned -- A.A.s of Santa Fe, N. M., recently proposed to officials of

the state penitentiary' that a group be formed there in the near future. A.A. officers met with inmates recently and distributed literature in Spanish and English and asked those interested to consider forming a group.

Forum at Danville -- Four Indianapolis A.A.s conducted an open forum at Danville, Ill., recently which was attended by about 200 and drew good comment and favorable newspaper publicity. A small printed pamphlet was widely distributed by members to friends, churches and other civic groups while at the door of the forum meeting one of the member's wives handed out another pamphlet to each one entering as well as slips of paper for questions, the latter resulting in good discussion. One Danville member was on the platform with the visitors. The audience included members of the clergy, social workers and those with alcohol problems in their families. Several calls have resulted from the session.

Winnipeg Has Open Session -- A large theatre was rented for the first public meeting at Winnipeg, Canada, on December 4, with Mr. R. of Wisconsin as the speaker. It is reported that the public there is becoming more conscious of the alcoholic problem and that the Winnipeg Group now numbers 100 with the majority doing well.

Happy Sobriety -- A dramatic contrast between five and one-half years of sobriety marked by restlessness, dissatisfaction, resentments and a relapse into drinking was made by Bill H. of the West Palm Beach, Fla., Group on the anniversary of his four years of A.A. coming into A.A. in South Orange, N. J., The speaker said that in some mystic manner he had changed from an agnostic. After The meeting there was a party with anniversary cake, and for a joke Bill was first presented with a neatly iced



10.0pt;font-family:Arial;color:navy;">Year US/Canada

10.0pt;font-family:Arial;color:navy;">1990 1,100,155

10.0pt;font-family:Arial;color:navy;">1991 1,170,454

10.0pt;font-family:Arial;color:navy;">1992 1,230,381

10.0pt;font-family:Arial;color:navy;">1993 1,231,271

10.0pt;font-family:Arial;color:navy;">1994 1,223,017

10.0pt;font-family:Arial;color:navy;">1995 1,251,192

10.0pt;font-family:Arial;color:navy;">1996 1,257,570

10.0pt;font-family:Arial;color:navy;">1997 1,268,578

10.0pt;font-family:Arial;color:navy;">1998 1,268,713

10.0pt;font-family:Arial;color:navy;">1999 1,261,691

10.0pt;font-family:Arial;color:navy;">2000 1,260,928

10.0pt;font-family:Arial;color:navy;">2001 1,257,775

10.0pt;font-family:Arial;color:navy;">2002 1,265,090

10.0pt;font-family:Arial;color:navy;">In other words membership peaked in 1998 and has been, by and large, stagnant since 1997. It did rise significantly last year versus 2001.

10.0pt;font-family:Arial;color:navy;">Since we don't keep membership lists, our membership numbers are only as good as the figures each group reports to GSO in our annual updates. How good are the counts for your home group? Is it the number that you'd consider that group their one or PRIMARY home group--or do they count attendance. When I was area registrar I cut over 1500 members off our count simply by reviewing groups I was familiar with for reasonability and urging our DCMs to do likewise.

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\*From:\* james



be  
exact.

Exact membership statistics in AA, however, are not and never will be available, since protection of individual members' anonymity guarantees that general membership rolls will not be kept. The latest count of total members in 58 countries around the globe is based on reports from 5,243 groups and 127 "loners." And, as all observant group members know, the active membership of a group may vary at any given moment, sometimes according to the interpretation of "when is a member?" In addition, many groups fail to report new membership figures from year to year.

Another variable which follows an unpredictable pattern is the precise method of "counting noses" used by the various groups. Some suggest that those who attend and take part regularly in meetings declare themselves members (or not, as the case may be) of that group; others may count everyone who has been dry and shows up fairly regularly for at least three months; still others base the count on a rough division of the average financial collection; some count only those who come out in bad weather, never turn down a Twelfth Step call, and are always willing with the broom or dish-pan! There may even be some, it has been unauthoritatively suggested, that count the cigarette butts after a meeting . . .

Since General Service Headquarters never issues instructions, rules and regulations or anything else that might suggest an AA "government," the compilers of AA's annual census rely, by and large on the faithful reporting by each group secretary of what appears to be the more or less stable core of membership in the group. In New York a staff of four toiled for three months, processing the thousands of information cards, and the countless letters received from the groups who preferred supplying the

desired information in that form, to produce the new Directory.

The 1953 total membership figure represents an increase of 13,637 individual members over 1952, or about 12 per cent. The total number of groups increased from 4,205 to 5,243 or roughly 24 per cent. At Directory press time there were 2,324 members in 98 hospital groups, an increase of 16 new groups in hospitals and rest camps; 9,304 members in 173 prison groups, an increase of 40 new prison groups; 15,675 members in 773 groups outside the United States, including 51 loners and 91 Internationalists (AA seamen). AA is now on the map in 17 places where it never was before, bringing the total number of countries with alcoholics recovering in AA to 58 (including the United States).

Some of these far-flung areas are at present represented only by "loners," people in remote sections who are following the AA program "on their own," sustaining their sobriety through the AA Big Book and correspondence with each other and with their General Service Headquarters. Each loner is the nucleus of a potential new group.

The new AA World Directory indicates that membership growth of Alcoholics Anonymous appears to be leveling off and settling down to steady progress, reflecting the gradual spread of information and education about the disease of alcoholism which afflicts upwards of 4,000,000 individuals in the United States alone. The 1953 world "census" of AA completes an eighteen-year record:

#### Year Members

1935 3  
1936 15  
1937 40  
1938 65  
1939 100  
1940 500



standards.

In between these two extremes are dozens of other methods and approaches to "counting

noses" in AA, with some groups holding to the idea that the principle of anonymity

rules out the keeping of membership records entirely. Last year, in fact, some 500

groups indicated no membership figures at all on their registration cards sent to

General Service Headquarters for listing in the annual Group Directory!

Nevertheless, for the past few years an annual AA "census" has been taken and published, despite the innumerable difficulties encountered in compiling the record

and the heroic effort required for even an approach to accuracy.

Is the Directory an accurate record of AA membership figures? How reliable a guide is

it to AA's actual growth during the past few years? Why is it desirable to have

a

"census" ? How can the groups help in the compiling of a reasonably exact accounting

of the size of membership? Should there be any general guides in determining membership in a group, as distinct from the fellowship of AA, for census purposes?

To answer these and other questions frequently raised both in correspondence and in

conversation, The Grapevine talked with the "census-takers" at General Service Headquarters, studied the Directory figures of the past few years, and heard some of

Bill's ideas on the subject.

The most important idea garnered in this research is this: membership figures in the

Directory represent group membership only, as reported to General Service Headquarters by the groups themselves, plus the addition of lone members and Internationalists (seamen) from Headquarters records. The Directory was never intended to reflect the total of the undoubtedly vast numbers of alcoholics

who

are

now, or who have been, sober through contact with Alcoholics Anonymous and the application of its principles to their drinking problem.

That this figure is far greater than the actual reported membership is obvious,

and,

if those who sobered up in AA and went sober to their graves during the past nineteen

years were added to the total, it would be a still greater figure.

It is the concept of total recoveries, probably, that leads individual AAs to quote

membership figures which in some cases approach the astronomical. This, of course, is the individual's right, to have and to express a personal opinion as to how many alcoholics have found the AA road to recovery. Actual reported membership in groups, however, is another matter, and can easily be checked by reference to the latest Group Directory. Every group registered at General Service Headquarters receives a copy of the Directory, which is entitled The Group Secretary's Handbook and Directory. In using the Directory, however, several facts should be borne in mind. First, as mentioned above, since no uniform standards for counting members exist, the figures reported by groups can not be regarded as an exact measure. Second, an unknown number of groups are in existence which have never registered with General Service Headquarters and hence do not appear in the Group Directory. Third, groups registered with General Service Headquarters which fail to provide up-to-date information for each new Directory are listed with the last information available, which in most cases is obsolete. (If such groups do not respond to inquiries after two years of silence have elapsed they are, by approval of the General Service Conference, dropped from the Directory. Last year 234 groups were dropped from the active registration list for this reason.) Fourth, of those groups registered, many do not give membership figures. Until recently, such groups were counted, for the sake of the record, as consisting of two members. In the latest (1954) Directory, however, a more realistic estimate has been reached through the device of projecting the average number of group members on these non-reporting groups. In other words, each group failing to report membership figures is assumed to have twenty members, on the basis of the average of members in those groups which did report membership figures. Total worldwide membership, as

reported  
in the 1954 Directory, is 128,296 in 5,401 groups. Groups or lone members are reported from 58 countries.  
The 1954 Directory, according to its compilers, comes closer, within the limitations outlined, to reflecting group membership than previous ones which sidestepped the problem of listing groups with "no" members. There are indications also of greater exactness on the part of groups in reporting active membership, since the inauguration, in 1952, of the system of listing group contributions to General Service Headquarters in the Directory. In this connection, it is emphasized that listing in the annual Directory does not depend upon contributing to Headquarters; all that is necessary is for the group to fill out a registration card. Also, it is pointed out, those groups who do contribute to the cost of General Service are by no means required to observe the full "\$2 a head per year" yardstick, which, Bill explains, was selected as a convenient guide for groups in apportioning their finances.  
Those members who are amazed that the official Directory of Alcoholics Anonymous does not show some 200,000 members by now are advised to bear in mind the many loopholes and problems inherent in the whole question of "counting noses" in AA, and to take note, year after year, of the steadily growing numbers of new groups reported. In 1953, for instance, there were 435 new groups formed and registered at Headquarters  
... a good bit better than one a day!  
To return to the question as to why a "census" is desirable and how the groups may assist in achieving a reasonably accurate one . . . during the first years of AA's existence there were no problems relative to size of membership. Practically everyone could crowd into an old-fashioned kitchen. As AA grew it fortunately did not employ a host of professional sociologists intent on numerical data instead of AA's spiritual objective. As a result, figures as to AA membership have not, as explained earlier, been compiled in accordance with rigorous scientific methods. So what? Why is that

important? AA has come a long way since those early days around a pot of coffee in Lois and Anne's kitchens. Today many scientific organizations are interested in alcoholism and we welcome their cooperation as well as that of press and radio. From time to time we are asked for information, and rarely is our answer accepted that "AA keeps no records." The inquirer invariably urges "just give a rough estimate." Therefore we try to supply figures that are as accurate as we can compile with reasonable effort. Moreover, reliable figures are needed if we are to have any clear idea as to whether we are continuing to make adequate progress. In addition to the inherent difficulties previously described, the local group secretaries, who are the chief source of information, are not likely to be trained statisticians; but even if they were they would need precise instructions as to what and how to count, so that the reporting would be consistent both geographically throughout all of AA's structure, and chronologically from year to year so that annual comparisons would have meaning. To aid consistency of reporting, can there be, without violating the spirit of Tradition Three, some fundamental agreement about basic concepts such as "who is a member of AA?" and "who is a member of this group?" Printed definitions and suggestions setting forth answers to these questions, for census purposes only, could go a long way towards achieving a reasonable uniformity of reporting within a fairly short time. We might try, by way of illustration, to see if we can develop some basic concepts that might be helpful in achieving consistency in membership tabulation. Who, for example, is a member of AA ? As suggested before, there is ample authority in the prepared literature for agreeing that a person is a member of AA whenever he chooses to say so. Elsewhere the statement is made that the only qualification for AA membership is an honest desire to stop drinking. This is one principle that might well be rephrased. Of the

many  
thousands of present members of AA, about how many would you guess came in  
with  
an  
"honest desire to stop drinking?" About how many had no desire at all to stop  
drinking but were simply desperate or were casually "looking about" at some  
other  
person's insistence? The fact is that a substantial percentage, if not an  
overwhelming majority, need to be in AA for some time in order to acquire "an  
honest  
desire to stop drinking." The prior principle, then, at least for census  
purposes, is  
preferable: a person is a member whenever he chooses to say so.  
That seems simple enough, but what about such statements as, "More than  
150,000  
men  
and women have found recovery (or a happy sobriety) in AA" ? What is recovery  
or  
happy sobriety? A problem drinker seeks AA's help today and accepts all his  
new-found  
sponsors tell him. Tomorrow he tells a dozen people he is in AA. He is. But  
has  
he  
really found sobriety? Isn't it a little too soon to tell? Should not the new  
member  
be dry for some period of time before he can be said to have recovered ? A  
week,  
a  
month, three months? Some groups set three months as a desirable preliminary  
to  
giving a talk at an open meeting, or going on a Twelfth Step call.  
Suppose a person is dry six months or six years and has a slip? He continues,  
of  
course, to be a member of AA unless he decides otherwise, but should he not  
accumulate a reasonable period of sobriety, even as the newcomer, before being  
counted among those who have found recovery?  
Being a member of AA and being a member of a specific group, as pointed out  
earlier,  
involve two quite different and distinct ideas. A person gets sober in Old  
Town  
and  
subsequently moves a thousand miles away to New City but never goes near the  
New  
City  
AA group. He surely cannot be counted with the New City membership. However,  
our  
transplanted member no longer maintains any connections with Old Town, either.  
How to

get him into the AA census? There is a way, which will be described shortly. Duplication of reporting can occur in those areas where there are many groups and where some members regularly attend two to four group meetings a week. Obviously each member should be counted by only one group. Each member, it would seem, ought to have a group with which he clearly establishes this. Ordinarily, but not in every case, it will be the group in the community where he resides. To be considered a member of a group, should not a person attend the group's meetings at least occasionally, participate in group activity in some manner, take occasional Twelfth Step calls, and introduce to his group new prospects who live in the vicinity? It is hardly fair to a group with certain financial responsibilities involved in "carrying the message" to consider someone a "member" who attends one meeting in a year and drops a quarter in the collection box. Each case, of course, should be considered on its merits, but the total picture is bound to be confused when a secretary counts as an active member of the group a person who in fact is completely inactive and who has neither displayed any interest in the group nor in any way contributed to its welfare during, perhaps, the past six months. Can we, then, in view of what has been said evolve some general principles that may be helpful in achieving a reasonable uniformity of method when making membership tabulations? The following may be a beginning:

#### Suggested Guides in Determining Membership in The Fellowship and in The Group for Census Purposes

1. A person is a member of AA whenever he or she chooses to say so.
2. When reference is made to those who have found recovery in AA, the figures quoted should include only those who have had a definite period of uninterrupted sobriety at the time of tabulation.

The length of this period may vary from group to group, unless a general agreement

could be reached on an approximate period.

3. An AA member should be counted as an active member of a specific group only if he

displays some interest in that group and periodically contributes to its welfare

by

attending meetings or by carrying out other group responsibility at least on a minimal basis.

4. A member should be counted for census purposes by one group only, generally the

group geographically nearest his home, unless he has established clearly defined

affiliations with some other group.

5. In addition to active members affiliated with a local group, there may be in

the

community persons who at one time were actively associated with AA and who are believed to be still affiliated with AA in spirit. They are believed to be

sober

and

are not known to belong to any group. They might be termed inactive members, for

census purposes.

In the community also may be some former members of AA who neither display any interest in the local group nor achieve any success at maintaining sobriety.

There is

no reason, it would seem, for including them in any current tabulation. If they

really belong, time will tell and they can be included in a later edition.

## Summary

In reporting membership for census purposes the secretary or other officer might use

the following guides in arriving at the total number of members to be reported to

General Service Headquarters:

(a) active members sober (for example) three months or more.

(b) active members sober less than three months (or whatever period the group decides).

(c) inactive members in the community who are believed to be affiliated with AA

in

spirit, who maintain sobriety, and who are believed not to be affiliated with any

specific group.

These suggested classifications would be solely to guide secretaries in determining the group's size. They would not give us any new kinds of membership, nor set up any arbitrary membership "rules." All are AAs exactly as before. If observed, the classifications would merely facilitate counting and help to eliminate duplication. They are doubtless far from perfect and it is perhaps altogether impossible to devise definitions covering such broad concepts as "recovery" and "membership" to fit every case. Yet, if some definitions such as those given were used and if the groups were given an opportunity to become completely familiar with them over a reasonable period of time, more precise reporting of census figures would almost certainly follow. An individual group would know exactly where it stands today as compared with a year ago and with two years ago. The same could be said with respect to the movement as a whole or with respect to any geographical section, such as a city or a state. What do you think ?

-----T-A-B-L-E-S-----

AA Worldwide Membership  
Spring 1954\*  
GROUPS MEMBERSHIP  
4,159 Groups in U.S.A 92,548  
504 Groups in Canada 9,149  
Groups outside U.S.A.  
354  
and Canada. 9,359  
151 Hospital Groups 4,425  
233 Prison Groups 12,149  
-- Lone Members 168  
-- Internationalists 98  
5,401  
128,296

\* as reported to General Service Headquarters for publication in  
The Group Secretary's Handbook and Directory, April 1954

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to combine its annual dinner with a regional meeting and ask the cooperation and participation of all groups in the region. The assembly is scheduled for the entire day of January 31 at the hotel with the forums and gatherings in the morning and afternoon. The dinner in the evening will climax the day.

A.A. Pilots Friendship Train -- The Milwaukee Railroad had the choice of its crack engineer to carry the Friendship train as far as Dubuque, Ia "And whom do you think got the honor?" asks Hildagarde of the A.A. 'Tribune'. "Old Dingbat who had been fired under Rule G and who is now back at the throttle because of A.A."

Institute Shows Results -- Effects of the recent Institute held at the University of California at Berkeley, Cal, are already beginning to be felt in the San Francisco Bay Area and the Bay Area Groups are very happy over it. Two municipal court judges have come out recently with public statements regarding the "drunk" problem, one of them, Municipal Judge Twain Michelsen of San Francisco saying "eighty per cent of the county jail population consists of inebriates." Judge Michelsen said he fully intended to free all men brought before him on drunkenness charges, unless they seemed in need of medical care. In this way, he said, he hoped to focus public attention on the problem. He reached his decision after a tour of the "drunk tanks" in San Francisco police stations on which he was accompanied by the executive secretary of the San Francisco Committee for Education on Alcoholism. Judge Christ B. Fox of the Oakland Municipal Court is turning the consideration of the problem of drunks appearing before him over to two probation officers, one of whom spent last summer at the summer session of the Yale clinic. Judge Fox said that while he cannot sentence men to A.A. he can at least guide their footsteps that way. . . . The Richmond Group reports that it is fortunate in having a very liberal minded newspaper publisher who has given a full column, written by a member of the group, every Thursday afternoon. This has appeared for seven months and the group has been advised

that it will appear as long as copy is provided. . . . The Richmond Group also furnished the main luncheon speaker at the Kiwanis Club luncheon recently and the same speaker will be scheduled for several other civic group meetings.

That Wagon Again -- What is probably the first police raid on an A.A. group was the distinction received by the Tidewater Group at Norfolk, Va., recently. A few members of the group were sitting around the still unopened new quarters one evening discussing improvements to be made when the police vice squad received information that the "joint" (the quarters had been illegally used by preceding tenants), recently padlocked, was open again. The police burst in on the preoccupied alkie, proclaiming a raid. They were considerably more embarrassed than the A.A.s . . .

The move to these new quarters at 505 and 517 Colley Avenue, Norfolk, is the second in 17 months as the result of the growth of the group. Ironically both the first quarters and the new ones were lavishly equipped with the most adequate facilities for dispensing alcoholic beverages. The bars left by previous tenants provided quite a familiar atmosphere for the incoming group and serve well as coffee bars.

Social Calendar Full -- San Antonio, Tex., A.A.s had a full social calendar for fall, with the women of the auxiliary inaugurating a series of Sunday evening suppers.

The first was an all-Mexican affair with a spaghetti supper, a barbecue and others following. For the fall party for the children and members, there was professional entertainment including a skilled hypnotist who put several members "under." .

For the first time in the history of the club there was a one year birthday party for both a husband and wife with a beautiful cake served during the social hour. .

Recent speakers at the meetings have included the Rev. Everett H. Jones,

Episcopal

bishop of San Antonio, Star Dailey, U. S, Congressman Paul Kilday and others.

.  
. .

For the fall party one of the members arranged and had printed 200 copies of a song book for social gatherings and the holiday season.

Many Cakes Cut -- An increasing number of one year sobriety anniversaries is making

the West Palm Beach, Fla., Group, proud of its "step away from infancy."

Recently

four were celebrated in one night with the cutting of the symbolic, cake and presentation of books to the men and flowers to the women. A little later a party was

given for one member, originally from the pioneer Greenwich, Conn., Group who was

celebrating his eighth year. . . . A policy of visiting group speakers has been

inaugurated in cooperation with Ft. Lauderdale and Miami.

Visitor Finds Growth -- On a recent trip through Eastern Canada, New York and Chicago, a member of the Beacon Hill Group, Victoria, B. C., Can., found steady

growth in the various groups he was able to visit, according to the Beacon Group

publication. In Winnipeg he found a membership of well over 100 with two groups,

Winnipeg No. I and the Assiniboine Group. The latter, showing good progress since its

formation a year ago, recently held a successful week-end at a well known holiday

resort a few miles out of Winnipeg. . . . The Capital City Group of Ottawa is now

meeting in St. Patrick's College after holding their meetings for a long time in

the

Justice building, headquarters of the famed RCMP. . . . The group in Montreal Canada's largest city, is really going to town with several English speaking groups

and a recently-formed French speaking group. An open meeting in Montreal recently

attracted more than 250. . . . The club room at 1170 Yonge Street, Toronto, is

well patronized, too.

Open Meeting Series -- The combined groups of Rochester, N. Y., recently inaugurated

a series of open meetings in the auditorium of the Brick Church Institute, 121 North Fitzhugh Street, with outstanding A.A. members as speakers. A New Rochelle speaker was heard at the second meeting. At 'The Grapevine's' press time it was reported that the third meeting would be in with the Western New York regional conference. . . .  
Another new group has also been formed in Rochester.

Ministers are Guests -- Two closed meetings are held each week by Spartanburg, S. C., to each of which two of the local ministers are invited. Invitations will be continued until all ministers in the c i t y have been asked. Members feel that they need the ministers' help while the ministers in turn have been asking for help from A.A. on numerous occasions. . . . The group is also sending a year's subscription to 'The Grapevine' each month to one doctor and one minister until it will be in the hands of all doctors and ministers in Spartanburg. . . . The group has just moved into new quarters at 109 Wall Street in the heart of the city which provide a meeting room, four small rooms which are used for showers, telephone and coat room, game room, kitchen and another large room which is the club room. . . . Family night is enjoyed the first Friday of each month and members of the group go out for a supper get-together once each month.

Big Open Meeting -- the Montgomery, Ala., Group recently invited all others to a big open meeting in the city auditorium where a member of the Jacksonville, Fla.. Group, was the speaker, introduced by an Andalusia member. The club room at 16½ South Perry was open throughout the day and immediately after the program there was an informal

social session with refreshments in the club room.

Secretary Dies - Death of its secretary for many years, Bill M. was reported recently by the Indianapolis, Ind., Group. All regular services and activities are continuing without interruption and with as little change as possible, the mail address, P.O. Box 1474 and phone FR 2743 remaining unchanged. One of the members has been serving as temporary secretary until a permanent selection can be made.

Films Shown - An overflow crowd of 400 attended a recent special meeting of the South Bronx Group at Jerome school, 222 Alexander Avenue, New York, N. Y. In addition to three outstanding speakers the film, "I Am An Alcoholic" and last year's picture, "Problem Drinkers," were shown with sound. A motion picture executive, a non-alcoholic friend of A.A. donated the equipment and operated the machine.

Asheville Into New Quarters -- Formed in March, 1944, and now numbering 60 members, the Asheville, N. C., Group recently moved into its new club and celebrated with open house. Included in the new home are a spacious lounge, comfortably furnished club rooms, coffee bar, large logburning fireplace, a pool table and two bowling alleys.

New Groups Announced -- Inauguration of several new groups has been reported to 'The A.A. Grapevine.' Because their work on night shifts prevented them from attending their regular evening meetings, 11 members from the seven Grand Rapids, Mich., Groups have formed their own daylight group, the first meeting being held November 26 in the YMCA where the members met for lunch, followed by the first session. Members of other groups in the city have been invited to attend the meetings and from the enthusiasm shown the daylight group gives promise of becoming important. Meetings are

held

Wednesdays from 11 a.m. to 1 p.m. and afford an opportunity for many A.A.s who  
lunch  
downtown as well as visiting members to attend a midday meeting.

Two members of the Aberdeen, S. D., Alno Group were instrumental in forming a  
group  
at Britton recently. Starting November 6 with the Aberdeen Alno Society coming  
up  
about 20 strong, the group recently had eight new members. At the first  
session  
the  
Methodist minister and state attorney were present. The address is P.O. Box  
82,  
Britton, S.D.

The organization meeting of a group at Vernal, Utah, was held at the Uintah  
County  
courthouse November 30 with representatives of A.A. from Salt Lake City,  
Provo,  
and  
Spokane, Wash., on hand to help. The first gathering, an open one, was helped  
by  
local radio broadcasts and newspaper publicity.

Six members were present from Lake Wales and four visitors from Tampa and  
Barlow  
when  
the Lake Wales, Fla., Group got under way early in November. This group is  
affiliated  
with the Polk County Group in Bartow, which will continue to aid the new  
organization. . . . The county organization was aided greatly by the 'Lakeland  
Ledger's' favorable publicity. . . . At a recent Barlow meeting there were 55  
present  
and it was necessary to move from the club rooms to a furniture display room.  
The  
Adelia Group of Tampa was in charge with visitors from Sebring.

The new group recently formed in Ypsilanti, Mich., has announced that it is  
holding  
closed meetings on Wednesdays at 8 o'clock at the Kaiser-Frazer chapel, Willow  
Run.  
Mailing address is P.O. Box 210, Ypsilanti, Mich.

Nearly 50 members of the Dubuque, Ia, Group, along with similar caravans from  
other  
cities went to the Amvets hall in Manchester recently to attend the first  
meeting of

the group's there.

Emulate Mates -- The Associates, so named because of the members' desire for close association to their A.A, mates has been formed in Santa Rosa, Cal., following the pattern of the Family Group in San Francisco. Meetings are held once a week in separate quarters, but in the same building us the Santa Rosa Group. After the meetings the two groups join for a social hour. Influenced by the article "Husband Sees Rich Rewards for Non-Alcoholics" in the April issue of 'The Grapevine', the members met early in May and drew up a series of "steps" similar to those of the Family Group, including the recognition of alcoholism us a disease and through study and meditation to aid the other in maintaining sobriety, to apply the 12 Steps to every day living, to give moral and material support to families of the group, and In substitute tolerance and understanding for resentment and fear.

Broadcasts Bring Response -- Reaction from listeners to a series of broadcasts begun November 23 over station WCSH are reported as gratifying by A.A. members in Portland, Me. Heard at 1:15 Sundays, the series calls for nine broadcasts. . . .  
Portland A.A.s are also pleased with their progress in the last six months. A new club room was acquired about that time and has been furnished mostly by gifts. Coffee facilities, telephone and radio are available. . . . Meetings are held twice a week with an average attendance of about 30.

Watertown Reports -- From "this high, dry and windy country," the Watertown, S. D., Group asks, "How about recognition of our group? We are 16 strong with periods of absolute sobriety ranging from one to 16 months." The address is P.O. Box 398, Watertown, S. D. . . . In this area the open meeting of the Bismarck-Mandan Chapter held recently received a large amount of newspaper publicity which has been helpful in making contacts.

No Customers -- From San Diego, Cal., comes an account from a column in the

'Daily

Journal 'which says, "A few evenings back as the Continental room of the Hotel San

Diego was being prepared for a banquet, a barman burst into the scene, hurried to the

darkened bar off to one side and complained to waitresses within hearing that he

hadn't been notified, had no chance to get extra help and had to try to service

500

people alone. An assistant manager heard his grumbling. 'I guess you don't know

what

banquet this is,' he told the barman. 'You can put your bottles away.' It was the

annual dinner of A.A. The bar remained dark all evening."

Anniversaries Adding Up -- The Orchard Grove Group was organized eight years ago

as

the first group on the west side and the second in Cleveland, O. A roundup of the old

timers who contributed much to Cleveland's A.A. growth was held in Lakewood Community

Center recently with the Lakewood and Lakewood-Clifton Groups collaborating to make a

memorable meeting.

The fifth annual banquet sponsored by the Life Group of Grand Rapids, Mich., set

a

new attendance record of 165 at the Rowe Hotel where a turkey dinner was enjoyed

and

a member from Chicago talked. In addition to representation from the seven Grand

Rapids Groups, A.A.s came from Muskegon, Battle Creek, Kalamazoo, Allegan, Greenville

and Saginaw. A member from each group was invited to speak briefly by the chairman,

and the growth of A.A. in Western Michigan and unity of spirit were the favorite

topics.

"Wichita did it again," it is triumphantly reported from that city in Kansas with

regard to the third anniversary which drew about 350 persons, representative members

from eight states. Included in the two day session were speeches by the founder of the Des Moines, Ia, Group, the founder of the Amarillo, Tex., Group, a woman member, and Dr. R. M. Gouldner, prominent non-A.A. Wichita physician and surgeon who has assisted the group.

In observance of its second anniversary the Wakefield, Nebr., Group met at the American Legion hall, after which there was a social hour with refreshments.

At the evening banquet a steak dinner was served to 89 members, wives and guests, while a nine-piece orchestra provided music. . . . In connection with the observance it was recalled that the first meeting in the vicinity was held July 12, 1945, with four members and three visitors from the Sioux City, Ia, Group. After five meetings were held the group was disbanded, the members affiliating with the Sioux City Group.

On January 17, 1946, meetings were resumed with five members from Pender, two from Wayne and two from Wakefield. Eight members from Sioux City assisted in getting the Pender-Wakefield Group started. Of these members six are still active and one has died. For about a year meetings were held in homes, after which meetings were held in Wakefield as being most centrally located of the towns represented which include Rosalie, Bancroft, Pender, Wakefield, Wayne, Pilger, Madison, Stanton, Norfolk, Pierce, Wausa, Bloomfield, Crofton, Hartington, Newcastle and Ponca. Total active membership is 36, with four of more than two years' standing, three with 18 months or over and six a year or longer. About 125 A.A. members and guests gathered in Lutheran Parish church, Waverly, Ia, to honor the Waverly, Tripoli, Allison, New Hampton and Clarksville members celebrating their second year. Dinner was served by the

church

women, while a member from Cincinnati was chairman and introduced a Minneapolis member who gave the address of the evening.

The Alconon Group of Ft. Wayne, Ind., had its first anniversary banquet at the YMCA.

Seating space being limited, invitations were confined to those groups who had cooperated in an exchange of speakers and visitors. The speaker of the evening was a

member from Indianapolis. Among those present were members of the Defiance, O.,

Warsaw, Lagro, Logansport, Muncie, Kendallville and Albion Groups.

Exchange Leadership -- "Reciprocal A.A." is a new plan being tried by groups in the

Long Beach, Cal., area, meaning that on a given date another group is requested

to

take over the meeting with leader, co-leader, speakers and others from the visiting

group. Since there are some 80 to 100 groups within easy driving distance it is

regarded as being possible to set up a long time program avoiding too frequent appearance of the same speakers. . . . The East Bay Group, which reports this plan to

'The Grapevine' now has grown to 34. Since there are only 103 chairs available at the

Naples hotel dining room and attendance is usually more than that, a set of "wall

stretchers" or a division of the group may soon be necessary.

A.A. In Veterans Facility -- What 'The Grapevine's' correspondent believes to be

the

first group formed in a Veterans Bureau Facility was started recently at Mountain

Home, Tenn., with the full cooperation of Col. Lee B. Harr and the staff doctors. The

Johnson City Group helped in the organization which includes members from Maine

to

California. Meetings are held in the staff doctor's consulting room.

Cleveland Over 2,000 Mark -- The result of the annual census conducted by the Cleveland, O., district office shows that there are now approximately 2,300 persons

in Greater Cleveland actively participating in the A.A. program. This total is

comprised of group membership figures submitted to the office by secretaries.

Boston Birthday -- The Boston banquet celebrating the seventh anniversary of A.A.

there drew a capacity attendance -- 800 -- at the Hotel Copley Plaza on Wednesday evening, Nov. 19. This sellout of banquet tickets was an indication of the strides

A.A. itself has made. In the same hotel, 510 attended last year and 225 in 1945.

A.A.

co-founder, Bill W., discussed the 12 Points of Tradition. He told his audience

"we

will avoid any exclusiveness, material wealth, tempting alliances, controversy, professionalism, promotion and public pressure. We are weaker than the average and we

need not take such risks. You and I, as alcoholics, can sit down and talk over our

problems with our brothers and sisters -- and that's all. The less we have to do

with

organization and prestige, the better."

Other speakers included A.A.s from Maine, New Hampshire and Connecticut.

Special

guests were the newly appointed members of Massachusetts Governor Bradford's Commission of the Study of Alcoholism which will serve for four years. Helen

B.,

the

Boston secretary, reported a membership of 1,450 associated with the Boston office.

Since March of 1946 when the Boston Central Service Committee of A.A. opened, membership of A.A. groups has mounted from 13 to 59 in Massachusetts, Maine

and

New

Hampshire.

Massachusetts Notes -- The East Milton Group held a pre-Christmas party on

.Sunday

night, Dec. 14. There were presents, etc., and as a feature, an "all-A.A. orchestra"

provided the music for dancing . . . Southbridge, Group has become associated with

Central Service Committee in Boston. Meetings are held Monday nights at 8:30 and

is

an outgrowth of Worcester No. 1 Group . . . Waltham Group has opened up with meetings on Friday nights at 8:30 at 712 Main St. . . . Attleboro Group has shifted its meeting hour from 8:30 to 8 p.m.

Reciprocity Move -- Salem, Mass., Group put on an open meeting that packed the large hall in Town House Square on Friday night, Nov. 28, when the members of Manchester, Conn., Group conducted the meeting. Salem A.A.s had previously gone down to Manchester to put on a meeting there. The Rev. Fr. James P. Timmins of Manchester, a non-alcoholic but long a supporter of the A.A. group there, was the guest speaker in Manchester.

New Hampshire Jottings -- East Jaffrey, a new group started several weeks ago, held an opening meeting in the Town Hall on Wednesday night, Dec. 3, with Massachusetts visitors providing all the speakers. Malden, South End, Woburn, Somerville, Quincy, Arlington, Medford, Cambridge, Fitchburg and other Bay State group members made the trip by auto to lend support. The group meets on Saturday nights at the Firemen's Hall at 8 p.m. . . . Nashua Group is holding its meetings on Sunday nights at 8 p.m. at the Church of Good Shepherd hall.

Boston Experiments -- The Central Service Committee at Boston is letting delegates thresh out the method of running the All-Group meetings on Wednesday nights at 30 Huntington Ave., Boston, next year. Earlier this year, the old practice of having each group associated with Central Service conduct a meeting was followed and then some experiments were tried: "a married couples' night," "a women's night," and several "oldtimers' night." Then the delegates switched to the appointment of individual A.A. members to have complete charge of the program and selection of speakers. This made for variety in speakers and enabled the meetings to get away from





What he said was—and there was a touch of grimness in the way he said it: "You can chalk that victory up for Alcoholics Anonymous."

To pitch a no-hit game in these days of power-hitting demands a rare combination of skill, endurance, intelligence and plain luck. The pre A.A. Don Black could have contributed none of them.

Like the thousands of other ex-drunks who have banded themselves together for mutual protection in Alcoholics Anonymous, Black asks and accepts no personal credit for the startling reformation that lifted him from the brink of obscurity into the company of baseball immortals.

Black didn't drink because it was fun. He drank because he couldn't help himself. But Alcoholics Anonymous helped him as it has helped thousands.

In his gratitude, Black has voluntarily renounced his anonymity that is one of the foundation stones of A.A., in order to publicize the job that the organization can do for the thousands who are afflicted as he was.

Connie Mack, 85 year-old manager of the Athletics, was easily the most surprised person in the Cleveland Stadium the night Don Black shut out his hard-hitting team without a hit or anything resembling one.

Connie, noted for his patience with base-ball's problem children, lost patience with Black after several years of trying to induce him to give up liquor and capitalize on his baseball talents. Connie appealed to Don's pride, to his pocketbook and to his sense of loyalty to his wife and two pretty young daughters. Nothing worked.

The Athletics finally were glad to let Black go to the Cleveland Indians.

In 1946 Black won only one game for Cleveland. He was shipped down the river to Milwaukee where against minor league opposition, he lost five games, won none.

Shortly after Don had been sent to the minors, Bill Veeck, a 32-year-old ex-marine whose father had been president of the Chicago Cubs, organized a syndicate that bought the Cleveland franchise. Veeck knew how badly the Indians needed pitchers and he knew that the alcoholic Black couldn't help them. But he also knew about A.A.

When the Milwaukee season ended Veeck asked Black to stop off in Cleveland on the way to his Virginia home. He and his business manager talked long and earnestly with the wayward pitcher. They found only one encouraging sign: Black admitted despairingly that the stuff had him licked.

"Not if you can say that," Veeck assured him.

He sent for some representatives of Alcoholics Anonymous. They told Don that every one of them had been a drunken sot who had been restored to a respected place in the community through the understanding offices of A.A. With a shrug that said: "What can I lose?" Don agreed to give it a trial.

Veek obtained a winter job for him in Cleveland and the A.A. organization went to work.

Don made his first semi-public appearance at a dance given by Veek. Some acquaintances failed to recognize the good-looking clear-eyed man who, accompanied by a pretty young woman, smiled a hello, asked if he might sit at their table, and ordered a coke.

The acquaintances responded with a vague "good evening," prepared to resume sipping their highballs and then, with a "double take" straight from the Hollywood studios, saw that the late arrivals were Don Black and his wife, Betty.

Don's first pitching assignment in the 1947 season was against the Detroit Tigers. He won 5 to 3, but it was a tough game. In one of the middle innings, when he was engaged in pitching his way out of a jam, a press box cynic speculated: "I wonder what he'd give for a slug of bourbon."

Black answered the question later with a smile.

"All I wanted in that situation was a fresh stick of chewing gum. Bourbon doesn't even tempt me."

Later he was subjected to a stiffer test when he lost a succession of extremely well pitched games through the batting weakness of his teammates. But A.A. was still on the job to encourage him.

"I'm living a new life," Black said recently. "I'm beginning to appreciate friendships I almost ruined. Physically, I'm 100 percent improved. I'm grateful to a lot of folks in and out of A.A. who helped to keep me from sliding all the way down."

Betty Black's eyes were moist as she added her testimony:

"It's hard to put into words. Just say we're happy now."

With the 1948 season well under way. Black was pitching well for Cleveland and still a total abstainer.

Black is not the first ball player to be saved by Alcoholics Anonymous. Rollie Hemsley was a notorious drunkard when, several years ago, he placed himself in the hands of A.A. At that time there was no A.A. group in Cleveland, and Hemsley had to go to Akron to meetings. Today Cleveland has more than 70



The page numbering of the basic text was 1-179 in the 1st edition. The Doctors Opinion was originally page 1. Bill's Story became page 1 in the 2nd edition (nobody really knows why Bill did this but there is a lot of speculation).

As early as the 2nd edition Bill sensed that the Fellowship was resistant to changing the basic text and in his presentation to the 1955 General Service Conference, he was careful to inform them that the main objective of the 2nd edition was to change the personal stories to better reflect the makeup of the membership. His report stated: "Not an iota" of the first part of the text dealing with recovery principles had been changed. The inside flap of the 2nd edition dust jacket carries the statement "Of course, the basic text itself, page 1 to page 165 [sic], remains substantially unchanged. To the minds of most A.A.s, this should stand as first written."

The foreword to the 3rd edition reinforces this, and probably best describes the prevailing sentiment with the statement "Because this book has become the basic text for our Society and has helped such large numbers of alcoholic men and women to recovery, there exists a sentiment against any radical changes being made to it. Therefore, the first portion of this volume, describing the A.A. recovery program, has been left untouched in the course of revisions made for both the second and third editions."

While there have not been any radical changes to the basic text of the Big Book, there have been many selective wording changes over the years (including two wording changes to Step 12). Among the changes:

§ The wording of Step Twelve changed in the 2nd printing of the 1st edition Big Book. The term "spiritual experience" was changed to "spiritual awakening" and "as a result of these steps" was changed to "as a result of those steps." Appendix II Spiritual Experience was added.

§ In the 11th printing of the first Ed. Big Book, the term "ex-alcoholic" was replaced by the terms "ex-problem drinker" or "non-drinker." (www)

§ The wording of Step Twelve was changed back to "these steps" in the 2nd printing of the 2nd edition.

§ In places that expressed values, terms were updated to express growth (e.g. "scores" changed to "hundreds" changed to "thousands" etc). Also, foot notes were added.

Several web sites have tables that detail the changes from edition to edition.

#### Punctuation Changes

In the 4th edition, punctuation changes were made to Dr. Bob's Nightmare. I've witnessed members assert that this reflects the Trustee's Literature Committee

being non-responsive to the Conference's advisory actions that the story "remain as is."

My own take on it is that it was likely an honest mistake and the Conference has only itself to blame for the outcome due to far too many advisory actions being passed on the matter. In two of the advisory actions, the Conference authorized the literature folks to make punctuation changes if they were done to correct errors. It could very easily be interpreted to include all the "remain as is" sections. On the other hand, it can very easily be interpreted that "remain as is" means "remain as is." The 2003 Conference allowed the changes to stand.

"Protection" of the Traditions, Warranties of Article 12 and Steps

There are some Conference advisory actions on other matters that appear to be getting intermingled with the notions of protecting the Big Book. These matters form a crucial part of the resolution passed at the historic 1955 "coming of age" 20th Anniversary Convention which allowed the Conference to act for Alcoholics Anonymous and become the successor to its co-founders.

The ending paragraph of the original resolution stated a requirement to have 3/4 of "the registered A.A. Groups of the world" approve any amendment or change to the Twelve Traditions or warranties of Article XII of the Conference Charter.

The 1976 Conference, by resolution, expanded upon this with the following:

It is resolved by the 1976 General Service Conference that those instruments requiring consent of three-quarters of the responding groups for change or amendment would include the Twelve Steps of AA should any such change or amendment ever be proposed.

In case a change is needed in the Twelve Traditions, the Twelve Steps, or the Six Warranties of Article 12, wherever the words "registered AA groups of the world", "registered groups" or "directory-listed groups" appear in the AA Service Manual and Twelve Concepts for World Service, a bracketed sentence be inserted to state, "This would include all AA groups known to the GSOs around the world."

There is good information on this in the Service Manual & 12 Concepts for World Service.

Hearsay versus History

Your posting reflects something that pops up quite a bit in AAHistoryLovers and I want to be careful and respectful in how I address it.

The "verbal tradition" seems to be strongly entrenched within AA (often I fear

to the detriment of accuracy). There is a prevailing notion among AA members that duration of dry time somehow equates to degree of accuracy - that if someone is an "old-timer" they are automatically passing on accurate information by virtue of their being sober for some time.

I love our old-timers and respect them deeply, but they can be just as misinformed as a day-one newcomer. It all depends on what the old-timers are relying upon as their source of information. Too often we presume old-timers are direct observers when in fact they are simply repeating something they heard from somebody else. Repetition then gives rise to a sense of reliability of whatever is being passed on when, in fact, it may amount to nothing more than propagating myth.

Anecdotal information is probably the least reliable of all. People can very sincerely state something that they believe is true but which turns out to be quite inaccurate - this is the difference between myth and fact. There is an awful lot of misinformation floating around AA by virtue of giving preference to verbal, rather than written, sources.

Cheers

Arthur

----- Original Message -----

From: Ed Adami

To: AAHistoryLovers@yahoogroups.com

Sent: Sunday, October 19, 2003 8:55 AM

Subject: [AAHistoryLovers] 1st 164 pages, not protected from changes?

Hi all,

My curiosity has been aroused about the first 164 pages of the book "Alcoholics Anonymous" AAWS publication. I have been told by a several members that have been sober quite some time, that the "Big Book" content of the first 164 pages is protected from change, unless agreed upon by a significant majority of the membership. I was informed by a Trustee upon questioning that this is not the case. He told me that a number of the materials are protected as such, but the "Big Book" is not currently protected in any such manner.

Further, I would like info. on what materials are protected, and by what measures.

Before I close, I would like to say that, there was information passed along at a "Forum" that the publication is currently in the process of having some punctuation changes made back to the original, or at least previous



Cincinnati,  
Ohio,  
Fellowship of A.A. a friendly pat on the back recently in an order exempting  
its  
property from taxation. Exemption of the Group's residential property at 405  
Oak  
Street was granted on the ground that it is used exclusively for charitable  
purposes.  
The order applied only to the Cincinnati Fellowship. Other units of A.A.  
operating in  
Ohio are understood to rent the property used for meeting places. Along with  
the  
order came a commendation from the board which said in part: "As this is the  
first  
exemption asked by an institution of this character the board feels that it  
should  
receive such consideration and comment as it richly deserves. Many  
applications  
come  
to this board for exemption on charitable grounds wherein it is extremely  
difficult  
to ascertain that charity is actually dispensed. The present requests are  
indeed  
refreshing in that herein is found affirmative answer to Cain's question, 'Am  
I  
my  
brother's keeper?'" The news story in the 'Cincinnati Enquirer' then goes on  
to  
praise A.A. and tell of its work.

New Members in Earnest -- The Dumont, N. J., Group, founded in December, 1946,  
as an  
offshoot of the large Hackensack Group, continues to help alcoholics in North  
Bergen  
County. In the past six months the attendance has grown from about 15 to 30  
active  
members at closed meetings, every other Friday, and more than 50 for open  
meetings,  
these latter not including the public. New members are reported as following  
the  
program in an especially serious way. Most of these are in their late  
thirties,  
one  
in the late twenties. Recently meeting was held for members of the clergy,  
medical  
profession and police of North Bergen County, about 300 being invited. One of  
the  
speakers was Dr. E. Blaisdell, senior director, Rockland State Hospital,

Orangeburg,  
N. Y.

Attend Tri-State Banquet -- Thirteen members of the Pioneer Group of Winona, Minn., recently went to Madison, Wis., where they attended the Tri-State anniversary banquet and open meeting sponsored by the Madison Group. One carload got lost on the return trip, not from nipping, and traveled back by way of Black River, a considerable distance out of line. The Pioneer Group has been advertising in the personal column of the 'Republican Herald' as follows, "Problem or Compulsive Drinkers. We help ourselves by helping you. Write Alcoholics Anonymous, Pioneer Group, P.O. Box 122, Winona."

Non-A.A.s Aid Growth -- Non-alcoholic wives and husbands of the members of the Houston, Texas, Suburban Group have banded together to understand better the program and in an attempt to adjust themselves to any possible change which occurs in a member of the family upon accepting the program and working closely with the 12 Steps. This auxiliary has been successful in many ways in promoting the growth of the Suburban Group, which now meets in its new clubhouse at 1949 Richmond Road. "Like a 'voice crying in the wilderness' we are endeavoring to offer a way of life to more than 36,000 known alcoholics in this city," the report to 'The Grapevine' says. "We are accomplishing this growth, not by shouting our wares from the roof tops but as a result of a quiet, dignified presentation of the drinking problem as we understand it, to both the medical profession and clergy. In this manner many alcoholic cases are presented to us and more than a few have accepted the program and are well on the way to complete rehabilitation. Like other groups, we have social functions as a part of our therapeutics, but the primary purpose of the group is never lost. We intend to safeguard the sobriety of our members and acquire the necessary knowledge and experience of the group to pass on to others having a similar

problem."

Army Co-operates -- Things are looking up for the Pioneer, Group on Okinawa with a regular attendance of between 10 and 15 at the two weekly meetings on Monday and Thursday. Quite a few have been coming in from the States who have been members there. An effort is being made to obtain clubrooms for use of the men in their spare time. Recently an Army chaplain and a chief psychiatrist, Captain Horneck from the Army base hospital were present. This hospital cares for men from the camp, which now includes about 2,000 men.

Brady Tries Open Meeting -- Although started only in August, 1947, the Brady, Texas, Group recently held its first open meeting for the public. The group numbers less than 10 members and there was some doubt as to public response. However, more than 300 representatives of business, professions, civic clubs and churches turned out, although the city's population is only about 7,000. Speakers from the San Angelo, Coleman and Seminole Groups helped to give the session a lift.

What Newspapers Say -- Discussing the flourishing branch of A.A. in the State Prison at Waupun, Wis., of which John H. Woodhouse of the prison record office has been adviser, the 'Milwaukee Tribune' concludes in an editorial, "A.A. at the Prison," that A.A. is an excellent form of group therapy and that "perhaps there is a clue to the direction we should take in the success of A.A. at the prison. It is at least worth thinking about."

A feature story in the Pittsburgh, (Pa.) 'Press' recently ran to more than a column with a description of how a hospitalized alcoholic became a member. 'The Press' praises the more than 500 Pittsburgh members who celebrated the seventh anniversary of their group in Carnegie Music Hall recently.

Recently a newspaper editor from Prince Albert, Sask., Can., who has been "lone wolfing" it, in his efforts to start a group there, made a 2,800-mile trip to attend a third anniversary celebration in Winnipeg. Since that time in a column in "The Herald," Speaking for Myself," he has written a series of articles discussing various phases of A.A.

Pat Paterson, writing in the Paterson, N. J., 'Morning Call' heads a recent column "Tipplers' Tip," or "Better the Slip Before Cup Reaches Lip" and points out that of 29,000 chronic alcoholics in New Jersey less than 800 each year are given treatment in private and public hospitals. Less than 50 per cent of the general hospitals refer alcoholics to other institutions or organizations," he writes, but of those who do 21 per cent of their patients are referred to A.A. Nine out of 12 mental hospitals report that they refer their patients to A.A. and at one institution investigating professors learned there is a chapter there."

Want Clubroom in '48 -- Members of the Aberdeen, S. D., Group have adopted the slogan "A clubroom in 1948" and three energetic members have been assigned to combat the housing shortage in the community and find suitable quarters. Members of the group, founded in March, 1946, were entertained at a special Christmas party by the Gerhard Kiddie Troop, ages 4 to 12, who put on various dances. Several members of the Britten Group, started by three former Aberdeen members, attended. The group meets every Wednesday and Sunday night in the Milwaukee Women's clubrooms.

Six Complete Year -- Six men observed their first 12 months of sobriety at a recent meeting of the Pioneer Group of Winona, Wis., with members, their wives and guests

gathering at the Steak Shop. Four visitors from Eau Claire were present.

Business Men Endorse A.A. -- A resolution adopted by a unanimous vote of the directors of the Front Royal, Va., Chamber of Commerce recently read: "Whereas it has come to the attention of the hoard of directors of this chamber that a chapter of Alcoholics Anonymous has been organized in Front Royal . . . and whereas the members of this board are in thorough sympathy and accord with the purposes, aims and objects of the said organization: Therefore be it resolved . . . that this board . . . endorse the purposes, aims and objects of the said organization which has thus far resulted in accomplishments not heretofore believed possible of consummation."

Open Meeting Draws 900 -- An estimated 900 people thronged to the First Christian Church of Palestine, Texas, recently to attend the first open meeting of the group there. Although some guests were from surrounding counties, the attendance was believed outstanding for a city of 15,000. Among the speakers was Bishop Clinton S. Quin of Houston.

Get Clubrooms -- Clubrooms have been secured by members of the Staunton, Va.( Group, which reports it hopes to be installed in the quarters by the time this issue appears.

Attendance Wins Subscriptions -- At a recent meeting of the Endicott, N. Y., Group, it was voted to give all of those who have attended three meetings a yearly subscription to 'The Grapevine'. Fourteen names were included with the notice to this magazine.

Many Holiday Parties -- Although the holidays are weeks past, reports of a considerable number of observances have been sent to 'The Grapevine'.

Goshen, Ind., A.A.s joined with members at Elkhart, 10 miles distant, in celebration of New Year's, which was marked by an informal program, a short talk and a buffet supper, enjoyed by about 100 persons. The same two groups plan to join early in

February for the third anniversary party of the Elkhart organization which held its first meeting February 6, 1945. The Goshen Group will be a year old next July 21 and now numbers about 20 members who meet twice weekly.

An afternoon party at Kent, Ohio, was given over to the children with toys of all kinds to fit their ages. Ice cream, cake and balloons were handed out around a large tree. Presents were exchanged at the regular evening meeting and there was a songfest and dancing. Over 150 enjoyed the celebration.

About 50 children from the Polk County Juvenile Home in Des Moines, Iowa, were guests at the club there for a dinner, entertainment and gifts.

The Chattanooga, Tenn., Group gave food, clothes and toys to a family in which both parents are alcoholics. The kitty one meeting night before Christinns supplied the funds and the family was designated by the Salvation Army.

Los Angeles, Cal., A.A.s went to the Camarillo State Hospital for a party with alcoholic patients for an annual party and Christinas meeting. Many former patients, now members of outside groups, returned for the gathering. Two subscriptions to 'The Grapevine' were given as presents.

Music, coffee, a floor show, buffet turkey dinner and dancing made up the New Year's party program for Kansas City, Mo., Group members at Garrett Hall. A party for the youngsters was also arranged.

New Year's Eve was celebrated by Niagara Frontier A.A.s with a party at the Food Craft Hall in Buffalo.

The Guild hall of St. Stephen's Episcopal Church was the scene of the New Year's Eve

party in Spencer, Iowa, with many visitors from other groups in that section.

Wichita, Kans., A.A.s had two parties, a Christmas dinner at the club, and a New Year's Eve party.

With a guarantee in advance of "no headaches" the Rutland, Vt., Group celebrated New Year's at the club rooms with food, favors, punch, dancing and cards.

The first annual Christmas party of the Brighter Side Group, Waterloo, Iowa, was held before Christmas in the Sacred Heart Church basement parlors with an attendance of nearly 100 members and families. Visitors were present from Grundy Center, Reinbeck, Tripoli and Independence.

Like Open Meetings -- With regard to open meetings, our correspondent in San Luis Obispo, Cal., writes, "We began a group effort here on the 'open' basis largely because our members drove in from fairly great distances and the couples just naturally attended together.

"The same tendency was noted in general family relationships such as sister bringing brother. This was an open territory on the California Coast, and we have watched with interest the founding of other groups nearby. They have all seemed to grow in the open tradition, without any decisions taken by the founders.

"We have felt that the wives and close relatives of the alcoholics have helped in all phases of group work.

"Advantage has been taken of meetings in which we found ourselves 'closed' by accidents in attendance to sound out the members on the matter of holding closed meetings. There has been no desire for a change in that direction thus far.

"These comments are from small town experience. We shall be interested in reactions

from areas of heavier population." .

Indiana Anniversaries Observed -- That there were only two A.A.s in Ft. Wayne, Ind., five years ago, while now there are three groups in the city as well as others in Warsaw, Kendallville, Wabash, Monroeville and North Manchester was recalled at the recent anniversary banquets in Ft. Wayne and South Bend. Group I of Ft. Wayne observed its fifth anniversary with a banquet at the Chamber of Commerce with representatives of the groups mentioned as well as from Marion, Indianapolis, Lima and St. Mary's, Ohio, together with representatives of the clergy, medicine, business, professional leaders and city officials. A magazine writer of national renown was chief speaker. The South Bend banquet was held at the Oliver Hotel with 225 present.

Some New Groups -- Although a regular meeting hall had not been obtained at the time 'The Grapevine' was informed, Olean, N. Y., now has a group formed of members who formerly attended meetings in Salamanca and Bradford. Starting in October, these cities inaugurated a regular monthly joint meeting the second Sunday of each month with each group taking its turn as host. '

Another new group in this area is the Amherst Group in North Buffalo, whose members are meeting in the Main-Fillmore rooms at 2629 Main Street on Friday and Sunday evenings at 8 o'clock with the former a closed session.

Building on the foundation laid some months ago by J. M., Sioux Falls, S. D., attorney, a group has been formed in the South Dakota State Penitentiary at Sioux Falls. J. M. was aided by F. O., an inmate of the prison. Address is the South Dakota Penitentiary Chapter of A.A., Box 911, Sioux Falls, S. D.

First meeting of the Hutchinson, Kans., Group was held late last fall at the Leon Hotel and now numbers five men and one woman. Four of the present members were associated with the Wichita Group. Meetings are held twice weekly in members' homes,

Thursdays and Sundays.. Address is P. O. Box No. 845, Hutchinson.

The Johnson City, Tenn., Group recently sponsored a group at the National Soldiers' Home just outside the city and another at Elizabethton, both of which are growing well. The Elizabethton Group meets Tuesday night at private homes and ministers are honorary members. The Mountain Home Group has changed its meeting night to Friday at the Veterans' Administration Hospital staff room. Members of the two groups attended the Johnson City meetings in the basement of the public library.

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According to 'The Derelict Schooner' of Jacksonville, Fla., the St. Augustine Group had its first meeting just before the holidays at the home of G. W. with four members present. Three members of the Murray Hill Group also attended.

Seven new members at Manchester, Ia, started their own group recently with the aid of 130 other members from Dubuque, Cedar Rapids, Maringo, Oelwein and Waterloo. Principal speakers were from Dubuque and Wisconsin. Meetings will be held Monday nights at the home of T. C.

Frontier Has Paper -- 'The Niagara Frontier A.A. Bulletin' is the latest of the new exchanges to reach 'The Grapevine' office. The fourth issue is an attractive mimeographed sheet carrying a good selection of news as well as a table



English Coffee Improved -- "We report progress both in spiritual strength and in materially improving the potability of English coffee," reports our correspondent from London, England. "One stalwart who met A.A. through the Bermuda Group makes weary and frequent journeys from Portsmouth to help and to keep in touch. The members have gladly welcomed nine trans-Atlantic visitors since Bert T. and Grace O. did so much to get the movement started some months ago, but they still regard American and Canadian A.A.s as too much a stay-at-home crowd. We feel that with rationing and travel difficulties, numerous small groups adaptable to 'home visiting' will show the greatest rewards." The London members would like to hear from any other readers to help maintain and further a good relations policy. The contact is BM/AA1, London, WC 1.

A.A. Properly Tax Exempt -- The state board of tax appeals gave the Cincinnati, Ohio, Fellowship of A.A. a friendly pat on the back recently in an order exempting its property from taxation. Exemption of the Group's residential property at 405 Oak Street was granted on the ground that it is used exclusively for charitable purposes. The order applied only to the Cincinnati Fellowship. Other units of A.A. operating in Ohio are understood to rent the property used for meeting places. Along with the order came a commendation from the board which said in part: "As this is the first exemption asked by an institution of this character the board feels that it should receive such consideration and comment as it richly deserves. Many applications come to this board for exemption on charitable grounds wherein it is extremely difficult to ascertain that charity is actually dispensed. The present requests are indeed refreshing in that herein is found affirmative answer to Cain's question, 'Am I my brother's keeper?'" The news story in the 'Cincinnati Enquirer' then goes on to praise A.A. and tell of its work.

New Members in Earnest -- The Dumont, N. J., Group, founded in December, 1946, as an offshoot of the large Hackensack Group, continues to help alcoholics in North Bergen County. In the past six months the attendance has grown from about 15 to 30 active members at closed meetings, every other Friday, and more than 50 for open meetings, these latter not including the public. New members are reported as following the program in an especially serious way. Most of these are in their late thirties, one in the late twenties. Recently meeting was held for members of the clergy, medical profession and police of North Bergen County, about 300 being invited. One of the speakers was Dr. E. Blaisdell, senior director, Rockland State Hospital, Orangeburg, N. Y.

Attend Tri-State Banquet -- Thirteen members of the Pioneer Group of Winona, Minn., recently went to Madison, Wis., where they attended the Tri-State anniversary banquet and open meeting sponsored by the Madison Group. One carload got lost on the return trip, not from nipping, and traveled back by way of Black River, a considerable distance out of line. The Pioneer Group has been advertising in the personal column of the 'Republican Herald' as follows, "Problem or Compulsive Drinkers. We help ourselves by helping you. Write Alcoholics Anonymous, Pioneer Group, P.O. Box 122, Winona."

Non-A.A.s Aid Growth -- Non-alcoholic wives and husbands of the members of the Houston, Texas, Suburban Group have banded together to understand better the program and in an attempt to adjust themselves to any possible change which occurs in a member of the family upon accepting the program and working closely with the 12 Steps. This auxiliary has been successful in many ways in promoting the growth of the Suburban Group, which now meets in its new clubhouse at 1949 Richmond Road.

"Like a  
'voice crying in the wilderness' we are endeavoring to offer a way of life  
to the  
more than 36,000 known alcoholics in this city," the report to 'The  
Grapevine' says.  
"We are accomplishing this growth, not by shouting our wares from the roof  
tops but  
as a result of a quiet, dignified presentation of the drinking problem as we  
understand it, to both the medical profession and clergy. In this manner  
many  
alcoholic cases are presented to us and more than a few have accepted the  
program and  
are well on the way to complete rehabilitation. Like other groups, we have  
social  
functions as a part of our therapeutics, but the primary purpose of the  
group is  
never lost. We intend to safeguard the sobriety of our members and acquire  
the  
necessary knowledge and experience of the group to pass on to others having  
a similar  
problem."

Army Co-operates -- Things are looking up for the Pioneer, Group on Okinawa  
with a  
regular attendance of between 10 and 15 at the two weekly meetings on Monday  
and  
Thursday. Quite a few have been coming in from the States who have been  
members  
there. An effort is being made to obtain clubrooms for use of the men in  
their spare  
time. Recently an Army chaplain and a chief psychiatrist, Captain Horneck  
from the  
Army base hospital were present. This hospital cares for men from the camp,  
which now  
includes about 2,000 men.

Brady Tries Open Meeting -- Although started only in August, 1947, the  
Brady, Texas,  
Group recently held its first open meeting for the public. The group numbers  
less  
than 10 members and there was some doubt as to public response. However,  
more than  
300 representatives of business, professions, civic clubs and churches  
turned out,  
although the city's population is only about 7,000. Speakers from the San  
Angelo,  
Coleman and Seminole Groups helped to give the session a lift.

What Newspapers Say -- Discussing the flourishing branch of A.A. in the State Prison at Waupun, Wis., of which John H. Woodhouse of the prison record office has been adviser, the 'Milwaukee Tribune' concludes in an editorial, "A.A. at the Prison," that A.A. is an excellent form of group therapy and that "perhaps there is a clue to the direction we should take in the success of A.A. at the prison. It is at least worth thinking about."

A feature story in the Pittsburgh, (Pa.) 'Press' recently ran to more than a column with a description of how a hospitalized alcoholic became a member. 'The Press' praises the more than 500 Pittsburgh members who celebrated the seventh anniversary of their group in Carnegie Music Hall recently.

Recently a newspaper editor from Prince Albert, Sask., Can., who has been "lone wolfing" it, in his efforts to start a group there, made a 2,800-mile trip to attend a third anniversary celebration in Winnipeg. Since that time in a column in 'The Herald,' Speaking for Myself," he has written a series of articles discussing various phases of A.A.

Pat Paterson, writing in the Paterson, N. J., 'Morning Call' heads a recent column "Tipplers' Tip," or "Better the Slip Before Cup Reaches Lip" and points out that of 29,000 chronic alcoholics in New Jersey less than 800 each year are given treatment in private and public hospitals. Less than 50 per cent of the general hospitals refer alcoholics to other institutions or organizations," he writes, but of those who do 21 per cent of their patients are referred to A.A. Nine out of 12 mental hospitals report that they refer their patients to A.A. and at one institution investigating professors learned there is a chapter there."

Want Clubroom in '48 -- Members of the Aberdeen, S. D., Group have adopted the slogan

"A clubroom in 1948" and three energetic members have been assigned to combat the housing shortage in the community and find suitable quarters. Members of the group, founded in March, 1946, were entertained at a special Christmas party by the Gerhard Kiddie Troop, ages 4 to 12, who put on various dances. Several members of the Britten Group, started by three former Aberdeen members, attended. The group meets every Wednesday and Sunday night in the Milwaukee Women's clubrooms.

Six Complete Year -- Six men observed their first 12 months of sobriety at a recent meeting of the Pioneer Group of Winona, Wis., with members, their wives and guests gathering at the Steak Shop. Four visitors from Eau Claire were present.

Business Men Endorse A.A. -- A resolution adopted by a unanimous vote of the directors of the Front Royal, Va., Chamber of Commerce recently read:

"Whereas it has come to the attention of the hoard of directors of this chamber that a chapter of Alcoholics Anonymous has been organized in Front Royal . . . and whereas the members of this board are in thorough sympathy and accord with the purposes, aims and objects of the said organization: Therefore be it resolved . . . that this board . . .

endorse the purposes, aims and objects of the said organization which has thus far resulted in accomplishments not heretofore believed possible of consummation."

Open Meeting Draws 900 -- An estimated 900 people thronged to the First Christian Church of Palestine, Texas, recently to attend the first open meeting of the group there. Although some guests were from surrounding counties, the attendance was believed outstanding for a city of 15,000. Among the speakers was Bishop Clinton S. Quin of Houston.

Get Clubrooms -- Clubrooms have been secured by members of the Staunton, Va.( Group, which reports it hopes to be installed in the quarters by the time this issue appears.

Attendance Wins Subscriptions -- At a recent meeting of the Endicott, N. Y., Group, it was voted to give all of those who have attended three meetings a yearly subscription to 'The Grapevine'. Fourteen names were included with the notice to this magazine.

Many Holiday Parties -- Although the holidays are weeks past, reports of a considerable number of observances have been sent to 'The Grapevine'.

Goshen, Ind., A.A.s joined with members at Elkhart, 10 miles distant, in celebration of New Year's, which was marked by an informal program, a short talk and a buffet supper, enjoyed by about 100 persons. The same two groups plan to join early in February for the third anniversary party of the Elkhart organization which held its first meeting February 6, 1945. The Goshen Group will be a year old next July 21 and now numbers about 20 members who meet twice weekly.

An afternoon party at Kent, Ohio, was given over to the children with toys of all kinds to fit their ages. Ice cream, cake and balloons were handed out around a large tree. Presents were exchanged at the regular evening meeting and there was a songfest and dancing. Over 150 enjoyed the celebration.

About 50 children from the Polk County Juvenile Home in Des Moines, Iowa, were guests at the club there for a dinner, entertainment and gifts.

The Chattanooga, Tenn., Group gave food, clothes and toys to a family in which both parents are alcoholics. The kitty one meeting night before Christinns supplied the funds and the family was designated by the Salvation Army.

Los Angeles, Cal., A.A.s went to the Camarillo State Hospital for a party with alcoholic patients for an annual party and Christinas meeting. Many former patients, now members of outside groups, returned for the gathering. Two subscriptions to 'The Grapevine'

were given as presents.

Music, coffee, a floor show, buffet turkey dinner and dancing made up the New Year's party program for Kansas City, Mo., Group members at Garrett Hall. A party for the youngsters was also arranged.

New Year's Eve was celebrated by Niagara Frontier A.A.s with a party at the Food Craft Hall in Buffalo.

The Guild hall of St. Stephen's Episcopal Church was the scene of the New Year's Eve party in Spencer, Iowa, with many visitors from other groups in that section.

Wichita, Kans., A.A.s had two parties, a Christmas dinner at the club, and a New Year's Eve party.

With a guarantee in advance of "no headaches" the Rutland, Vt., Group celebrated New Year's at the club rooms with food, favors, punch, dancing and cards.

The first annual Christmas party of the Brighter Side Group, Waterloo, Iowa, was held before Christmas in the Sacred Heart Church basement parlors with an attendance of nearly 100 members and families. Visitors were present from Grundy Center, Reinbeck, Tripoli and Independence.

Like Open Meetings -- With regard to open meetings, our correspondent in San Luis Obispo, Cal., writes, "We began a group effort here on the 'open' basis largely because our members drove in from fairly great distances and the couples just naturally attended together.

"The same tendency was noted in general family relationships such as sister bringing brother. This was an open territory on the California Coast, and we have watched with interest the founding of other groups nearby. They have all seemed to grow in the open tradition, without any decisions taken by the founders.

"We have felt that the wives and close relatives of the alcoholics have helped in all phases of group work.

"Advantage has been taken of meetings in which we found ourselves 'closed' by accidents in attendance to sound out the members on the matter of holding closed meetings. There has been no desire for a change in that direction thus far.

"These comments are from small town experience. We shall be interested in reactions from areas of heavier population." .

Indiana Anniversaries Observed -- That there were only two A.A.s in Ft. Wayne, Ind., five years ago, while now there are three groups in the city as well as others in Warsaw, Kendallville, Wabash, Monroeville and North Manchester was recalled at the recent anniversary banquets in Ft. Wayne and South Bend. Group I of Ft. Wayne observed its fifth anniversary with a banquet at the Chamber of Commerce with representatives of the groups mentioned as well as from Marion, Indianapolis, Lima and St. Mary's, Ohio, together with representatives of the clergy, medicine, business, professional leaders and city officials. A magazine writer of national renown was chief speaker. The South Bend banquet was held at the Oliver Hotel with 225 present.

Some New Groups -- Although a regular meeting hall had not been obtained at the time 'The Grapevine' was informed, Olean, N. Y., now has a group formed of members who formerly attended meetings in Salamanca and Bradford. Starting in October, these cities inaugurated a regular monthly joint meeting the second Sunday of each month with each group taking its turn as host. '

Another new group in this area is the Amherst Group in North Buffalo, whose members are meeting in the Main-Fillmore rooms at 2629 Main Street on Friday and Sunday

evenings at 8 o'clock with the former a closed session.

Building on the foundation laid some months ago by J. M., Sioux Falls, S. D., attorney, a group has been formed in the South Dakota State Penitentiary at Sioux Falls. J. M. was aided by F. O., an inmate of the prison. Address is the South Dakota Penitentiary Chapter of A.A., Box 911, Sioux Falls, S. D.

First meeting of the Hutchinson, Kans., Group was held late last fall at the Leon Hotel and now numbers five men and one woman. Four of the present members were associated with the Wichita Group. Meetings are held twice weekly in members' homes, Thursdays and Sundays.. Address is P. O. Box No. 845, Hutchinson.

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Grapevine, March 1948

A.A.'s Country-Wide News Circuit

Junket by Bus -- Thirty members of the Upper Darby, Pa., Group chartered a bus and journeyed 50 miles to spend the evening with the newly formed Bridgeton, N. J., Group, January 28 . . . Passaic, N. J., now has three groups -- East Side Group, Central Group and the Passaic Group.

Head of the Lakes -- Continued steady growth of the Duluth, Superior and Two Harbors

Groups is reported from Minnesota, highlighted by the first big open meeting held

January 6 in the city hall at Duluth. Exactly 189 persons, nearly all of them

A.A.s,

attended, our correspondent reports. The chief speaker was a member from Minneapolis,

an attorney, who described three types who come into A.A.--the first who just "lays

bricks," the second who comes in only for personal gain and what he can get out

of

A.A., and the third type, who dedicates himself to helping others and who symbolically "builds a beautiful cathedral" that inspires others. . . .

Members

of

the Pioneer Group of Winona, Minn., had so much fun at their first New Year's Eve

party that they have decided to make it an annual affair. Twenty-five attended and

all enjoyed the experience of waking up New Year's morning without hangovers.

Later

in the month five members traveled to Dubuque, Iowa, to participate in that group's

third anniversary celebration, and recently an Iowa member journeyed to Winona to

talk to the Winona Junior Chamber of Commerce about A.A., with the Winona Group

represented at the meeting by two of its members.

For the Public -- Sponsored by the five Lake Wales members of the Polk County (Fla.)

Group, a successful open meeting was held in Lake Wales January 22 for -- as the

local paper expressed it -- "drinkers, non-drinkers and curiosity seekers."

Approximately 75 guests and members from Lakeland, Winter Haven, Bartow, Mulberry, Tampa, Daytona Beach and Wauchula attended. The Lake Wales correspondent reports that the meeting brought one recruit and the possibilities of two more. The Polk County Group, with which the Lake Wales members are affiliated, now numbers more than 30 members.

Newark Has Full Calendar -- The latest issue of the Newark, N J., 'Alanon News' (which incidentally was the first anniversary issue) listed for February a card party on the 7th; a Valentine party and dance with a Sweetheart contest on the 14th; a night of games the 21st, and a Leap Year dance with a male popularity contest on the 28th. A dance and chowder party on January 31 was the last of that month's many events. The Alanon Club's television programs draw good attendance, for the boxing bouts on Mondays, Tuesdays and Fridays, and other programs on Wednesdays and Thursdays. The latest addition to the extensive entertainment facilities is a grand piano, a gift to the club.

Caracas New Outpost -- Bob N., a former North Jersey A.A., who has been in South America for two years, writes that he has started spreading the word in Caracas, Venezuela. He first ran a personal ad in the local paper, which has since carried a story reporting organization of a group in that city.

What's a Little Snow? -- The Bayside, N. Y., 'Times' noted that a snowstorm which all but paralyzed rail, air and highway traffic was no deterrent to the town's local A.A.s. "The regular weekly open meeting of the Bayside Group of Alcoholics Anonymous was held . . . as scheduled, despite the howling snowstorm which raged outside. Little or nothing was as it should have been that night, but nine, sober, happy

alcoholics and three friends -- non-alcoholics -- met and enjoyed themselves."

Six Out of Seven -- New quarters for the Henderson (N. C.) Group are ready for occupancy, the membership roll totals about 30 and the record shows two open banquets, with 80 persons in attendance at each, in addition to the regular weekly meetings -- all in scarcely five months. The group held its first meeting last October 1, with seven alcoholics present. Of those original seven, six have gained and maintained their sobriety.

'Eye Opener' Suspends -- The 'Eye Opener', publication of the A.A. Central Committee published at Los Angeles, Cal., was suspended with the December issue due to the amount of work and financial problems involved, according to a front page notice.

Form Social Group -- Members of the Durham, N. C., Group have formed an organization for social activities called the Dalco Club, Inc., "a nonprofit corporation to aid in Alcoholics Anonymous work whenever possible." New club quarters have been obtained and the organization will be financed through dues, with membership open to all A.A.s in the Durham area.

New Groups -- Salem, Va.. got onto the A.A. circuit recently with the organization of a new group with six members. Meetings are held at the First Methodist Church on College Avenue, and the group can be addressed at P. O. Box 189 . . . The Laurens, S. C., Group was formed January 6 with 11 charter members attending. An open meeting is being planned for the near future. The group's mailing address is P. O. Box 215

. . .  
The Janesville, Wis., Group became so large that members from Edgerton and Delevan recently branched out on their own and established groups in each of their communities. Once a month all of the groups in the Beloit area hold a joint meeting, and on another night once a month the two Beloit groups, East and West Side, get together for a joint meeting. Weekly meetings are held at the homes of members

and a social gathering for all groups is held each Saturday night for members and their wives . . . Manchester, Iowa, is another new addition, a group now meeting there every Monday night . . . Five members of the Marshalltown, Iowa, Group traveled to Eldora, Iowa, recently to attend the inaugural meeting of the new group there .

. . . A classified advertisement appearing in the paper in Jerome, Idaho, testifies to the efforts of an A.A. to found a group there. He's a former member of the New Orleans, La, Boise and Twin Falls, Idaho, Groups.

Okinawa Growing -- "Slow but sure" growth on Okinawa is reported by the secretary of the Pioneer Group there who writes that two meetings a week are now being held regularly with attendance ranging from 12 to 15. Although members are leaving the island periodically for the States, as they complete their work, their places are taken by others. New members also are now joining the group from the military forces on the island, introduced to A.A. by the Army chaplain.

Fun for Wives, Too -- For the Kansas City, Mo., Group, the last Saturday in the month has become "party night, with arrangements by the group's Ladies' Auxiliary. Large parties were held on Hallowe'en, Thanksgiving, Christmas, and the schedule calls for similar events to be held until spring. One of the objectives of the Auxiliary is to help make the wives of new members feel at home.

Visiting "Firemen" -- The West Palm Beach, Fla., Group might lay claim to something of a record for having visitors from the greatest number of different cities. Recent visitors in the group came from Detroit, Bronx, N. Y., Brockton, Mass., Pittsburgh, Pa., New York City, Stamford, Conn., Hartford, Conn., Passaic, N. J., Toledo, Ohio,

Park Ridge, Ill., Hillside, N. Y.

From Here and There -- The Beckley, W. Va., Group has an active membership of 20 . .

. Twenty months ago three men with the assistance of a member of the Kings Mountain,

S. C., Group founded the Bennettsville, S. C., Group. Today the group numbers 12

regular members who have helped organize additional groups in Roland, Cheraw and

Marion. On three occasions they have chartered a bus for treks to group meetings

in

neighboring cities. The wives of the Cheraw and Bennettsville Groups have formed

an

auxiliary which meets once a month, and at Christmas they gave a party for 60 people

. . . The Chippewa Valley Group began the year with a regular membership of 15,

including one of the youngest members in the country. He's 23 . . . New club quarters

have been obtained by the Kilgore, Texas, Group . . . Only two years old, the Wichita

Falls, Texas, Group has grown from the original six to approximately 100 members,

with a club house, two large meeting rooms and office. Members have helped establish

groups in Vernon and Goree, and in the Wichita Falls State Hospital. The Goree Group

is only a little over six months old but already has 15 members who, incidentally,

are reported to average over 200 pounds per man! The Vernon Group has six members and

holds an open meeting each Wednesday while the Wichita Falls Group now has a meeting

every evening in the week except Saturday and Sunday. The wives of members also

meet

one evening a week, with an average attendance of about 50. The local radio station,

KTRN, broadcasts, a recorded A. A. program one evening) a week.

Planning Convention -- The Jacksonville, Fla., Group has sent out an inquiry asking

for an expression of preference of dates for the annual Southeastern Regional Convention this year, suggesting that the two most logical times would be

either

the  
last weekend in August or the first week-end in October. The date chosen will  
be  
reported in the next issue.

Vancouver Camels -- Organization of a Camels Club is reported from Vancouver,  
B.  
C.,  
where the group now numbers more than 400. Members of the A. A. group there  
who  
join  
the Camels Club will participate in plans for the construction of club  
quarters.

Passing the Word -- Since its start a year ago, the York, Pa., Group has  
distributed  
A.A. literature to physicians and members of the clergy, provided articles for  
newspapers and recently inaugurated a weekly broadcast over radio station WSBA  
in the  
form of a round table discussion patterned after the Towson, Md., Group  
program.  
The  
York Group now numbers 18 members and holds two meetings a week, one open and  
one closed.

Prison Librarian Helps -- Due to the constant turn-over of patients in the  
institution, the Wilmar, Minn., A.A. Group at the state hospital in that city  
has  
found it necessary to have someone who will keep complete records of  
membership  
and  
advancement and to help in securing educational data and maintain a current  
and  
permanent file on group matters. Mrs. Eleanor Johnson, hospital librarian, has  
accepted the task along with the title of honorary chairman of the group.

To Make 19th Hole a Meeting -- An annual golf tournament open to all members  
of  
Southern California A.A. Groups is being planned. The course will be selected  
according to the number of members showing interest, with Fox Hills at Culver  
City  
regarded as most likely at present. A nominal entrance fee of 25 or 50 cents  
will be  
charged with prizes donated by golf professionals and others. Only other  
expenses  
will be greens fees. Those interested should contact Ed I., Mayflower Group,  
phone  
PL 1-7083.

Happy Birthdays -- One hundred and sixty-eight people attended a banquet given by the Savannah, Ga., Group to celebrate its third anniversary January 31, in the Gold Room of the De Soto Hotel . . . Speakers from Chicago, Kansas City and Jefferson City took part in the third anniversary program of the Springfield, Mo., Group, at a dinner held at the American Legion Memorial Home January 17. Approximately 200 attended. The membership of the group has reached about 50 . . . Anniversary meetings held by the Jefferson City, Mo., and Wichita, Kan., Groups were augmented by visitors from the Kansas City, Mo., Group. About 90 members traveled to Jefferson City, 30 going in a chartered bus, and about 45 traveled to Wichita for that group's birthday. Members of the K.C. Group also have gone visiting lately to group meetings in Des Moines, Iowa, Galveston, Texas, and Springfield, Mo.. . . Wives of members of the Grand Island, Neb., Group were the beneficiaries when the group celebrated its first anniversary. The occasion was turned into a dinner for the wives at the Yancey Hotel . . . A two-day celebration marked the first anniversary of the Hastings, Neb., Group January 25 with A.A. visitors from Fremont, North Platte, Kearney, Grand Island, Broken Bow, Ogalalla and Sioux City, Iowa, and Minneapolis, Minn. More than 120 attended a banquet held at the Hotel Clarke in Hastings . . . Blytheville, Ark., also can now mark up its first year in A.A. Although the group is small it is very active and continued growth is indicated for the second year . . . About 100 "happy men and women" attended the third anniversary of the Ogden, Utah, Group, celebrated with a dinner, speaking program and a dance . . . The St. Mary's, Ohio, Group celebrated its first anniversary at the Westwood Supper Club January 27 with 46 present,

including  
the wives of members. The guest speaker came from Columbus to help the growing  
and  
active group mark its birthday, with the rolls showing 19 regular members.  
Plans  
are  
already underway for the second annual fall barbecue . . . It was number three  
in the  
way of anniversaries for the Stag Group of Erie, Pa., on February 6. The  
anniversary  
was marked by a special program and buffet supper.

|||||

++++Message 1424. . . . . new book about The Serenity Prayer  
From: aaosb . . . . . 10/22/2003 12:33:00 PM

|||||

For those who are interested, W.W. Norton & Company has just  
published "The Serenity Prayer: Faith and Politics in Times of Peace  
and War" by Elisabeth Niebuhr Sifton, daughter of Reinhold Niebuhr. A  
review by Publishers Weekly is available at amazon.com.

John Blair

|||||

++++Message 1425. . . . . Re: Gv Feb 48 - News Circuit  
From: t . . . . . 10/22/2003 3:16:00 PM

|||||

Richard,  
All I have to go on is the actual Grapevine, and they don't give an actual  
date.  
I  
would guess, based on this being reported in the March issue, and with copy  
and  
printer deadlines, the story in that Cincinnati paper would have likely been  
in  
January, or possibly early February of 1948.

If that paper is still in operation, you may be able to contact them. Many  
papers  
have an archives person or librarian who may be better able to pin down the  
actual  
date. Otherwise it will take someone going to the library and scanning through

the  
old papers, or micro fiche till they find it.

Although, one other possibility ... there is a man on AAHistoryLovers who posts a lot of articles from newspapers and periodicals. You could contact him to see if he knows or even has the article. Or even try GSO Archives in New York. They might could tell you.

Sorry I couldn't be more specific.

t

Richard Bement wrote:

> \*What is the date of the Cincinnati Enquirer article?\*

>

> ----- Original Message -----

> \*From:\* t <mailto:tcumming@airmail.net>

> \*To:\* AAHistoryLovers@yahoogroups.com

> <mailto:AAHistoryLovers@yahoogroups.com>

> \*Sent:\* Tuesday, October 21, 2003 6:48 AM

> \*Subject:\* [AAHistoryLovers] Gv Feb 48 - News Circuit

>

> Grapevine, Feb 48

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> A.A.'s Country-Wide News Circuit

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> English Coffee Improved -- "We report progress both in spiritual strength and in materially improving the potability of English coffee," reports our correspondent from London, England. "One stalwart who met A.A. through the Bermuda Group makes weary and frequent journeys from Portsmouth to help and to keep in touch. The members have gladly welcomed nine trans-Atlantic visitors since Bert T. and Grace O. did so much to get the movement started some months ago, but they still regard American and Canadian A.A.s as too much a stay-at-home crowd. We feel that with rationing and travel difficulties, numerous small groups adaptable to 'home visiting' will show the greatest rewards." The London members would like to hear from any

- > other readers to
- > help maintain and further a good relations policy. The contact is
- > BM/AA1, London, WC 1.
- >
- > A.A. Properly Tax Exempt -- The state board of tax appeals gave the
- > Cincinnati, Ohio,
- > Fellowship of A.A. a friendly pat on the back recently in an order
- > exempting its
- > property from taxation. Exemption of the Group's residential
- > property at 405 Oak
- > Street was granted on the ground that it is used exclusively for
- > charitable purposes.
- > The order applied only to the Cincinnati Fellowship. Other units of
- > A.A. operating in
- > Ohio are understood to rent the property used for meeting places.
- > Along with the
- > order came a commendation from the board which said in part: "As
- > this is the first
- > exemption asked by an institution of this character the board feels
- > that it should
- > receive such consideration and comment as it richly deserves. Many
- > applications come
- > to this board for exemption on charitable grounds wherein it is
- > extremely difficult
- > to ascertain that charity is actually dispensed. The present
- > requests are indeed
- > refreshing in that herein is found affirmative answer to Cain's
- > question, 'Am I my
- > brother's keeper?'" The news story in the 'Cincinnati Enquirer' then
- > goes on to
- > praise A.A. and tell of its work.
- >
- > New Members in Earnest -- The Dumont, N. J., Group, founded in
- > December, 1946, as an
- > offshoot of the large Hackensack Group, continues to help alcoholics
- > in North Bergen
- > County. In the past six months the attendance has grown from about
- > 15 to 30 active
- > members at closed meetings, every other Friday, and more than 50 for
- > open meetings,
- > these latter not including the public. New members are reported as
- > following the
- > program in an especially serious way. Most of these are in their
- > late thirties, one
- > in the late twenties. Recently meeting was held for members of the
- > clergy, medical
- > profession and police of North Bergen County, about 300 being
- > invited. One of the

> speakers was Dr. E. Blaisdell, senior director, Rockland State  
> Hospital, Orangeburg,  
> N. Y.  
>  
> Attend Tri-State Banquet -- Thirteen members of the Pioneer Group of  
> Winona, Minn.,  
> recently went to Madison, Wis., where they attended the Tri-State  
> anniversary banquet  
> and open meeting sponsored by the Madison Group. One carload got  
> lost on the return  
> trip, not from nipping, and traveled back by way of Black River, a  
> considerable  
> distance out of line. The Pioneer Group has been advertising in the  
> personal column  
> of the 'Republican Herald' as follows, "Problem or Compulsive  
> Drinkers. We help  
> ourselves by helping you. Write Alcoholics Anonymous, Pioneer Group,  
> P.O. Box 122,  
> Winona."  
>  
> Non-A.A.s Aid Growth -- Non-alcoholic wives and husbands of the  
> members of the  
> Houston, Texas, Suburban Group have banded together to understand  
> better the program  
> and in an attempt to adjust themselves to any possible change which  
> occurs in a  
> member of the family upon accepting the program and working closely  
> with the 12  
> Steps. This auxiliary has been successful in many ways in promoting  
> the growth of the  
> Suburban Group, which now meets in its new clubhouse at 1949  
> Richmond Road. "Like a  
> 'voice crying in the wilderness' we are endeavoring to offer a way  
> of life to the  
> more than 36,000 known alcoholics in this city," the report to 'The  
> Grapevine' says.  
> "We are accomplishing this growth, not by shouting our wares from  
> the roof tops but  
> as a result of a quiet, dignified presentation of the drinking  
> problem as we  
> understand it, to both the medical profession and clergy. In this  
> manner many  
> alcoholic cases are presented to us and more than a few have  
> accepted the program and  
> are well on the way to complete rehabilitation. Like other groups,  
> we have social  
> functions as a part of our therapeutics, but the primary purpose of  
> the group is

- > never lost. We intend to safeguard the sobriety of our members and
- > acquire the
- > necessary knowledge and experience of the group to pass on to others
- > having a similar
- > problem."
- >
- > Army Co-operates -- Things are looking up for the Pioneer, Group on
- > Okinawa with a
- > regular attendance of between 10 and 15 at the two weekly meetings
- > on Monday and
- > Thursday. Quite a few have been coming in from the States who have
- > been members
- > there. An effort is being made to obtain clubrooms for use of the
- > men in their spare
- > time. Recently an Army chaplain and a chief psychiatrist, Captain
- > Horneck from the
- > Army base hospital were present. This hospital cares for men from
- > the camp, which now
- > includes about 2,000 men.
- >
- > Brady Tries Open Meeting -- Although started only in August, 1947,
- > the Brady, Texas,
- > Group recently held its first open meeting for the public. The group
- > numbers less
- > than 10 members and there was some doubt as to public response.
- > However, more than
- > 300 representatives of business, professions, civic clubs and
- > churches turned out,
- > although the city's population is only about 7,000. Speakers from
- > the San Angelo,
- > Coleman and Seminole Groups helped to give the session a lift.
- >
- > What Newspapers Say -- Discussing the flourishing branch of A.A. in
- > the State Prison
- > at Waupun, Wis., of which John H. Woodhouse of the prison record
- > office has been
- > adviser, the 'Milwaukee Tribune' concludes in an editorial, "A.A. at
- > the Prison,"
- > that A.A. is an excellent form of group therapy and that "perhaps
- > there is a clue to
- > the direction we should take in the success of A.A. at the prison.
- > It is at least
- > worth thinking about."
- >
- > A feature story in the Pittsburgh, (Pa.) 'Press' recently ran to
- > more than a column
- > with a description of how a hospitalized alcoholic became a member.
- > 'The Press'

- > praises the more than 500 Pittsburgh members who celebrated the
- > seventh anniversary
- > of their group in Carnegie Music Hall recently.
- >
- > Recently a newspaper editor from Prince Albert, Sask., Can., who has
- > been "lone
- > wolfing" it, in his efforts to start a group there, made a
- > 2,800-mile trip to attend
- > a third anniversary celebration in Winnipeg. Since that time in a
- > column in 'The
- > Herald,' Speaking for Myself," he has written a series of articles
- > discussing various
- > phases of A.A.
- >
- > Pat Paterson, writing in the Paterson, N. J., 'Morning Call' heads a
- > recent column
- > "Tipplers' Tip," or "Better the Slip Before Cup Reaches Lip" and
- > points out that of
- > 29,000 chronic alcoholics in New Jersey less than 800 each year are
- > given treatment
- > in private and public hospitals. Less than 50 per cent of the
- > general hospitals refer
- > alcoholics to other institutions or organizations," he writes, but
- > of those who do 21
- > per cent of their patients are referred to A.A. Nine out of 12
- > mental hospitals
- > report that they refer their patients to A.A. and at one institution
- > investigating
- > professors learned there is a chapter there."
- >
- > Want Clubroom in '48 -- Members of the Aberdeen, S. D., Group have
- > adopted the slogan
- > "A clubroom in 1948" and three energetic members have been assigned
- > to combat the
- > housing shortage in the community and find suitable quarters.
- > Members of the group,
- > founded in March, 1946, were entertained at a special Christmas
- > party by the Gerhard
- > Kiddie Troop, ages 4 to 12, who put on various dances. Several
- > members of the Britten
- > Group, started by three former Aberdeen members, attended. The group
- > meets every
- > Wednesday and Sunday night in the Milwaukee Women's clubrooms.
- >
- > Six Complete Year -- Six men observed their first 12 months of
- > sobriety at a recent
- > meeting of the Pioneer Group of Winona, Wis., with members, their
- > wives and guests

- > gathering at the Steak Shop. Four visitors from Eau Claire were present.
- >
- > Business Men Endorse A.A. -- A resolution adopted by a unanimous
- > vote of the
- > directors of the Front Royal, Va., Chamber of Commerce recently
- > read: "Whereas it has
- > come to the attention of the board of directors of this chamber that
- > a chapter of
- > Alcoholics Anonymous has been organized in Front Royal . . . and
- > whereas the members
- > of this board are in thorough sympathy and accord with the purposes,
- > aims and objects
- > of the said organization: Therefore be it resolved . . . that this
- > board . . .
- > endorse the purposes, aims and objects of the said organization
- > which has thus far
- > resulted in accomplishments not heretofore believed possible of
- > consummation."
- >
- > Open Meeting Draws 900 -- An estimated 900 people thronged to the
- > First Christian
- > Church of Palestine, Texas, recently to attend the first open
- > meeting of the group
- > there. Although some guests were from surrounding counties, the
- > attendance was
- > believed outstanding for a city of 15,000. Among the speakers was
- > Bishop Clinton S.
- > Quin of Houston.
- >
- > Get Clubrooms -- Clubrooms have been secured by members of the
- > Staunton, Va.( Group,
- > which reports it hopes to be installed in the quarters by the time
- > this issue appears.
- >
- > Attendance Wins Subscriptions -- At a recent meeting of the
- > Endicott, N. Y., Group,
- > it was voted to give all of those who have attended three meetings a
- > yearly
- > subscription to 'The Grapevine'. Fourteen names were included with
- > the notice to this
- > magazine.
- >
- > Many Holiday Parties -- Although the holidays are weeks past,
- > reports of a
- > considerable number of observances have been sent to 'The Grapevine'.
- >
- > Goshen, Ind., A.A.s joined with members at Elkhart, 10 miles
- > distant, in celebration

- > of New Year's, which was marked by an informal program, a short talk
- > and a buffet
- > supper, enjoyed by about 100 persons. The same two groups plan to
- > join early in
- > February for the third anniversary party of the Elkhart organization
- > which held its
- > first meeting February 6, 1945. The Goshen Group will be a year old
- > next July 21 and
- > now numbers about 20 members who meet twice weekly.
- >
- > An afternoon party at Kent, Ohio, was given over to the children
- > with toys of all
- > kinds to fit their ages. Ice cream, cake and balloons were handed
- > out around a large
- > tree. Presents were exchanged at the regular evening meeting and
- > there was a songfest
- > and dancing. Over 150 enjoyed the celebration.
- >
- > About 50 children from the Polk County Juvenile Home in Des Moines,
- > Iowa, were guests
- > at the club there for a dinner, entertainment and gifts.
- >
- > The Chattanooga, Tenn., Group gave food, clothes and toys to a
- > family in which both
- > parents are alcoholics. The kitty one meeting night before
- > Christinns supplied the
- > funds and the family was designated by the Salvation Army.
- >
- > Los Angeles, Cal., A.A.s went to the Camarillo State Hospital for a
- > party with
- > alcoholic patients for an annual party and Christinas meeting. Many
- > former patients,
- > now members of outside groups, returned for the gathering. Two
- > subscriptions to 'The
- > Grapevine'
- > were given as presents.
- >
- > Music, coffee, a floor show, buffet turkey dinner and dancing made
- > up the New Year's
- > party program for Kansas City, Mo., Group members at Garrett Hall. A
- > party for the
- > youngsters was also arranged.
- >
- > New Year's Eve was celebrated by Niagara Frontier A.A.s with a party
- > at the Food
- > Craft Hall in Buffalo.
- >
- > The Guild hall of St. Stephen's Episcopal Church was the scene of

- > the New Year's Eve
- > party in Spencer, Iowa, with many visitors from other groups in that
- > section.
- >
- > Wichita, Kans., A.A.s had two parties, a Christmas dinner at the
- > club, and a New
- > Year's Eve party.
- >
- > With a guarantee in advance of "no headaches" the Rutland, Vt.,
- > Group celebrated New
- > Year's at the club rooms with food, favors, punch, dancing and cards.
- >
- > The first annual Christmas party of the Brighter Side Group,
- > Waterloo, Iowa, was held
- > before Christmas in the Sacred Heart Church basement parlors with an
- > attendance of
- > nearly 100 members and families. Visitors were present from Grundy
- > Center, Reinbeck,
- > Tripoli and Independence.
- >
- > Like Open Meetings -- With regard to open meetings, our
- > correspondent in San Luis
- > Obispo, Cal., writes, "We began a group effort here on the 'open'
- > basis largely
- > because our members drove in from fairly great distances and the
- > couples just
- > naturally attended together.
- >
- > "The same tendency was noted in general family relationships such as
- > sister bringing
- > brother. This was an open territory on the California Coast, and we
- > have watched with
- > interest the founding of other groups nearby. They have all seemed
- > to grow in the
- > open tradition, without any decisions taken by the founders.
- >
- > "We have felt that the wives and close relatives of the alcoholics
- > have helped in all
- > phases of group work.
- >
- > "Advantage has been taken of meetings in which we found ourselves
- > 'closed' by
- > accidents in attendance to sound out the members on the matter of
- > holding closed
- > meetings. There has been no desire for a change in that direction
- > thus far.
- >
- > "These comments are from small town experience. We shall be

- > interested in reactions
- > from areas of heavier population." .
- >
- > Indiana Anniversaries Observed -- That there were only two A.A.s in
- > Ft. Wayne, Ind.,
- > five years ago, while now there are three groups in the city as well
- > as others in
- > Warsaw, Kendallville, Wabash, Monroeville and North Manchester was
- > recalled at the
- > recent anniversary banquets in Ft. Wayne and South Bend. Group I of
- > Ft. Wayne
- > observed its fifth anniversary with a banquet at the Chamber of
- > Commerce with
- > representatives of the groups mentioned as well as from Marion,
- > Indianapolis, Lima
- > and St. Mary's, Ohio, together with representatives of the clergy,
- > medicine,
- > business, professional leaders and city officials. A magazine writer
- > of national
- > renown was chief speaker. The South Bend banquet was held at the
- > Oliver Hotel with
- > 225 present.
- >
- > Some New Groups -- Although a regular meeting hall had not been
- > obtained at the time
- > 'The Grapevine' was informed, Olean, N. Y., now has a group formed
- > of members who
- > formerly attended meetings in Salamanca and Bradford. Starting in
- > October, these
- > cities inaugurated a regular monthly joint meeting the second Sunday
- > of each month
- > with each group taking its turn as host. '
- >
- > Another new group in this area is the Amherst Group in North
- > Buffalo, whose members
- > are meeting in the Main-Fillmore rooms at 2629 Main Street on Friday
- > and Sunday
- > evenings at 8 o'clock with the former a closed session.
- >
- > Building on the foundation laid some months ago by J. M., Sioux
- > Falls, S. D.,
- > attorney, a group has been formed in the South Dakota State
- > Penitentiary at Sioux
- > Falls. J. M. was aided by F. O., an inmate of the prison. Address is
- > the South Dakota
- > Penitentiary Chapter of A.A., Box 911, Sioux Falls, S. D.
- >
- > First meeting of the Hutchinson, Kans., Group was held late last

- > fall at the Leon
- > Hotel and now numbers five men and one woman. Four of the present
- > members were
- > associated with the Wichita Group. Meetings are held twice weekly in
- > members' homes,
- > Thursdays and Sundays.. Address is P. O. Box No. 845, Hutchinson.
- >
- > The Johnson City, Tenn., Group recently sponsored a group at the
- > National Soldiers'
- > Home just outside the city and another at Elizabethton, both of
- > which are growing
- > well. The Elizabethton Group meets Tuesday night at private homes
- > and ministers are
- > honorary members. The Mountain Home Group has changed its meeting
- > night to Friday at
- > the Veterans' Administration Hospital staff room. Members of the two
- > groups attended
- > the Johnson City meetings in the basement of the public library.
- >
- > A.A.s of the new Parkchester Group, Bronx, N. Y., have been meeting
- > in St. Helena's
- > School since the founding in October and report things going well. A
- > leaflet put out
- > by the church says that the meetings represent "a practical,
- > well-working society
- > which has done wonderful work. We are proud to have them with us."
- > Meetings are held
- > Tuesday nights.
- >
- > Wichita, Kans., A.A.s are proud of the groups they have sponsored in
- > nearby towns
- > with three established and two others in process of formation.
- >
- > According to 'The Derelict Schooner' of Jacksonville, Fla., the St.
- > Augustine Group
- > had its first meeting just before the holidays at the home of G. W.
- > with four members
- > present. Three members of the Murray Hill Group also attended.
- >
- > Seven new members at Manchester, Ia, started their own group
- > recently with the aid of
- > 130 other members from Dubuque, Cedar Rapids, Maringo, Oelwein and
- > Waterloo.
- > Principal speakers were from Dubuque and Wisconsin. Meetings will be
- > held Monday
- > nights at the home of T. C.
- >
- > Frontier Has Paper -- 'The Niagara Frontier A.A. Bulletin' is the

> latest of the new  
> exchanges to reach 'The Grapevine' office. The fourth issue is an  
> attractive  
> mimeographed sheet carrying a good selection of news as well as a  
> table showing how  
> 62 years of sobriety were reached by various members in the last two  
> months, the  
> times ranging from one to seven years.  
>  
> Forms Own Group -- F.A.R., writing to 'The Paradox' of Kansas City,  
> Mo., says that he  
> has formed a group of his own. After association with groups in  
> Galveston, Houston,  
> Dallas and Kansas City he took a job on a paper in King City, Cal.,  
> where he has been  
> trying unsuccessfully to found a group. His previous experiences had  
> convinced him  
> that without God's help he was hopeless, but now he writes: "I  
> found myself in  
> Phoenix, stiff as a plank. So I went back to Galveston where I came  
> to realize that  
> only with the help of God could I quit drinking. That's when I took  
> the 3rd Step and  
> God and I formed our group. You won't find it listed in the A.A.  
> directory, but  
> there's a group in King City, Cal. Its members are God and F.A.R."  
>  
>  
>  
> To unsubscribe from this group, send an email to:  
> AAHistoryLovers-unsubscribe@yahoogroups.com  
>  
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|      |              |           |                              |
|------|--------------|-----------|------------------------------|
| 1935 | 5            | 2         | AACOA 310                    |
| 1936 | 15 200%      | 2         | AACOA 310                    |
| 1937 | 40 167%      | 2         | AACOA 310                    |
| 1938 | 100 150%     | 2         | AACOA vii                    |
| 1939 | 400 300%     | ?         | AACOA 180, 310               |
| 1940 | 2,000 400%   | ?         | AACOA 310                    |
| 1941 | 8,000 300%   | 200       | AACOA 192, 310, PIO 266      |
| 1942 | ?            | ?         |                              |
| 1943 | 10,000       | ?         | LOH 181                      |
| 1944 | 10,000 0%    | 360       | BW-FH 166-167, PIO 304       |
| 1945 | 15,000 50%   | 560 56%   | NG 113, BW-FH 163, 180       |
| 1946 | 30,000 100%  | 1,000 79% | BW-FH 163                    |
| 1947 | 48,613 62%   | 1,650 65% | GTBT 22                      |
| 1948 | 60,000 23%   | 2,000 21% | BW-FH 163, DBGO 287          |
| 1949 | ?            | ?         |                              |
| 1950 | 111,765      | 4,216     | BW-FH 185                    |
| 1951 | ?            | 4,420 5%  | Data from Conference reports |
| 1952 | 118,632      | 4,925 11% | For 1951 - 2002              |
| 1953 | 117,978 -1%  | 5,401 10% |                              |
| 1954 | 126,057 7%   | 5,927 10% |                              |
| 1955 | 139,798 11%  | 6,779 14% |                              |
| 1956 | 104,294 -25% | 6,779 0%  |                              |
| 1957 | 139,795 34%  | 6,976 3%  |                              |
| 1958 | 145,830 4%   | 7,765 11% |                              |

|      |           |     |        |     |                          |
|------|-----------|-----|--------|-----|--------------------------|
| 1959 | 151,606   | 4%  | 8,211  | 6%  |                          |
| 1960 | 162,037   | 7%  | 8,615  | 5%  |                          |
| 1961 | 176,474   | 9%  | 9,305  | 8%  |                          |
| 1962 | 189,702   | 7%  | 10,070 | 8%  |                          |
| 1963 | 209,434   | 10% | 10,956 | 9%  |                          |
| 1964 | 217,967   | 4%  | 11,752 | 7%  |                          |
| 1965 | 232,105   | 6%  | 12,444 | 6%  | Est. members > 350,000   |
| 1966 | 251,615   | 8%  | 13,279 | 7%  |                          |
| 1967 | 263,026   | 5%  | 14,154 | 7%  |                          |
| 1968 | 283,329   | 8%  | 14,747 | 4%  |                          |
| 1969 | 297,077   | 5%  | 15,624 | 6%  |                          |
| 1970 | 311,450   | 5%  | 16,459 | 5%  |                          |
| 1971 | 329,907   | 6%  | 17,776 | 8%  | Est. members > 500,000   |
| 1972 | 395,244   | 20% | 20,829 | 17% |                          |
| 1973 | 421,151   | 7%  | 22,467 | 8%  |                          |
| 1974 | 502,733   | 19% | 25,030 | 11% |                          |
| 1975 | 533,590   | 6%  | 26,456 | 6%  |                          |
| 1976 | 574,318   | 8%  | 29,352 | 11% | Est. members > 1,000,000 |
| 1977 | 612,876   | 7%  | 31,587 | 8%  |                          |
| 1978 | 627,456   | 2%  | 33,241 | 5%  |                          |
| 1979 | 868,171   | 38% | 39,964 | 20% |                          |
| 1980 | 907,575   | 5%  | 42,105 | 5%  |                          |
| 1981 | 937,705   | 3%  | 47,797 | 14% |                          |
| 1982 | 1,065,299 | 14% | 53,576 | 12% |                          |

1983 1,191,946 12% 58,576 9%  
1984 1,351,793 13% 62,860 7%  
1985 1,445,999 7% 67,019 7%  
1986 1,556,316 8% 73,192 9%  
1987 1,617,296 4% 76,184 4%  
1988 1,734,734 7% 85,270 12%  
1989 1,793,834 3% 87,696 3%  
1990 2,047,469 14% 93,914 7%  
1991 2,120,130 4% 96,458 3%  
1992 2,048,954 -3% 89,215 -8%  
1993 2,062,380 1% 90,155 1%  
1994 1,790,528 -13% 89,239 -1%  
1995 1,922,269 7% 95,156 7%  
1996 1,959,829 2% 96,997 2%  
1997 1,967,433 0% 97,568 1%  
1998 1,989,124 1% 98,710 1%  
1999 1,990,504 0% 99,024 0%  
2000 2,160,013 9% 100,766 2%  
2001 2,215,293 3% 100,101 -1%  
2002 2,092,460 -6% 103,768 4%

Citations    AACOA    AA Comes of Age

BW-FH    Bill W by Francis Hartigan

DBGO    Dr Bob & the Good Old-timers

GTBT    Grateful to Have Been There













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\_the text of a two-sided 4x5" printed card, distributed by Chicago's Central Office.\_

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**\*HOW TO MAKE A 12th STEP CALL\***

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--

...the A.A. way, as we understand it, with excerpts from 'the basic text of our society', the book 'Alcoholics Anonymous' Chapter 7, entitled 'Working With Others.'

When a 12th Step call is received, we begin with the assumption that another human being's life is at stake, literally. This means that without delay, this call is to be answered at once.

1st - Arrange for another member to go with you.

2nd - Have a Quiet Time; read Chapter 7 in the Book.

3rd - Maintain Anonymity.

4th - Talk to the prospect alone, if possible.

5th - Congratulate him on wanting to do something about his drinking.

6th - Give him the 4-page folder 'Just What is Alcoholics Anonymous' calling his attention to the 20 questions.

7th - Note well what the Book says at the bottom of page 94, 'On your first visit tell him about the fellowship of Alcoholics Anonymous. If he shows interest,

lend him your copy of this book."

8th - Each of

you tell him "What you used to be like, what happened, and What you are like now."

9th - If he wants to talk, let him.

10th

- At the top of page 95, it advises you, 'Give him a chance to think it over. Sometimes a new man is anxious to proceed at once, and you may be tempted to do so. This sometimes is a mistake; if he has trouble later, he is likely to say you rushed him.'

Continuing, it says, 'If he is sincerely interested and wants to see you again, ask him to read this book in the interval.' (At least urge him to read the first 164 pages.) 'After doing that (reading the book), he must decide for himself whether he wants to go on.'

11th - When you are ready to leave, tell him that you will call on him the following day if he wants, and will have had time to read the first 164 pages; or, whenever he would suggest.

12th - Note that the 2nd paragraph of page 96 says, 'Suppose you are making your second visit to a man. He has read this volume, and says he is prepared to go through with the 12 Steps of the Program of Recovery.'

At this point, you review the 12 Steps with him; and arrange to bring him to your Group Meeting.

If he does not want to go on; or he feels he can do it some other way, pick up your copy of the Book; and invite him to call you again if he changes his mind later on; or whenever he feels A.A. can be of help.

And finally, note how the Book, at the top of page 96, says, 'We find it a waste of time to keep chasing a man who cannot, or will not work with you. If you leave such a person alone, he may soon become convinced that he cannot recover by himself.'





two and one-half years. A Spanish-speaking group was started a short time ago among members of that race who found it difficult to discuss their problems and capture the spirit of A.A. with English-speaking A.A. members.

All the Ships at Sea -- The Seven Seas Club has been recently opened in San Francisco, Calif. Primarily for the benefit of the sailors and men around the Embarcadero it is open to all who wish to do something about their drinking problem.

One of the club's major activities is keeping a steady flow of literature on alcoholism going to all the ships at sea. The new club numbers approximately 50 in permanent membership but has an additional 200 who drop in while in port. It also serves about 50 luncheons everyday.

Lest They Forget -- Just to remind members of meeting night the Bloomington, Ill.

Group sends a penny postcard reading "A Date Tuesday Night." The first large "A"

is above the printed line and another "A" with a question mark after it is placed below, thus forming the initials A.A.

Birthday Meeting -- Celebrating its second anniversary, the Atlantic City Group

will hold a meeting on May 22, to acquaint the public with the A.A. Program. Dr. C. Nelson Davis of St. Luke's Hospital, Philadelphia, Pa., and A.A. members will speak.

Growing Up -- After nine months of steady growth, the Philadelphia, Miss., Group

has moved into a large and modern club room. The room is equipped with chrome furniture, an electric coffee urn and game tables. Besides the regular weekly meeting a study group for beginners is held each Monday evening.

Judge Lauds A.A. Warm commendation of the work of the Richmond Group is given by

Judge J. Hoge Ricks of the Juvenile and Domestic Relations Court, Richmond, Va.

In his annual report he stated: "The court has tried for years to find an answer to

the  
liquor problem. To this end it has used probation, good behavior bonds,  
treatment in  
the various state and local hospitals, suspended sentences, confinement in the  
city  
jail and state farm, all with little success. The one ray of hope in this dark  
picture is seen in the splendid activity and fine cooperation of Alcoholics  
Anonymous, a group of citizens who have found an effective method of dealing  
with  
this problem. About two years ago, the court began referring cases to this  
organization. When the person referred followed our advice and contacted the  
organization, he was invariably helped. However, we discovered that many of  
those  
referred did not go to the A.A. meetings. In recent months members of the A.A.  
group  
have been attending court three days a week when domestic relations cases are  
heard.  
They are ready to give information concerning the A.A. and its activities to  
any  
man  
or woman who indicates a desire to stop drinking, and they extend a cordial  
invitation to such persons to participate. Many individuals who have been  
before  
this  
court time and again for drunkenness in past years are now keeping sober and  
have  
been rehabilitated in their homes."

New Meeting Places -- What is to be known as the Alcoholics Anonymous Assembly  
was  
formed recently in Jacksonville, Fla. The Assembly is located in new quarters  
where  
any member of A.A. or anyone desiring help is welcome. From Winona, Minn.,  
comes  
the  
report that the Pioneer Group is moving into new clubrooms. The permanent  
rooms  
are  
located in a downtown building and are now in the process of redecoration.

Mississippians Meet -- The first annual Mississippi A.A. Conclave was held at  
Allison  
Wells, Miss, on May 8 and 9. Founders of the first A.A. Group in Mississippi  
were  
invited as guest speakers.

A New Baby -- The first meeting of the Morrisville, Vt., Group was held late  
in



In the three years since the inception of this service, approximately 3,100 men and women have been treated. Knickerbocker Hospital officials feel that the three-year experience in caring for alcoholics justifies the following statements:

"The alcoholic is a sick person and, in many cases, can be helped by proper medical and psychiatric treatment.

"It is quite feasible to care for such patients in a general hospital if they are properly screened before admission.

"Such a service need not interfere with other hospital services.

"It poses no great nursing problem.

"It is less expensive to operate than a general surgical or medical service.

"It lends itself readily to inclusion as a regular medical service for teaching purpose.

"It is desirable to operate such a service in close cooperation with Alcoholics Anonymous.

"It is highly worthwhile because of the number of sick people who are restored to useful and vocational life."

A Plea from Brazil -- A plea for 12th Step work by mail has come to 'The Grapevine' from Brazil. An A.A. member and his wife would like to have some new ideas, experiences, case histories, happy domestic situations and sponsorship procedures. Letters on these subjects would be of tremendous interest to the A.A. members in South America.

The A.A. asking for correspondence arrived in Rio de Janeiro several months ago only to find himself without the benefits of A.A. Following a logical procedure he looked around for another A.A. or a prospect. The group now numbers six.

Because of the handicap of unfamiliarity with the language the little group feels that the transmission of experiences loses through the interpreter. It is difficult for the Brazilian members of the group to realize the scope of the A.A. organization. Letters would stimulate interest in the group and help to get across the idea that A.A. is a bond of fellowship that extends to all parts of the globe.

New Group in Federal Prison -- A new A.A. group was recently formed at the Federal Prison, McNeil Island, Puget Sound. Meetings are held every Wednesday night with two members from the Tacoma Group in attendance.

Liquor has been responsible for the imprisonment of many on McNeil Island, and A.A. offers new vistas of courage, hope and security on their release. Many are attending the meetings regularly, digesting the A.A. literature and the Big Book.

These boys have an understanding friend and sympathetic counselor in the chief medical officer, who while not an alcoholic has seen the results of A.A. throughout the country and is in complete accord with the Program.

Near Fort Lewis the state of Washington has an "Honor Farm" where prisoners are brought from Walla Walla. Many of these trustees are in A.A. and are not neglecting their weekly meetings while in this camp. Several of the Tacoma Group have attended these meetings and have found them interesting and refreshing. Two men recently released have jobs, attend the meetings and are doing a good job as A.A. members.

A Snowbound Trek -- Visions of venison, done to a turn in true Southern style, or fellowship the A.A. way, brought some 40 members, families and friends together recently in Andrews, S. C. A member of the Andrews Group opened his cabin for a venison barbecue to A.A. members from groups in the surrounding territory. The chosen

evening turned out to be one of the most fiendish in years. Over icy roads and through blinding snow guests came from Columbia, 106 miles from Andrews (each way), Georgetown and Charleston. Despite the hardships, those sturdy souls from "down yonder" report a good time was had by all.

Housing Problem -- From Chicago comes the report that a group of hungry A.A. members are facing a housing problem. Overcrowded conditions have occurred, says a spokesman of the group, because a simple little luncheon held in 1946 has grown, like all A.A. activities, to huge proportions. A few members started meeting for luncheon in a "Loop" department store restaurant. Soon they had outgrown one table and moved to a private dining room. At present the daily luncheon guests number more than 30 and are increasing each day. If the increase continues the diners may spill over to such an extent that they will occupy most of the main dining room! Also from the Chicago area comes the news that the Skokie Group has grown to such proportions that a split was necessary. The group also boasts of three husband and wife combinations and one mother and son.

From Honolulu, Hawaii -- The Honolulu Group, like most A.A. groups, has outgrown its small home and school meeting place. Since June meetings have been held in conveniently located club rooms in downtown Honolulu. Though not lavish, the rooms are well equipped and adequate for three weekly meetings.

Monday and Friday meetings are devoted to educational study for members only, while the Wednesday meeting is for members and their wives or husbands. An outside speaker usually addresses this meeting. The first Monday evening in each month is an open meeting to which anyone interested in A.A. work is invited.



Hope has spent the last 33 years thanking The Men's Center for saving his life.

"My dream is that there is a room for every man who wants to get sober. This is my way of giving back to people who have helped me," Hope said.

To this day, the 150 residents of The Men's Center are required to get a job, pay rent, attend three Alcoholics Anonymous meetings a day and one house meeting a week.

Hope, who estimates the center has helped 25,000 men through recovery in its 45-year existence, has operated with little outside help.

"I don't want any money from the government because they'll tell you what to do with it," he said.

No lavish Houston-style, private fund-raising events have supported the center.

Still, over the years, Hope has managed to acquire virtually every piece of property in the 3800 blocks of Main and Fannin growing from four buildings in 1976 to eight today.

Hope said he has run into a lot of talent on the streets of Houston, including his latest protégé, and brand new director of development, Jeff, not his real name due to the anonymous aspect of Alcoholics Anonymous.

"I was a Foley's doorman," said Jeff, referring to his spot on the street.

"I had to get up every morning and move for them to wash down the sidewalks," he said.

The tumble to Foley's doorman was from such jobs as music director of a Chicago radio station to marketing researcher with firms from New York to Dallas, including clients such as Pepsi and ironically, Seagram's liquor.

On his road to recovery, Hope offered Jeff a job as a cook in his restaurant, The Original New Orleans Po Boys, 3902 Main St., across from the center. From there Jeff moved to cooking at the center, and now director of development.

Jeff plans to play a key roll in Hope's next dream to turn some property behind the George R. Brown Convention Center into the center's new home. The center has purchased a 45,000-square-foot facility at 2720 Leland. Hope estimates that \$4 million is needed to renovate the facility for future residents. Jeff wishes to follow in Hope's footsteps by redeeming some of the years lost to alcohol by raising money for the new facility.

"My dad is just floored that I'm sober. The rest of my family's still

skeptical. I've done a lot of damage. They say for every alcoholic there are 20 people hurt. But I'm starting to hopefully reverse some of that now by touching others positively," Jeff said.

Jeff said it's amazing how talent and effectiveness can emerge from recovering alcoholics.

"Give me five sober alcoholics, and I'm rockin'," Jeff said.

Source: The Houston Chronicle, July 2, 2003

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+++Message 1438. . . . . Periodical Literature/Movie review,  
The Austin Chronicle 06-06-1997  
From: Ed Adami . . . . . 10/26/2003 10:24:00 AM

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Drunks

Directed By: Peter Cohn  
Starring: Richard Lewis, Dianne Wiest, Faye Dunaway, Amanda Plummer, Parker Posey, Liza Harris, Spalding Gray, Howard Rollins  
(R, 88 min.)

The great insight of 12-step programs is that chronic substance abuse is less about thrills than finding a system for living and a source of daily comfort. Like Lou Reed said about The Big H: 'It's my life and it's my wife.' In this film adaptation of Gary Lennon's play Blackout, the characters are all members of a New York City Alcoholics Anonymous group for whom the corny A.A. rituals and mantras ('By the grace of God, one day at a time, I've got 70 days sober. Thank you.') are substitutes of a sort for less manageable regimens of boozing and doping. Most of the action happens during one nighttime meeting, from which Jim (Lewis) disappears in a funk after delivering an emotional speech about his lifelong problems with self-medication. In alternating scenes, new members passionately describe why they got on the wagon as the long-sober Jim hits a series of Times Square liquor stores in preparation for a disastrous swan-dive off. Like many standup comics before him, Lewis displays an innate flair for dramatic acting and more than holds his own among the talent-packed roster of co-stars. The agonizing scenes in which he wavers on the brink of his epic bender vividly illustrate the torment of a man who knows that self-destruction is his most natural mode of behavior, and that living straight







for "drunks" a sentence in the state penitentiary including the use of the whipping post four times a day as a reward for the crime of drunkenness. It is reported that the press and intelligent citizens of Mississippi took the senator strongly to task for such an expression. A.A. took no part in the controversy but could not fail to note some of the fine things said about that organization by friends and the public press.

To the Travel-Wearry -- Texarkana, Texas-Ark., it is said, is the gateway to the Southwest. This location brings many travelers to the city. The Texarkana Group wants A.A. travelers to know that the welcome mat is out at new club rooms located at 102 Gazette Building.

From Small Beginnings -- The group at Filmore, Utah, was organized last August with five members. It now has 12 with more becoming interested everyday. The most recent member drove 115 miles for help from the Filmore Group. Meetings are held every Monday, evening for members and their wives.

Will Welcome Advice -- In order to reach the man under 30 with a drinking problem a new group was recently formed in Rochester, N. Y. The newly organized Young Men's Group would like suggestions from other groups of this type.

Speakers Wanted -- Since its organization in September, 1947, the Cumberland, Md. Group has moved to new and larger quarters. Being relatively new in A.A. work this group would welcome speakers from other towns. Any group wishing to sponsor speakers may contact the secretary at P.O. Box 323, Cumberland, Md.

Seven Years Old -- The Kansas City, Mo. Group recently celebrated its seventh anniversary. This was the second group organized in Missouri. More than 500 A.A.s and

their friends were present at the two day celebration which was highlighted by speakers who had "dried out" during each of the seven years of the group's existence.

The featured speaker was the founder of the Des Moines, Ia Group. There are now approximately 450 active members of the Kansas City Group, including 88 women.

Open New Club -- Beginning with one member and one dollar in December, 1947, the Alano Club, San Diego, Calif., now boasts more than 100 members.

Officials "Sold" -- Officials of Santa Clara County, Calif, are "sold" on Alcoholics Anonymous. So firmly do they believe in the group therapy offered by A.A. that Judges, the Sheriff and the District Attorney have agreed to the use of the County Jail Farm and the County Hospital for rehabilitation of those who cannot afford hospitalization or treatment in private institution. Alcoholics who have hit "bottom" and desperately need care and confinement may approach a group committee and make known their need for confinement. If the screening committee believes them to be sincere, the cases are turned over to a "contact man" for the four San Jose, Calif, groups. He in turn notifies the District Attorney and applicants are sent to the "farm" without submitting to legal red tape. Should the alcoholic require hospitalization he may be transferred from the Jail Farm to the County Hospital for treatment. Facilities at both County institutions are excellent. The plan is now in operation and Alcoholics Anonymous members as well as officials of the county regard it as a step forward in the move to consider alcoholics as sick people rather than moral parasites.

Just a Line to Tell You -- That nearly every A.A. group in Vermont was represented at the first anniversary meeting of the Valley Group, Bethel, Vt. . . . The Montrose, Calif. Beginners Group uses this bit of wisdom for a motto; "There is no limit to the amount of good a man can do so long as he doesn't care who gets the credit." .

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Out of town speakers go over big in Louisville, Ky. Any travelers who want to exchange ideas with the Kentuckians can get in touch with the Token Club. . .

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An

A.A. of a year's sobriety found himself in Okanogan, Wash. He contacted two alcoholics. Result: A thriving little group. . . . A hangover on May 12, 1947 developed into a new group on May 27, 1947. That was in Storm Lake, Iowa. Now a

year

later it is going strong as the Buena Vista County Group -- The Mayfield, Ky.

Group

has a husband and wife who do their 12th Step work as a team. They would like to

hear

about the methods other husbands and wives use. Do they work together or separately?

. . . The Mishawaka, Ind. Group while still one big happy family, has divided into

three sections for closed meetings. . . . The group down in Brazil that wants letters

now has a post office box: Alcoholics Anonymous, Caixa Postal 254, Rio de Janeiro.

Never Underestimate -- The ladies took charge of a meeting held recently in Tacoma,

Wash., when four members of the Seattle Women's Group spoke. In the audience were ten

persons, attending an A.A. meeting for the first time. Proof of the power of a woman

came the next week at the Step Meeting. Of the ten who came to listen, eight returned

to learn. The County Sheriff also spoke.

It Is Rumored -- The Jefferson City, Mo., Group is tossing around the idea of organizing a "Slipper Group." It will be designed for those boys and girls who really

want A.A. but for some reason or another fall off the beam now and then.

Weekly Radio Program -- The Fairmont, W. Va., Group is sponsoring a weekly program

over the new radio station WVVW. The program, heard at 12 noon every Saturday, has

been running successfully for several weeks. Four members of the group appeared

recently on an open forum which proved so successful that more programs of this



in Marty's New York apartment when they first talked about a magazine devoted to AA and alcoholism.

It would be about eight pages, rather like a tabloid, with beautiful print that would

be easy to read. Priscilla, who was the art editor of Vogue, designed the title page.

She drew the grapes, hanging on the vines as a background. Then she drew "The

Grapevine" as the title in big black letters almost an inch high. You can see this

beautiful title page and read all eight pages when you visit the Grapevine office or

the AA archives in New York City.

I had a letter addressed to AA in that famous first edition. I said I was so grateful

to be sober. For a year and a half I had not had a drink. I said to myself in part,

"All right -- you're fifteen years behind in your life. Fifteen years behind in your

career. (I am a professional writer.) Thank God you came into AA when you did. Now you can begin to get your life back." I ended by saying I felt I had to write this letter because I was grateful to AA for seeing me through the growing pains of early sobriety.

I signed the letter Felicia G., which is my maiden name and the one I write under. In the last thirty years I've been signing my Grapevine articles with the initials F. M. I was married to another AA, John M. We both stayed sober through three and a half years of perfect hell. Then, thank God, we got divorced.

Priscilla had wanted me to write something for that first edition and I had said I

would. But I was pretty new in AA and my self-esteem was wobbly. Although I was

earning my pork chops writing for such slicks as Colliers, Mademoiselle, and the

Saturday Evening Post, I felt the eyes of the Grapevine founders fixed upon, me. My Lord, this piece had to be great. It had to be as good as Shakespeare - maybe even a little better than the Bard. I wrote and wrote and tore it up and wrote and tore it up.

Priscilla phoned from her office at Vogue and said I was late with it. They were

going to press in hours. She was coming right up herself to get it.

I burst into a sweat. I went back to the typewriter and typed out a piece with a

beginning, a middle, and an end.

I jerked the last page out of the typewriter, read it over, and said aloud, "This

stinks."

I ran down my five flights of stairs and, happily, the garbage man hadn't come by

yet. The garbage cans outside my New York apartment house were filled with refuse, and so I plunged my typed pages down into the first can, and ran back up my five flights.

I was going to be all sweet and nonchalant when Priscilla arrived. Unfortunately, I

was still sweating and close to tears when she rang the bell downstairs. I was a

little afraid of her. She was my friend, to be sure. But she never put up with

nonsense, and she had a very sharp tongue.

She came through the door of my apartment, in a chic beautiful suit and a pair of

spanking clean yellow cotton gloves.

"All right, darling," she said. "I'll take it just as it is. We'll correct it if need be."

"You - you -- you won't take it," I said. "It isn't here."

"Where is it?"

"It's elsewhere."

"And where is elsewhere?"

"I couldn't write it."

"You mean you haven't written it? Come, come, my girl, you said -"

"Oh, I typed out a few pages of stuff, and it just wasn't any good, Priscilla.  
You

see, I'm a fiction writer, probably because I have a very weak grasp of fact.  
I mean, a fiction writer is a failed journalist. This is well known."

"Where did you put what you wrote?"

She wandered toward my wastebasket, which was filled with torn up manuscript.

"No, no," I said. "It's down on the street. It's in a garbage can."

Priscilla turned and ran down the five flights and I ran out on my rooftop  
terrace

and looked down. I saw Priscilla put one beautiful glove into the stinking  
mess, take out the pages, straighten them, shake garbage off them, read a few  
words, and then turn toward Park Avenue to hail a cab.

Why, heaven help me, it was worth running in the Grapevine! Or so it seemed. I  
let out a sigh. But then I said to myself, "They sure are desperate for  
material."

Marty had written an article for that inaugural issue too, though she did not  
sign

hers, which is just a little longer than my letter. It's called "AA Goes to  
Sea." She

says, in part, "Doctor Florence Powdermaker, a well known psychoanalyst, sent  
us a patient who promptly dried up, pleasing the good doctor no end. Then  
Doctor

Powdermaker (this being World War II) put on a naval uniform and took up the  
problems of tired or shell shocked seamen. Oddly enough she found that many of  
them had just the same problem we landlubbers are cursed with...they were  
alcoholics and they wanted in the worst way to get over it."

Well, I was the patient whom Doctor Powdermaker sent to AA. She had gone to a

meeting of psychiatrists in New York to hear Bill W. speak and she said to me, "These people were active alcoholics and they've stopped drinking. Perhaps you ought to go and see them." I had been rolling around on her couch for a couple of years, either drunk or terribly hung over and filled with guilt at my behavior.

Dear Florence. Of course, I resisted her at first. Finally I went down to Vesey

Street, in the Wall Street section of New York, where Bill and his staff had a small

office called The Alcoholic Foundation.

Bill said, "Do you think you are one of us?" The greatest thing anyone had ever said to me. Drinking alone in bars in Greenwich Village, I had been cast out by most of my friends. I hadn't been part of any group for a long time. I nodded my head and said "yes" to Bill. "Yes." This outrageous, immoral behavior of mine -- why, it entitled me to be part of a group! Here was Bill, here was Bobby B., Bill's

assistant. They were like me, sick not bad. Bill, having explained this to me, sent

me to see Marty, who became my wonderful sponsor. Priscilla was a sort of second sponsor. Both of them are gone now, but the three of us became lifelong friends.

After two years, I think it was, the Grapevine was taken over by Chase and his pigeon and friend, Tom Y. They agreed to run it for a couple of years. Chase and his wife, Josephine, owned and ran the Washington Square Bookshop, which was on 8th Street between Fifth and Sixth Avenues, down in Greenwich Village. On this lively block, crowded with eccentric Village types, this bookshop was well known as an oasis for local artists and writers, who dropped in all day long. On the same side of the street was a gay bar called "Main Street." Also the bar where I used to drink most evenings. This was called "The Old Colony Bar and Grill." I was such a good customer that the bartenders always got me into a cab and gave the driver my home address.

Chase got sober after he had a major miracle. He was drunk in someone's apartment in the Village, using the John, next to a wide open window at night. He stood there swaying with his pants down. Suddenly he fell out of the window. He landed in a barrel of soft ashes. The next day, he went, all hung over, to look at that barrel. Right next to it was a barrel of broken glass. He could have landed in that. He had resisted AA, but now he joined in a hurry.

And he became another sponsor of mine, after I was sober. Being the co-owner



closed meeting in another part of town, and that was it. To get to an extra one, some of us used to have dinner at the Oyster Bar in Grand Central and then take a train out to a very small meeting in Forest Hills, Long Island.

Now, we have about a million members all over the world and round-the-clock meetings in New York. Of course, I'm delighted that AA has grown. I've done my infinitesimal best to help it grow. But Marty and I sometimes talk about the old days, and we get nostalgic.

We talk about old Tom, the caretaker at the 24th Street Club. Tom's wife had once

committed him to a state institution for life, but some AA men got him out. He was

staying sober to spite his wife. He was bad-tempered and talkative, and he cussed, and he wouldn't let too many people into his kitchen. When a formal discharge from the state institution came through, Tom got drunk to celebrate. Ila P., one of our early members, took him to Towns Hospital in a cab. Tom's false teeth kept dropping, and Ila kept pushing them back. Tom sobered up after that and stayed on the program, still cussing with every other breath.

The old clubhouse had a long hallway and one downstairs room with an empty fireplace. The speakers stood in front of it. Over the mantel was a portrait of Bill W. that had a discernible halo. Bill and some of us made fun of it. The last people to get to the meeting had to sit in the hallway or on the stairs leading to the second floor. There was a big room upstairs, too, plus a bath and a small bedroom where Bill used to stay when he was in town.

The secretary's desk was upstairs, near a wall telephone where calls for help used to come in. It was the secretary's job to answer the phone and send people out on Twelfth Step calls. A bunch of men who were out of work sat upstairs and played cards all day. They were sober but practically useless. They almost never went out on a call. When I was secretary, I got tired of them. They made such a noise that you could hardly hear anything on the phone. I made them move their everlasting card game downstairs. One huge, redheaded man got so mad at me that he went out and got drunk. He came back and leaned over the desk and told me what I could do with the club.

There was a character called Frances F. who used to come and sit right behind my desk and kibitz. She told the redheaded drunk what he could do. Beautiful! (And, alas, unprintable.) There was a rumor around AA that Frances had been a madam. She was big, tough, coarse, kindhearted, and killingly funny. Her hats, which she made herself, were covered with flowers, birds, and butterflies. When she made a forceful point, the birds flew and the flowers trembled.

People used to come in for help and sit at the secretary's desk and talk. A vague

little blond waif was there one day, and Frances passed me a note: "Know good."

Later, I said, "Frances, that's spelled N-O."

"I don't care what it's spelled," she said. "It's still no good."

And that, unfortunately, was true. Of course, I helped some people, but I used to

despair over the ones we couldn't seem to help. I used to drag intoxicated women to meetings and hand out AA literature to drunks in restaurants. It took me a while to understand that I couldn't sober up the world.

Tough old Frances, however, had great success with people who got into the alcoholic ward at Bellevue Hospital or the Women's House of Detention, that old jail at Sixth and Greenwich Avenues. She would sit and give them lectures on alcoholism, her knees apart and yards of bloomers showing. She would hand out old clothes to the destitute and give them carfare to get to a meeting when they were released. Many wonderful old-timers owed their sobriety to Frances.

Tony, Frances' husband, was a slender little man who had occasional slips. They were always short, because she "slapped him sober."

A very different Frances, called Sister Frances, started High Watch Farm in

Connecticut. (It was one of the first rest farms for alcoholics; after hospitalization, many still go there for a rehabilitation period, with intensive use of the AA program.) Sister Frances did not belong to any established religious order,

but she had studied with a pupil of Mary Baker Eddy (founder of the Christian Science Church). She had three farms to begin with: one for children, one for adults, and one for older people, which was a sort of rest home. Everybody was to learn metaphysics, and baskets were hung outside the front doors to collect money. This didn't work very well.

A pigeon of Marty's knew Sister Frances and took Bill W. and Marty up to High Watch to see her. Bill started talking about AA. Of course, there was nobody to beat him at that, unless it was Marty. When Sister Frances heard their story, she said, "I'm giving you this place." They explained that AA couldn't own any property, so a board was set up with some AA members on it, and AAs and new people started going up there.

Sister Frances' father was a former governor of Massachusetts. Her real name was Ethelred Folsom Helling, which I am sure she was glad to shed. She was

small, eccentric, and highly intelligent, with a great sense of humor. She didn't believe in killing animals, so she wouldn't eat meat or wear fur or leather. She wore sneakers summer and winter. She and Marty became great friends. During that first summer, Marty was still out of work and had her own cottage up there, where she could stay whenever she liked. Marty's mother spent a year there and did all the cooking and baking. She was a soothing influence and a wonderful cook.

Back in New York, we always had a Christmas party at the old clubhouse, with a tree, entertainment by some of the members, and a nice big spread. Some of us had no place to go on Christmas. I once organized a Christmas Day party in the old Dutch Reform Church, when we moved there from the clubhouse in the 1940's. It was a huge barn of a place, with a stage, an auditorium, and a big kitchen. A lot of people said, "Nobody will come on Christmas Day."

And I said, "What do you bet?"

We sold fifty meat pies for fifty cents apiece, which was what they cost. We had

salad, dessert, and gallons of coffee. A bunch of men, some of them off the Bowery, cleaned up for me. Some AA members put on a great stage show. Rudy P. from the Philharmonic played "Silent Night" on the French horn. Gradually, the auditorium filled up. Many AAs came after their family parties were over. It was a great success.

The first interracial group in the New York area started in the late 1940's. It was a

slow process. There was a black group in Washington, D.C., which was then segregated. Its founder, Jim S. (whose story is in the Big Book), his wife Viola, and other members of the group used to come to New York on weekends to help us. They were simply wonderful. The black men and women in this area usually would show up at our downtown meetings, one at a time, and never come back. We tried to make one of the Greenwich Village meetings into an interracial group, and that didn't work.

Then, I heard about the Reverend Shelton Bishop, the rector of St. Philip's Church on West 134th Street. He was a great leader in Harlem. I talked to him, and he said we could have the basement area of the church and use the kitchen for our weekly meetings. A lot of people, including Bill, went up there to speak. But we'd get only one black member, then two, then three, then one again. I once got so discouraged that I called Bill on the phone and burst into tears.

But Chase, my other sponsor, who worked up there, too, said, "Once this gets rolling, you won't be able to stop it."

He was right. The St. Nicholas Group, up there in St. Philip's, began to grow,  
and

now there are many groups in Harlem.

Never be discouraged if your pigeons or would-be pigeons don't seem to make it.

Sometimes, you'll see them years later at a meeting, and they'll come up and tell you that something you said to them long ago really helped to get them sober. Once, on Thanksgiving Day, I invited a brand-new woman to dinner with a couple of older members. I never heard from her again until years later. She sent word that she was sober in AA and living in Baltimore. She was so grateful for that long-ago dinner that she always invited some new person to her house on Thanksgiving.

Yes, I love the way AA has grown, but I'd like to go back magically through time and relive the old days. I'd like to visit with some old friends who are no longer here, like Pat C., who used to ship for Standard Oil, and who used to call me when he got to New York and say, "Put on the coffeepot. I'll be right up." I'd like to go to the old clubhouse again and have a talk with Bill again.

But the present has its rewards.

Some of my old friends are still here, and I have many new ones a generation younger -- even two generations younger! I am a sober, reasonably happy great-grandmother. I love my family, and they love me. We do things together. I still go to meetings and try to work the program. I do a little Twelfth Step work when I can, though nowadays I'm better at helping somebody who's sober and having problems.

I like to think about other people and not about myself. Controlled nostalgia is

okay, but I don't want to be a compulsive reminiscer, an old rocking-chair bore. I

like living a day at a time. My nostalgia is laced with gratitude.

F. M., New Canaan, Conn.

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+++Message 1444. . . . . Gv July 48 - News Circuit  
From: t . . . . . 10/30/2003 3:43:00 AM

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Grapevine, July 1948

### News Circuit of A. A. Groups From All Parts of The World

New Latin-American Group -- The Downtown Latin-American Group has recently been formed in Los Angeles, Calif. At present the group activities are confined to discussions with Anglo-American visitors.

Alcoholic Ward Group -- Working in close association with doctors and the chaplain of State Hospital No. 2, St. Joseph, Mo., the Downtown Group of that city has formed an A.A. group in the alcoholic ward. Patients of the ward, after a period of isolation, are paroled to a member of the Downtown Group on Saturday and Sunday nights. At this time they attend regular meetings of the A.A. Group. Weekly meetings are held at the hospital with the assistance of the discharged patients who are permitted to return.

With True A.A. Enthusiasm--The Fresno, Calif. Group heard some of Bill W.'s talks over wire recorders. The members were so enthusiastic about them that they took up a collection and bought the recordings. The enthusiastic group supposed, of course, that it could rent a recording machine to play back the spools and recordings. Such was not the case. So being true A.A.s they took up another collection and bought the reproducing machine. Now that the group owns the recordings and the machine the members feel that it would be a real privilege to take them to surrounding groups for meetings.

New "Baby"--San Diego County, Calif, now has 30 group meetings each week. The newest "baby" is the Pacific Beach Group. This group conducts a purely informal meeting. There is no leader, the 12 Steps are read by a member and a discussion

follows.

Seating is arranged so that members and guests may talk easily and freely without having to address the chair.

Sunday Brunch--The groups of Flint, Mich., have recently inaugurated a Sunday Brunch.

Eggs, toast, juice and coffee all add up to a very successful project the members report.

Another Anniversary--The Westerly, R. I. Group celebrated its first anniversary recently with an open meeting. Civic minded men and women were the guests for the evening speaking program.

Indianapolis A.A.s Open Club---A three story brick building, used during the war as the USO Center, is now the new Alano Club of Indianapolis. The clubhouse is complete with a large room for dancing, lounges and coffee and sandwich bar, equipped with a brass rail so that the members will feel at home. The opening was attended by approximately 500 members and friends. The clubrooms are open at all times and groups from all parts of the city hold meetings there.

Large Turnover--Only two members of the Anchorage, Alaska, Group have lived in the territory for more than five years. The membership of the little group is therefore made up of roving A.A.s, many of them construction workers.

New Women's Group--Beginning three years ago with a few members the Bakersville, Calif. Group now has approximately 100 members. The newest project to be undertaken by the organization is a Women's Group. These meetings held each Tuesday are open to both A.A.s and non-alcoholics.

Second Birthday Party---Called by the press, London, Ontario's most exclusive fraternity, the group there recently celebrated its second anniversary. The London Metropolitan Group which numbers about 90 members toasted the anniversary in ice water and black coffee.



become an accepted part of American culture. In Tim Robbins's 1992 film, "The Player," the title character attended AA meetings not because he drank too much but because that's where the deals were being made. In 1995, New York magazine suggested that single women attend AA to meet men.

But today, the recovery movement -- with its emphasis on childhood victimization, lifetime attendance at 12-step groups and complete abstinence from all psychoactive substances -- has fallen from pop culture favor. "There was a time when it was almost the 'in thing' to say you were in recovery," says William White, author of "Slaying the Dragon," a history of addiction treatment. Thankfully, that is no longer the case.

Vogue, Elle and the New York Times Magazine have recently run articles critical of the recovery movement. The "addictions" section of the bookstore -- once taking up several bookcases in superstores -- has shrunk to a few shelves, with a growing proportion of critical books. By the late '90s, the number of inpatient rehab facilities offering treatment centered on the 12-step process was half what it had been earlier in the decade. And AA membership, which grew explosively from the late '70s through the late '80s, has held steady at about 2 million since 1995.

Still, it is difficult to say goodbye to an organization and philosophy that may have helped save my life. Between the ages of 17 and 23, I was addicted to cocaine and then heroin. For the next 12 years, I was an often enthusiastic participant in 12-step recovery. Eventually, however, it became difficult to imagine defining myself for the rest of my life in relation to behavior that had taken up so few years of it.

During my last five years in the program, I had become increasingly uncomfortable with what it presented as truth: the notion, for example, that addiction is a "chronic, progressive disease" that can only be arrested by 12-stepping. The more research I did, the more I learned that much of what I had been told in rehab was wrong. And yet, I'd indisputably gotten better. Once an unemployed, 80-pound wreck, I had become a healthy, productive science journalist. That science part, however, became the root of my problem with a model based on anecdote as anodyne.

The 12-step model has always been rife with contradiction. Its adherents recognize, for example, that addiction is a disease, not a sin. But their treatment isn't medical; it's praying, confession and meeting. And while they claim that the belief in a "God of your understanding" on which the program rests is spiritual, not religious, every court that has ever been asked whether ordering people into such programs violates the separation of church and state has disagreed with the "non-religious" label.

So why have the contradictions come to the fore now? For me, the first step came in 2000 when I wrote about New York's Smithers Addiction Treatment and Research Center and its attempts to modernize treatment. Its director, Alex

DeLuca, saw that options needed to be expanded beyond AA. Guided by DeLuca, Smithers began publishing studies funded by the National Institute on Alcoholism and Alcohol Abuse showing that adding treatment options, including support for moderation rather than abstinence, was effective.

However, when a group of people in recovery learned that those options included moderation, they protested, and DeLuca was fired. Imagine cancer or AIDS patients demonstrating against evidence-based treatment offering more options. This deeply distressed me, as did AA's religious aspects. In any other area of medicine, if a physician told you the only cure for your condition was to join a support group that involves "turning your will and your life" over to God (AA's third step), you'd seek a second opinion.

The insistence on the primacy of God in curing addiction also means that treatment can't change in response to empirical evidence. Which leaves us with a rehab system based more on faith than fact. Nowhere is this clearer than in the field's response to medication use. The National Institute on Drug Abuse is pouring big bucks into developing "drugs to fight drugs" but, once approved, they sit on the shelves because many rehab facilities don't believe in medication. Until 1997, for example, the well-known rehab facility Hazelden refused to provide antidepressants to people who had both depression and addiction.

Those who promote just one means of recovery are right to find medication threatening. When I finally tried antidepressants, after years of resisting "drugs" because I'd been told they might lead to relapse, my disillusionment with the recovery movement grew. Years of groups and talking couldn't do what those pills did: allow me not to overreact emotionally, and thus to improve my relationships and worry less. I didn't need to "pray for my character defects to be lifted" (AA's 6th and 7th steps) -- I needed to fix my brain chemistry.

This is not to say that I didn't learn anything through recovery groups. The problem is their insistence that their solutions should trump all others. Many recovering people now use medication and groups both -- but within the movement there is still an enormous hostility toward this and a sense that people on medications are somehow cheating by avoiding the pain that leads to emotional growth.

Another contradiction in the notion of 12-step programs as a medical treatment shows up in the judicial system. Logically, if addiction were a disease, prison and laws would have no place in its treatment. However, to secure support from the drug-war establishment, many 12-step treatment providers argue that addiction is a disease characterized by "denial" -- despite research showing that addicts are no more likely to be in denial than people with other diseases, and that most addicts tell the truth about their drug use when they won't be punished for doing so.

Because of "denial," however, many in-patient treatment providers use methods





applies to overeaters trying to cope in a season overflowing with treats and too much food.

Sheila (whose identity is not being revealed in compliance with Alcoholics Anonymous rules) has been sober for 12 years. Her first sober winter was fraught with intense desires to drink.

"It's just the stress and the pressure of the holidays," Sheila recalled. "If you're an alcoholic, you don't need an excuse to drink, but the holidays was an excuse for you to do it openly because everyone else is doing it."

Elaine Crnkovic agrees. She is the director of clinical services at Mesilla Valley Hospital in Las Cruces, which specializes in chemical dependency and psychiatry.

"Most get-togethers include at least some alcohol," Crnkovic said. "For many, it's the first time where they won't be using or drinking, and they're unsure of what to do."

The holidays are a high-risk time for recovering addicts for other reasons as well.

"We have such an idealized expectation for the holidays. If you think of your favorite Christmas song, the movies that we see, they all promote a very idealized reality," said Crnkovic.

Crnkovic said that when reality doesn't match up with the Norman Rockwell view some recovering alcoholics may have of the holidays, they drink because alcohol has been their coping mechanism in the past.

But for every obstacle the recovering addict faces during Christmastime, there is a solution. In fact, some in recovery say they don't feel more tempted to drink during the holidays than at other times of the year.

"An alcoholic like myself doesn't need a particular occasion or reason to drink," said Ken (another Alcoholics Anonymous member whose identity is not being revealed at the organization's request). "When I was drinking, I would rarely go out on holidays like Christmas and New Year's. We used to joke that's when the amateur drinkers were out there."

Crnkovic recommends that those in recovery take their own beverages when attending holiday gatherings.

"If you have a glass in your hand, someone's not going to offer you something to drink," she explained.

Bobby Ashworth, a licensed chemical dependency counselor at the Peak Hospital of Santa Teresa, suggested finding something to do that's not going





American Medical Association. Dr. Seliger is chief psychiatrist of the Neuropsychiatric Institute, Baltimore, Md. Terming alcoholism a symptom of emotional or nervous illness Dr. Seliger said that the alcoholic cannot stop drinking or handle alcohol at will because it handles him. This domination,' Dr. Seliger continued, 'is shown by alcohol's interference with one or more of his important life activities, such as his job standing and ability, his reputation or the harmony of his home. For any or all of these reasons, the alcoholic should be recognized as being a sick person who needs competent treatment.' Workers in all fields of public health and welfare are finding that alcoholism creates turmoil of all types. The psychiatrist also sounded a warning to the more than 3,000,000 'heavy social drinkers in the U.S.A.' He said, "The dangers of heavy social drinking should be more thoroughly understood. In industry, heavy social drinking produces inefficiency, absenteeism and serious errors in judgment.' "

Successful Prison Meetings--For the past 18 months the Upper Derby, Pa. Group has been conducting weekly A.A. meetings at the county prison farm. In addition to being a benefit to the men behind the walls, this meeting has proven an excellent testing ground for new speaker material. Embryo orators appear to have fewer qualms over addressing 40 or 50 inmates than half that number of fellow A.A.s.

Honolulu Calling--After a slow beginning the members of the Honolulu Group report that the group is now well organized and rounded out. A big step forward in educating the public about A.A. was an open meeting held recently. Much of the success of this

gathering was due to the help of the Junior Chamber of Commerce. The group is now co-operating with other civic organizations in order to gain the recognition that A.A. enjoys in other parts of the world.

Growing Up--The Bronxville, N. Y. Group recently celebrated its second anniversary. An active membership growth from 12 original members to 60 is reported. Open meetings have trebled and it is planned eventually to split the group and organize a new one in the nearby Cedar Knolls section.

Banquet Marks Anniversary -- The Alano Club, Spokane, Wash., recently observed the third anniversary of its founding with a banquet and open house. From the original four members the group has grown to nearly 300 and is steadily gaining.

Dedicate New Club Rooms--The high spot in the recent dedication of the new club rooms of the North Side Group, Louisville, Ky., was a funeral service for John Barleycorn. The "funeral" was complete with casket and flower offerings. Other neighborhood groups in Louisville are planning headquarters which may serve as social centers as well as meeting places.

News Notes--The Lawrence, Kansas Group reports a growing membership. They now have seven members. From Portland, Maine, comes the word that a raffle is held at each meeting. The prize to the winner is a choice of the book *Alcoholics Anonymous* or a year's subscription to *The A.A. Grapevine*.

Another N.A.A. Group--A Non-Alcoholic Anonymous group has recently been organized in Pasadena-Altadena, Calif. The group meets weekly in the homes of the

members.

Celebrate Eighth Anniversary Approximately 200 members and guests were present at the eighth anniversary dinner meeting of the Harrisburg, Pa., group held recently. The meeting was addressed by an attorney from New York, N. Y.

Vacation Invitation -- The Edmonton Group, Alberta, Canada, extends a hearty welcome to any members of A.A. who may be passing that way while on vacation, Edmonton's "House" is open 24 hours a day and a call will insure the visitors of being met and personally escorted to the group headquarters. The members also volunteer to give any information wanted regarding that section of the country.

Sponsor Picnic--The Birmingham Service Guild sponsored a July 4th picnic for all Birmingham A.A. members. The Service Guild is composed of wives and relatives of A.A. members. Its aim is to promote the growth of A.A.

Unsuccessful  
"Remember this, wavering A.A. friend, if you used to get drunk to build up the feel that you were a "big shot" you never really succeeded, and you won't the next time. As a matter of strict truth, you (all of us) came nearer to being a full-fledged "rat" when we were in our cups--and we'd accomplish no more if we got drunk again this very day."--The Screwball, Nacagdoches, Texas.

Calendar Of A.A. Events  
September 3-4--Southeastern Regional Convention, Jacksonville, Fla.  
October 23-24--Iowa Conference, Des Moines, Iowa.  
November 5-6-7--North Carolina Groups; First Annual Convention, Charlotte, N. C.







few months, with nearly twice as many released patients making satisfactory readjustments to normal life as previously.

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+++Message 1452. . . . . Periodical Literature: Seattle Post-Intelligencer, February 15, 1971  
From: Ed Adami . . . . . 11/4/2003 12:45:00 AM

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Seattle AA Remembers Founder 'Bill W.'

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by: George Foster

The faces in the crowd -- some showing the strain of harder times past, some bespectacled business types, others youthful -- ran the gamut of the American experience.

In another perspective, they were the faces of reclaimed lives from all walks of life.

Seattle's members of Alcoholics Anonymous were gathered to honor and memorialize the cofounder of their organization.

Bill W., whose real name was William G. Wilson, died of emphysema Jan 24 [1971] in New York. He helped to found AA in 1935 with Dr. Robert H. Smith.

Wilson's 15-year battle with the bottle had washed him out of a successful career as a Wall Street broker before he "went sober " and started a group attack on alcoholism.

"We know that many of us would be long dead and gone, had it not been for the founding of this organization," said one speaker at memorial services here at AA's 64-year-old meeting hall on East Pine Street.

The crowd of more than 300 heard speakers reflect on the good works of Bill., who like all members of AA, use their first and initial of the last name to maintain anonymity.

"Bill W. will never be gone as long as we do our job," said one man.

Another speaker commented, "He is one of the gifted few who left the world in a different way than he found it."

Wilson, who described himself as "just another guy named Bill who can't handle booze," wrote four books as a leader of AA since its founding, "Alcoholics Anonymous," "Twelve Steps and Twelve Traditions," "AA Comes of



Addiction Medicine included the term "denial" in its latest definition. Talk of harm reduction just feeds the denial.

Most research fails to adequately separate true alcoholics from problem drinkers, which makes reports of success misleading. We can't know how many of the latter may progress into true alcoholism. The most thorough research (Helzer and Associates, 1985) studied five- and seven-year outcomes on 1,289 diagnosed and treated alcoholics, and found only 1.6 percent were successful moderate drinkers. Of that fraction most were female and none showed clear symptoms of true alcoholism. In any case, it would be unethical to suggest to any patient a goal with a failure rate of 98.4 percent.

We psychologists know that conditioning is limited in its ability to produce behavioral changes. To attempt to condition alcoholics to drink socially is asking of behavior modification more than it can do. Some have thought one value of controlled-drinking experiments could be that the patient learns for himself what he has not been able to accept from others, that he cannot drink in moderation giving all that extra scientific help might destroy the rationalizations of the alcoholic who still thinks he can drink socially "if I really tried." Actually, most uses of conditioning in the field have been to create an aversion against drinking, to condition alcoholics to live comfortably in a drinking society and to learn how to resist pressure to drink. In that we have been reasonably successful, since this is in accord with the physiology and psychology of addiction.

The discussion about turning recovered alcoholics into social drinkers started in 1962, but no scientific research had been attempted until 1970, when Mark and Linda Sobell two psychologists at Patton State Hospital in California with no clinical experience in treating alcoholics, attempted to modify the drinking of chronic alcoholics, not as a treatment goal but just to see whether it could be done. The research literature is largely a record of failure, indicating that the only realistic goal in treatment is total abstinence.

The prestigious British alcoholism authority Griffith Edwards (1994) concluded that research disproved rather than confirmed the Sobell position. Drs. Ruth Fox, Harry Tiebout, Marvin Block and M.M. Glatt were among the authorities who responded in a special reprint from the 1963 Quarterly Journal of Studies on Alcohol to the effect that never in the thousands of cases they had treated was there ever a clear instance of a true alcoholic who returned to drinking in moderation. Ewing (1975) was determined to prove it could be done by using every technique known to behavior modification, but he also did careful and lengthy follow up - and at the end of four years every one of Ewing's subjects had gotten drunk and he called off the experiment. Finally, Pendery and Maltzman (AAAS Science, July 9, 1982) exposed the failure of the Sobell work, using hospital and police records and direct contact to show that 19 of their 20 subjects did not maintain sobriety in social drinking, and the other probably was not a true alcoholic



circuit eluded him. Finally in the late 1970s, Vaughan formed Triple Threat with Lou Ann Barton, Chris Layton, and Jackie Newhouse. This group evolved into Double Trouble, with Tommy Shannon and Reese Wynans replacing Newhouse and Barton. By the early 1980s the group had built a solid following in Texas and was beginning to attract the attention of well-established musicians like Mick Jagger, who in 1982 invited Vaughan and the band to play at a private party in New York City. That same year Double Trouble received an invitation to play at the Montreux Jazz Festival in Switzerland. They were the first band in the history of the festival to play without having a major record contract. The performance was seen by David Bowie and Jackson Brown, and Stevie gained even more acclaim as a talented and rising young musician. Jackson Brown invited Vaughan to his Los Angeles studio for a demo session at which Stevie recorded his 1983 debut album, *Texas Flood*. David Bowie had Vaughan play lead guitar on his album, *Let's Dance*, and join him on his 1983 tour. Vaughan's fame immediately soared. The band signed a record contract with CBS/Epic records and came to the attention of veteran blues and rock producer, John Hammond, Sr. *Texas Flood* received the North American Rock Radio Awards nomination for Favorite Debut Album, and *Guitar Player Magazine* Reader's Poll voted him Best New Talent and Best Electric Blues Guitarist for 1983. A track off the album also received a Grammy nomination for Best Rock Instrumental performance.

Vaughan's subsequent albums met with increased popularity and critical attention. *Double Trouble* followed *Texas Flood* with *Couldn't Stand the Weather* (1984), *Live Alive* (1985), and *Soul to Soul* (1986). All of the albums went gold and captured various Grammy nominations in either the Blues or Rock categories. Throughout the 1980s Vaughan and his band also became consistent nominees and winners of the *Austin Chronicle's* Music Awards and *Guitar Player Magazine* Reader's Polls. In 1984, at the National Blues Foundation Awards, Vaughan became the first white man to win Entertainer of the Year and Blues Instrumentalist of the Year. At the Grammy's that year he shared in the Best Traditional Blues honors for his work on *Blues Explosion*, a compilation album of various artists. Although he rapidly gained prestige and success in the music world, Stevie also lived the stereotypical life of a rock and roll star, full of alcohol and drug abuse. On his 1986 European tour he collapsed and eventually checked into a rehabilitation center in Georgia. He left the hospital sober and committed to the Twelve Step Program of Alcoholics Anonymous. Following his recovery, he released his fifth album, *In Step*, in 1989. It won him a second Grammy; this time for Best Contemporary Blues Recording. In 1990 Vaughan collaborated with Jimmie Vaughan, his brother and founding member of the Fabulous Thunderbirds, on *Family Style*, which was released after his death. This last album would bring his career total of Grammys to four. After his death Epic records went on to release two more albums of his work, *The Sky is Crying* (1991) and *In the Beginning* (1992). Stevie married Lenny Bailey in 1980, and they divorced in 1986, when he was at the low point of his struggle with drug and alcohol abuse. At the time of his death, he had a girlfriend, Janna Lapidus. Stevie Ray Vaughan died on August 27, 1990, in a helicopter crash on the way to



President Clinton. But at lunch, he sipped one cocktail, then three more. When the meeting was delayed, he gulped another two.

Andrew is just one member of Capitol Hill's least talked about, but most regularly attended, meetings: Alcoholics Anonymous. Founded on the Hill in July 1979, AA groups today convene usually three times each weekday in offices throughout the Capitol.

With names such as "Yeas and Nays," which is the oldest group, "Attitude Adjusters" and "Old Fashion Beginners," AA, much like a Women's Caucus or Republican Whip meeting, has become a fact of life on the Hill.

Although one group is restricted to only members of Congress, most include staffers, lobbyists, custodians, reporters, police and even members sitting side by side. "Alcoholism knows no bounds. It treats everybody the same," says Rep. Bill Emerson (R Mo.), who went public with his alcoholism in 1988, during his fourth term in Congress.

Indeed, at the epicenter of the nation's democracy, AA functions as a kind of ideal body politic, in which there is no partisanship or hierarchy. There's even a consensus vote taken at meetings to decide on policytype matters, such as smoking or opening the meeting to a visitor.

Ironically, though, the egalitarian nature of the meetings can make for some awkward circumstances. Deirdre, a member of AA who works for a Senate committee, recalls how a colleague she knew for many years once plopped down beside her in the middle of a meeting. "'We hide it well, don't we?' he said."

At another meeting, she says, a first timer walked into the room and froze when she saw her boss--a senator. Eventually, though, "she just hid among the others."

It took Deirdre herself several weeks before she went to her first meeting, even though she made up her mind well beforehand. "I wouldn't even walk up to read the posting [of times] on the door," she says. "I was too terrified of exposure and rejection."

Doctors as well as AA members dispel any notion that alcoholism is more rampant on the Hill than other workplaces, despite the irregular hours and hard work. But the Washington power culture, where image is often everything and martinis a part of negotiations, can make dealing with alcoholism on the Hill unusually difficult.

"Politics," said Rep. Jim McDermott (DWash.), a psychiatrist, "is a profession where appearance becomes reality."

But the strength of AA, he says, "is that people can't buffalo each

other. At that point you're not a Republican or a Democrat, you're just a person."

McDermott, who helped found the Navy's first alcoholic rehabilitation program nearly 30 years ago, said, "It takes real strength of character to admit 'I've got a problem and I'm going to do something about it.' But if you deal with it, that in my opinion is what you want in a leader: strength."

Several lawmakers, like Emerson, confront the process. And sometimes, as in the case of former Sen. Bob Packwood (ROre.), their dissolute behavior becomes frontpage news.

While the drinking problems of celebrities or public figures are the most wellknown, for many alcoholics anonymity is central to the recovery process. For one thing, on Capitol Hill, as elsewhere, alcoholics fear being seen as incompetent or even losing their jobs.

The Hill is "saturated with ego" says Robert, a former Hill staffer and longtime lobbyist with a Washington trade association who's been in AA for more than 30 years. And ego is often an obstacle to getting over denial, the biggest challenge for recovering alcoholics.

Some say fear of exposure has been exacerbated by the Republican takeover in the last election. With the loss of many Hill jobs due to reform initiatives, some AA members say attendance has dropped at meetings because some alcoholics are afraid their drinking problem might cost them their job. "It's been a hostilelike environment," said Kevin, who no longer works at the Capitol but still attends AA meetings there.

But whether it's Democrats or Republicans in charge, alcoholics face a difficult time confronting their disease.

"I wasn't afraid of the stigma of alcoholism per se," but people's responses to it," said Mark, a top committee aide who has been in AA for 18 years.

When he later told some colleagues that he joined AA, he said, "The reaction wasn't unsympathetic, but they had a hard time believing I had a drinking problem. I mean, I was functioning well: working and going to school at night.

"What nobody knew was that I was dying inside," he adds.

Despite the hindrances faced by many alcoholics on the Hill, many also view it as an oddly ideal place to recover.

"The meetings are a cocoon where you can be yourself, you can ventilate

and get the love you need," says Charles, who has been going to AA on the Hill since meetings began.

And once alcoholics begin honestly treating their disease, their experiences can breed wisdom and prove to be assets in their everyday life. "You can be a better employee than the people who are still in denial," Charles says.

He notes also that the noon meetings help alcoholics get through a tough day. "When you see people [from the meeting] in the hall, that helps you too."

Mark agrees. "I regard alcoholism as a gift because it's been a source of perspective in my life," he says. "It's very easy when we work here to think the most important thing in the world is the continuing resolution or tax bill or Bosnia or clean water bill. It's easy to lose sight of other things important in our lives, like family and community."

Last month when the government shut down, dozens of furloughed Hill employees suffered when they were deemed by their bosses "nonessential."

"I don't think someone in AA would have a real difficulty with this," said Sharon, who attends AA meetings four times a week, "because they have more self worth."

## SIDEBAR

Rep. Emerson's experiences inspire friends and colleagues

On March 28, 1988, Rep. Bill Emerson (R-Mo.) stopped by his office before leaving Capitol Hill for the night. Unexpectedly meeting him there were two of his House colleagues, a few personal friends, his wife and his 10 yearold daughter.

Tired of standing by silently while Emerson drank too much Scotch or vodka or beer, they chose to confront him.

Two hours later, with a prepacked suitcase in hand, the 50 yearold legislator was on a plane to California. "A member of Congress doesn't just disappear for one month and not explain where he is," Emerson said last week as he recounted the evening he says changed his life.

So on the plane, he pulled out a notepad and wrote a public statement to say he was on his way to the Betty Ford alcoholic rehabilitation center.

"I used to kid people, if you're going to drink, drink!" Emerson said. "That should have told me something."



made said statement. I would hate to take something out of context or use a false quote in an article condemning that very thing.  
Thank you and Take Care Jarvis M

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+++Message 1457. . . . . Re: INFORMATION ON BILL W. QUOTE  
From: Richard K. . . . . 11/5/2003 4:04:00 PM

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Hello Jarvis,

This quote is taken from Bill Wilson's Grapevine article "God As We Understand Him: The Dilemma of No Faith," April 1961.

For a full transcript, reference the AA book "The Language of the Heart." The article is on pp. 251-254, and the quote itself is on p. 252.

Hope this helps.

Regards,  
Richard K.  
Haverhill, MA

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+++Message 1458. . . . . Re: Information on Bill W. Quote  
From: ny-aa@att.net . . . . . 11/5/2003 4:13:00 PM

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That quote is from an April 1961 "AA Grapevine" article "The Dilemma of No Faith" by Bill W. The article is on-line in the Grapevine Archives at:

<http://www.aagrapevine.org/archive/billw/NoFaith.html>

I've seen the "BEWARE; Hard Drinkers & Fakers Inside!" On brief reading, it seems to me that it contains some of the same "spiritual cocksureness, pride and aggression" that Bill condemns in his Grapevine article.

You say the "Fakers.." article is "copyright 1957 Floyd H" which puts it years before the Bill W quote. The version I found on the web says "Copyright 1997 Floyd H." which seems more likely.



In AA such breakthroughs are everyday events. They are all the more remarkable when we reflect that a working faith had once seemed an impossibility of the first magnitude to perhaps half of our present membership of three hundred thousand. To all these doubters has come the great discovery that as soon as they could cast their main dependence upon a "higher power"--even upon their own AA groups--they had turned that blind corner which had always kept the open highway from their view. From this time on--assuming they tried hard to practice the rest of the AA program with a relaxed and open mind--an ever deepening and broadening faith, a veritable gift, had invariably put in its sometimes unexpected and often mysterious appearance.

We much regret that these facts of AA life are not understood by the legion of alcoholics in the world around us. Any number of them are bedeviled by the dire conviction that if ever they go near AA they will be pressured to conform to some particular brand of faith or theology. They just don't realize that faith is never a necessity for AA membership; that sobriety can be achieved with an easily acceptable minimum of it; and that our concepts of a higher power and God as we understand Him afford everyone a nearly unlimited choice of spiritual belief and action.

How to transmit this good news is one of our most challenging problems in communication, for which there may be no fast or sweeping answer. Perhaps our

public  
information services could begin to emphasize this all-important aspect  
of AA  
more  
heavily. And within our own ranks we might well develop a more  
sympathetic  
awareness  
of the acute plight of these really isolated and desperate sufferers. In  
their  
aid we  
can settle for no less than the best possible attitude and the most  
ingenious  
action  
that we can muster.

We can also take a fresh look at the problem of "no faith" as it exists  
right on  
our  
own doorstep. Though three hundred thousand did recover in the last  
twenty-five  
years, maybe half a million more have walked into our midst, and then  
out again.  
No  
doubt some were too sick to make even a start. Others couldn't or  
wouldn't admit  
their alcoholism. Still others couldn't face up to their underlying  
personality  
defects. Numbers departed for still other reasons.

Yet we can't well content ourselves with the view that all these  
recovery  
failures  
were entirely the fault of the newcomers themselves. Perhaps a great  
many didn't  
receive the kind and amount of sponsorship they so sorely needed. We  
didn't  
communicate when we might have done so. So we AAs failed them. Perhaps  
more  
often  
than we think, we still make no contact at depth with those suffering  
the  
dilemma of  
no faith.

Certainly none are more sensitive to spiritual cocksureness, pride and  
aggression  
than they are. I'm sure this is something we too often forget. In AA's  
first

years I  
all but ruined the whole undertaking with this sort of unconscious  
arrogance.  
God as  
I understood Him had to be for everybody. Sometimes my aggression was  
subtle and  
sometimes it was crude. But either way it was damaging--perhaps fatally  
so--to  
numbers of nonbelievers. Of course this sort of thing isn't confined to  
Twelfth  
Step  
work. It is very apt to leak out into our relations with everybody. Even  
now, I  
catch  
myself chanting that same old barrier-building refrain, "Do as I do,  
believe as  
I  
do--or else!"

Here's a recent example of the high cost of spiritual pride. A very  
tough minded  
prospect was taken to his first AA meeting. The first speaker majored on  
his own  
drinking pattern. The prospect seemed impressed. The next two speakers  
(or maybe  
lecturers) each themed their talks on "God as I understand Him." This,  
could  
have  
been good, too, but it certainly wasn't. The trouble was their attitude,  
the way  
they  
presented their experience. They did ooze arrogance. In fact, the final  
speaker  
got  
far overboard on some of his personal theological convictions. With  
perfect  
fidelity,  
both were repeating my performance of years before. Quite unspoken, yet  
implicit  
in  
everything they said, was the same idea--"Folks, listen to us. We have  
the only  
true  
brand of AA--and you'd better get it!"

The new prospect said he'd had it --and he had. His sponsor protested  
that this  
wasn't real AA. But it was too late; nobody could touch him after that.

He also  
had a  
first class alibi for yet another bender. When last heard from, an early  
appointment  
with the undertaker seemed probable.

Fortunately, such rank aggression in the name of spirituality isn't  
often seen  
nowadays. Yet this sorry and unusual episode can be turned to good  
account. We  
can  
ask ourselves whether, in less obvious but nevertheless destructive  
forms, we  
are not  
more subject to fits of spiritual pride than we had supposed. If  
constantly  
worked  
at, I'm sure that no kind of self-survey could be more beneficial.  
Nothing could  
more  
surely increase our communication with each other and with God.

Many years ago a so-called "unbeliever" brought me to see this very  
clearly. He  
was  
an M.D. and a fine one. I met him and his wife Mary at the home of a  
friend in a  
Midwestern city. It was purely a social evening. Our fellowship of  
alcoholics  
was my  
sole topic and I pretty much monopolized the conversation. Nevertheless,  
the  
doctor  
and his lady seemed truly interested and he asked many questions. But  
one of  
them  
made me suspect that he was an agnostic, or maybe an atheist.

This promptly triggered me, and I set out to convert him, then and  
there. Deadly  
serious, I actually bragged about my spectacular spiritual experience of  
the  
year  
before. The doctor mildly wondered if that experience might not be  
something  
other  
than I thought it was. This hit me hard, and I was downright rude. There  
had

been no  
real provocation; the doctor was uniformly courteous, good humored and  
even  
respectful. Not a little wistfully, he said he often wished he had a  
firm faith,  
too.  
But plainly enough, I had convinced him of nothing.

Three years later I revisited my Midwestern friend. Mary, the doctor's  
wife,  
came by  
for a call and I learned that he had died the week before. Much  
affected, she  
began  
to speak of him.

His was a noted Boston family, and he'd been Harvard educated. A  
brilliant  
student,  
he might have gone on to fame in his profession. He could have enjoyed a  
wealthy  
practice and a social life among old friends. Instead, he had insisted  
on being  
a  
company doctor in what was a strife-torn industrial town. When Mary had  
sometimes  
asked why they didn't go back to Boston, he would take her hand and say,  
"Maybe  
you  
are right, but I can't bring myself to leave. I think the people at the  
company  
really need me."

Mary then recalled that she had never known her husband to complain  
seriously  
about  
anything, or to criticize anyone bitterly. Though he appeared to be  
perfectly  
well,  
the doctor had slowed down in his last five years. When Mary prodded him  
to go  
out  
evenings, or tried to get him to the office on time, he always came up  
with a  
plausible and good-natured excuse. Not until his sudden last illness did  
she  
know  
that all this while he had carried about a heart condition that could

have done  
him  
in at any moment. Except for a single doctor on his own staff, no one  
had an  
inkling.  
When she reproached him about this, he simply said, "Well, I could see  
no good  
in  
causing people to worry about me--especially you, my dear."

This was the story of a man of great spiritual worth. The hallmarks were  
plain  
to be  
seen: humor and patience, gentleness and courage, humility and  
dedication,  
unselfishness and love--a demonstration I might never come near to  
making  
myself.  
This was the man I had chided and patronized. This was the "unbeliever"  
I had  
presumed to instruct!

Mary told us this story more than twenty years ago. Then, for the first  
time, it  
burst in upon me how very dead faith can be--when minus responsibility.  
The  
doctor  
had an unwavering belief in his ideals. But he also practiced humility,  
wisdom  
and  
responsibility. Hence his superb demonstration.

My own spiritual awakening had given me a built-in faith in God--a gift  
indeed.  
But I  
had been neither humble nor wise. Boasting of my faith, I had forgotten  
my  
ideals.  
Pride and irresponsibility had taken their place. By so cutting off my  
own  
light, I  
had little to offer my fellow alcoholics. Therefore my faith was dead to  
them.  
At  
last I saw why many had gone away--some of them forever.

Therefore, faith is more than our greatest gift; its sharing with others  
is our





drinking since the 1970s, when a quarter of the New Yorker magazine's cartoons portrayed someone with a drink, and the three-martini lunch was very much alive. Nowadays you can drink Perrier all night at a party and guests don't wonder if you're a recovering alcoholic. The cocktail hour before corporate board meetings is a relic, and eyebrows go up invisibly if at a business lunch.

From which it is tempting to conclude that demon rum just isn't much of a problem anymore, except for grizzled old men living under bridge abutments, right? Sorry, bud. It seems most of that slow down in drinking occurred among people who weren't very interested in alcohol anyway. The portion of the population deemed to have abused alcohol in the past year--for example, 14% of men in their 30s and early 40s, and 4% of women--hasn't changed much.

And as Drew Lewis, chairman of the Union Pacific railroad, can attest, education, income, and a spectacular career don't offer much immunity against the perils of alcohol. His problem controlling alcohol surfaced last year right in the middle of a battle to acquire Santa Fe Pacific, a rival railroad, in a hostile takeover. He screwed up, so bravely and publicly stepped down for five weeks to enter a treatment center. Wow, you say. This alcohol sounds like powerful stuff How can I tell, without getting a sermon, if I'm at risk, or if my after-work Manhattans will leap up and bite me just when I'm trying to acquire a railroad? Listening to warnings about alcohol from recovering drinkers often has that overwrought flavor, like getting lectures on firecracker safety from two-fingered monitions handlers. Diagnose-it-yourself questionnaires seem hopeless too, with questions that often sound like: "(1) Have you ever tried alcohol? (2) Are you frequently surprised to find yourself waking up with a splitting headache in a Las Vegas hotel room, surrounded by gerbils and naked showgirls? If you answered yes to either of these questions, you may already be an alcoholic! "It turns out, though, that researchers have recently come up with surprising predictors of who is at risk for alcoholism and when it is likely to surface. They may have spotted more than one variety of alcoholism, and they have developed plausible theories of why some people have a stronger urge to drink than others.

IF YOU HAVE CROSSED OVER the line to join the huge mass of other competent, successful people who have a booze problem, you will be relieved to know that attitudes toward alcoholism have changed a lot. Twenty years ago it was seen as the product of personal weakness and incurable personality flaws. Incredibly, some psychiatrists even argued it was a form of suppressed homosexuality (drinking is oral, see, and ...). But as 40-year-long studies of Harvard students and kids from inner-city Boston have determined, there's no clear-cut future-alcoholic personality. In fact, the people who seemed most likable and well adjusted when young turned out to be a tad more likely to run into

trouble.

There is no litmus test for borderline alcoholism, and if you're interested in finding out exactly how much you can drink without technically qualifying as a person with a drinking problem, don't bother. The only important judge of whether you're an alcoholic is yourself, because that's who has to correct the problem, and as everyone knows, alcoholics are fabulous at coming up with reasons why their excessive consumption doesn't mean they qualify. It's part of being a salesman, I can hold it, I can stop anytime, etc. The simplest definition is almost a tautology: If alcohol is causing you problems, and you keep drinking anyway, you've got a problem with alcohol.

Don't gauge yourself by whether you're having alcohol-related difficulties at work, Says George Vaillant, the professor of psychiatry at Harvard Medical School who runs those studies of Harvard students: "The Last symptom before you're sleeping in the Bowery is trouble at work. Everything else occurs first." For a variety of reasons, executive and professional types probably can hide alcohol abuse from co-workers better than most. Much earlier indicators: spats with the wife, falling asleep and ignoring the kids, warnings from your doctor that certain liver enzymes are high, gastric trouble, sexual dysfunction, car accidents.

You want numbers anyway. Ounces, probably. First, a not-so-amusing observation that researchers have made when they ask people how much they drink: The numbers don't add up. Of the 447 million gallons of pure alcohol consumed annually in the US--that's equivalent to more than 500 cans of beer per adult--mysteriously, 40% to 60% cannot be accounted for in surveys. Some of that is because pollsters didn't quiz the folks living under the bridge abutments. But more often, people report their most common drinking pattern--what they have on Mondays, Tuesdays and Thursdays- -and ignore poker night on Wednesdays, happy hour on Fridays, all-day sipping and parties on Saturday, and six-packs with football on Sundays. It adds up very quickly, and a lot of people who find themselves neck deep in trouble with booze are stunned to realize how much they really consume.

These are the numbers, and be careful how you use them. First, experts do not define a "drink" as a large water goblet brimming with scotch. A drink is a half-ounce of ethanol, the amount in one 12- ounce beer, an ounce and a half of 80-proof liquor, or four ounces of wine.

Two drinks a day are almost always okay for a healthy adult male. For many it's downright pleasant, in fact. One of alcohol's great charms is that it is an excellent, fast-acting muscle relaxant, something like Valium. If you're tense from work or from three hours of driving, alcohol, in those doses, will make you feel better, unless you're

allergic. Bigger doses won't do much more for your tight muscles, though many people keep trying. And, of course, alcohol reduces inhibitions and makes people feel expansive. In small doses it's okay--you may be more likely to chat with your spouse than curl up on the sofa and sulk about your day. People who consume up to two drinks a day actually reduce the risk of heart disease and live longer than teetotalers and serious boozers. (Downing two belts of vodka on an empty stomach and zooming home on a rain-swept, winding road, however, will not extend your life.)

Women, even large women, should not drink as much as men. Both men and women have an enzyme in their liver, alcohol dehydrogenase, that breaks down alcohol in their blood. But men also have the enzyme in their stomachs, where it breaks down 30% to 40% of alcohol before it causes a lot of trouble. Women do not.

Three and four drinks a day are tolerable for a large man who doesn't have to drive or perform, but dumb. Motor control and inhibitions keep declining with bigger doses, so you'll get sloppy. They add calories (by volume, vodka and ice cream are about equal in calories), may make you drowsy or snappish, and slightly increase the risk of illness. Five a day, even once a week, counts as "frequent heavy drinking" and means you're getting pretty plastered pretty regularly. Eight drinks in a day at least weekly is very serious. Lorraine Midanik, a researcher at Berkeley, says that kind of drinking is strongly associated with true dependence on alcohol.

Heavy and binge drinkers are more likely to have car accidents and pull really dumb stunts in public. Steady, daily drinkers are more likely than bingers to have medical problems. In France problem drinkers rarely get bombed (the only alcoholics are tourists, the French like to brag). But they consume liters of red wine over the course of a day and the cirrhosis rate is twice that of the U.S.

As drinking customs from the 1970s reveal, though, gallons consumed is a far-from-perfect barometer of alcohol trouble. Jerry Della Femina, the advertising executive, describes the astounding days of the three-martini lunch. First off, they were huge martinis; six ounces of gin and a drop of vermouth, topped with a sliver of lemon "because olives took up too much room." And they were routine. "It was as much habit as anything," he says. "We'd do it without thinking or ceremony, like coffee." Sometimes the drinking involved more than three martinis. Della Femina recalls lunches in which he and three other people also drank two bottles of wine and finished their meal with some scotch. How could any executive function, much less compete, after all that? "It wasn't a problem," he says. "It wasn't just the advertising business where people drank like that. Everybody was in the same condition, so nobody noticed or cared. Every afternoon in New York this fog--this big alcoholic fog--rolled in over the city."

But all that drinking didn't make everyone an alcoholic. For reasons Della Femina can't fully explain, and without his realizing it at the time, that kind of heavy drinking faded out of fashion in the early 1980s. He suddenly realized a few years ago that he and his friends had gradually shifted to nonalcoholic lunches. For old times' sake, he tried recreating the three-martini lunch. "After the first one, my head was spinning. If I'd tried to have three, the last one would have arrived at the same time as the ambulance," He concludes that his tolerance declined, and his desire to be sober increased. The only people who kept drinking were the people who had a problem with alcohol.

"Robert was supposed to make partner, but there was a bear market on Wall Street that year in the 1970s, and all promotions were canceled. As a consolation prize, he was given a membership in an exclusive club downtown, where his food and drinks were free. At the same time his job expanded. He was responsible for operations over a large portion of the company. He'd been comfortable in the previous assignments, but this one came with a lot of pressure. Eventually he found himself drinking every day at lunch.

"After a while it was two or three martinis. I'd always try to arrange lunch with friends. If that didn't work, I'd go by myself. Funny. If there was a staff meeting called for lunchtime, it wouldn't bother me that I couldn't drink. But otherwise, I always did. About ten years ago my doctor started telling me my liver readings were high, that I had high blood pressure and my heart was slightly enlarged. I was drinking two or three bottles of vodka a week. I tried stopping at least six times, but the longest I went was two months. I was doing very well at work. I wound up very high in the organization. Drinking didn't affect my performance. But I was extremely impatient with people on the staff--demanding, bordering on abusive.

About five years ago I was put in charge of an extremely demanding project. I also got responsibility for all work on the stock exchanges. There is an unwritten rule on Wall Street that nobody on the floor drinks until the market closes. Meanwhile, my compulsion to drink was increasing. Because of that stock exchange custom, and because I was in my 60s and worried that drinking would ruin my life after retirement, I decided I had to quit. I talked to my doctor and she helped me get into Alcoholics Anonymous."

Why did Robert find martinis so addicting when Della Femina did not? Parents get some blame, but not in ways you'd expect. It has been obvious for centuries that children of alcoholics are about four times more likely to become alcoholics than kids of parents who don't have drinking problems. But everyone assumed children learned this behavior by watching Mom or Dad get drunk. Not so. Dr. Donald Goodwin, professor

emeritus of psychiatry at the University of Kansas Medical Center in Kansas City studied male children of alcoholic fathers in Denmark who had been adopted very young and raised away from their biological parents. It turned out that 20% wound up as alcoholics--the same percentage as kids who grew up with alcoholic fathers.

Exactly what alcoholic parents pass along to their children isn't clear, but one important trait is the opposite of what you might expect. Children of alcoholics are much more likely to have a high tolerance for alcohol. And those two-fisted drinkers who could put their friends under the table from the very beginning, researchers have discovered, are actually at much greater risk than those who get dizzy or sick or drunk on a few drinks.

Beginning about 17 years ago, Dr. Marc Shuckit, of the veterans' hospital in San Diego, gave controlled doses of liquor to more than 450 college students. About half were the sons of alcoholics, and half were not. Shuckit found that roughly 40% of the students with alcoholic fathers had low reactions to alcohol, based on several measures, while only 10% of the other students could hold liquor well. Ominously, he found in follow-up studies that 60% of the sons of alcoholics who could drink a lot without much effect went on to become alcoholics. Only 15% of the students who got drunk quickly became alcoholics.

Why? Nobody knows for sure. Shuckit says he can't find evidence that the hollow-leg students had personalities different from the easily sloshed ones. It seems, though, that people who get drunk easily simply drink less. They are less likely to consume so much that their bodies adapt to the high doses and need ever bigger amounts to get high. If they drink a lot with their fraternity brothers on Friday, they're too sick on Saturday to do it again. The two-fisted drinkers, admired in some perverse way by their peers for their prowess, are ready to party again on Saturday. They may gradually develop a circle of other high-tolerance friends, where everyone is drinking two or three times as much as a normal person just to get the same effect.

In retrospect, Mike Neustadt realizes he had an enormous tolerance from the beginning. In college he could out drink older students. "It made me think I was a heavy hitter--I could drink with the big guys. But with high tolerance there were fewer effects on my behavior that might have caused me to slow down. I got a false sense of control. I'd drive drunk friends home, I'd help people who got sick. My circle of friends changed. I needed friends to drink with every day."

It didn't hurt him at first. At 21, Neustadt was one of the youngest people ever to get a seat on the Chicago Board of Trade. Five years later he lost his job. "I got into some bad positions because of my drinking," he says. What bothers him as much as losing the job was the

"ethical deterioration" that took place because of alcohol. He didn't steal or cheat, but the standards he set for himself declined. "When I first got that seat on the board, there was nothing in the world more important to me. Five years later I could say to myself 'It's no big deal. I can always get another job.' Alcohol was more important.

Do alcoholics develop a greater appetite for drink from their first taste than the rest of the population? It certainly seems so to people close to the matter. When former Senator George McGovern's 45-year-old daughter was found dead in the cold this winter in Madison, Wisconsin, after battling alcoholism for most of her adult life, he said she'd had a craving for alcohol almost immediately after trying it as a teenager. Scientists aren't so sure, though some think they have identified two conditions that could be predictors of later problems: antisocial personality disorder, or ASPD, and attention deficit disorder with hyperactivity, or ADD-H. The first describes incorrigible schoolyard bullies who are robbing gas stations by 14. They are highly impulsive and undeterred by punishment. The ADD-H types aren't so malevolent but can be extremely unfocused, energetic, and impulsive.

Both types are in danger of intense drinking problems that surface in their teens and 20s, prompting some researchers to argue that there is an "early onset" form of alcoholism. Others disagree, pointing out that these conditions run in families and may predispose certain people to get into trouble with a lot of things, including alcohol.

Still, even though there is no conclusive proof, it seems likely that people who become alcoholics do crave the stuff differently. Dr. Joseph Volpicelli, at the University of Pennsylvania Medical Center, says most normal people will have a few drinks and lose the desire for more. But people with alcoholism in both generations preceding seem to find their craving increases after three drinks. "I call it the corn-chip effect," says Volpicelli. "Give me two or three corn chips, and suddenly the rest of the bag becomes irresistible. For some people, alcohol is that way." He thinks receptors in the nervous system for naturally occurring opiate-like hormones called endorphins may be the culprit. For some, small doses of alcohol stimulate production of a bit of these endorphins. When they wear off, the opiate receptors are jangling for more, creating what feels like a craving for alcohol. Stress may have a similar effect, says Volpicelli: The body produces feel-good endorphins while under stress, but when the stress is gone and the endorphins wear off, those corn-chipped opiate receptors are still hungry, begging for a belt of Old Overshoe. Conceivably, says Volpicelli, colossal stress--like a few years in Vietnam--might fry even a normal person's opiate receptors, creating long-lasting cravings. The link between opiates and alcohol has long been suspected, observes Dr. Goodwin in his engaging book, *Alcoholism: The Facts*. Volpicelli says a compound called naltrexone, which blocks the craving for opiates, also seems to work

with alcohol. Marketed under the name Revia, it reduces relapses among recovering alcoholics.

AND NO, DEPRESSION doesn't lead to alcoholism, at least not among men. Many alcoholics eventually become profoundly depressed, but that seems to be a result of the depressant effect of the alcohol itself as well as the mess they've made of their lives, and it usually goes away within a few weeks of recovery. There are lots of people who are genuinely depressed and who are alcoholics, but that's because they are unlucky enough to have both problems. Donald Rosen, head of (he Professionals in Crises program at the Menninger Clinic in Topeka, says antidepressants don't help alcoholic men stop drinking unless they have a depression as well. If you're a man and not an alcoholic by the time you're 45, you almost certainly will never be. (All you 46-plus men who just went "Whew, now I can get drunk whenever I want," are probably already in trouble.) Says Goodwin: "The typical white male alcoholic begins drinking heavily in his late teens or 20s, drinks more throughout his 20's, starts having serious problems in his 30s, has his first brush with hospitalization in his middle to late 30s, and is clearly identified by himself and others as an alcoholic--a man who cannot drink without trouble--between 40 and 50."

If you have a drinking problem, chances are fairly good that your boss and most coworkers don't know how serious it is, "Successful executives are street smart as well as smart smart," says Joseph Califano, a former Cabinet Secretary and top corporate attorney who now runs an addiction research and education program with Columbia University. "If they're alcoholics, they don't drink in the morning. They use eye drops to hide the red. They don't drink in front of the board. "Executives can hide in part because of the fuzzy descriptions of exactly what it is they are supposed to do. Few will return from a liquid lunch bumping into the furniture or forwarding a half-finished memo to the boss. "The impact isn't so much on the quality of the work done as the quantity," says Laura Altman, head of the behavioral health practice for Towers Perrin, an employee benefits consulting firm. "People who have several drinks at work go over and over their work, trying to eliminate errors that would give them away." They are likely to be irritable or abusive of coworkers. Often, the first on-the-job alarm bell for an alcoholic is a sexual harassment complaint, says Jeffrey Speller, a Belmont, Massachusetts, psychiatrist, who specializes in troubled executives. Even if the exec does all his drinking at home, or binge-drinks on weekends, it eventually has an effect. "There's slippage," says Gene Gaeta, head of AT&T's employee assistance programs. "Imagination and creativity are affected. They aren't producing the ideas they once did. It takes a while to spot." And sometimes, you screw up big time, and publicly.

Drew Lewis, chairman of Union Pacific, the nation's biggest railroad,

had been struggling off and on with alcohol for years, says a close acquaintance. But last year the problem was getting worse. After a few drinks before a speech in Philadelphia, he joked about buying Conrail. For people who knew him, it was typical of his dry humor, but some in the audience thought he was tipsy. A few weeks later he had a car accident and required 11 stitches on his head. In June two rival railroads, the Burlington Northern and Santa Fe Pacific announced plans to merge. Robert V. Rebs, head of Santa Fe reported later that Lewis promptly called him and said he wouldn't oppose the merger. Then, after months of deliberation, Union Pacific made an offer to buy Santa Fe. It was rejected. On October 5, Lewis called Krebs, insisted on a meeting, flew that day to Santa Fe headquarters near Chicago, and met with him. Lewis had some drinks before the meeting. Krebs rejected UP's offer of \$17.50 a share. As Lewis was leaving the meeting, Lewis suggested \$20 a share. News of Lewis's second offer stunned colleagues, who were not expecting it. Board members were even more stunned, because they had not authorized it. When he came back from the meeting with Krebs, Lewis admitted to friends on the board that he had a drinking problem. Then he immediately stepped down to enter a treatment facility. He was back on the job after five weeks but declined to speak of his experience to Fortune, explaining that treatment counselors urged him to remain silent for a year.

Some board members knew of Lewis's drinking problems, others thought he was a teetotaler. "I never saw Drew take a drink or be incapacitated," said one, "but apparently, in talking to people in the course of the tender offer that day, it was clear he was not sober." One board member once offered him an expensive bottle of wine for Christmas. He replied that he didn't drink wine but would accept it and give it to his wife.

A few days after he left for treatment, the UP board and top executives met and decided to make an announcement about Lewis's treatment. Some were concerned that Lewis's alcoholism was a significant business matter that had to be revealed to Santa Fe and Union Pacific shareholders; some thought it should be announced because it would be impossible to hide his absence; some viewed it matter-of-factly as a medical condition to be mentioned without fanfare or embarrassment. Lewis learned of the announcement while in treatment. He told a UP colleague his first reaction was "Holy smackers, do we have to do this?" But he got hundreds of letters from well-wishers, including several who said he had inspired them to quit too. He attends 12-step group meetings with other recovering alcoholics virtually every day, says a UP executive, and even prepares a list of 12-step meetings he can attend while he is traveling. In February, Union Pacific announced it was no longer seeking to acquire title Santa Fe.

WHAT IS IT LIKE cutting down or giving up drinking? It varies, of course, but generally it's not too tough. If you're up around four or





A.A. DIGEST

Excerpts from Group Publications

'A.A. Tribune', Des Moines, Iowa: "If there is someone that needs information on alcoholism, send them to the Alcoholic Information Center. There they will be given literature about alcoholism, will talk to non-alcoholics who will tell them something about alcoholism, and we hope it will help a lot of people that we are not reaching in A.A. . . . Since Marty has been to Des Moines we have had 36 new men and women in A.A. . . . FLASH: Des Moines Committee for Education on Alcoholism AIRS ITS FIRST SHOW ON KRNT. And, what a show it was."

'Hi and Dri', Minneapolis, Minn.: "Our Bart P. may be the instigator of starting some good A.A. work among the Salvation Army group at Hibbing, after personally making it a point to explain his view of the program and what it had done for him, to the Salvation Army head at Hibbing. The week-end was thoroughly enjoyed by all those who had the privilege of making the trip and we thank all of Hibbing for the unusually warm hospitality. . . . Use what talents you haveâ€"the woods would be very silent if no birds sang there except those who sang the best."

'Dubuque Alanews', Dubuque, Iowa: "TO THE OTHER TWENTY-FIVE PER CENT. Well, fellows, we had you and lost you, why I do not know and deep down in your own hearts I don't think you can answer the question. First of all, I don't think that one of you really had the program. By that I mean you came and supported the organizationâ€"you were friendly, but you were afraid. . . . Maybe we are at fault. I sometimes think so. . . . Well, fellows, you are welcome back . . . come on down."

'The Brighter Side', Waterloo, Iowa: "Frank gave a talk before about 50 representatives from social, civic, law and fraternal groups on what A.A. is and how it works. Judging from the number of questions Frank was called on to answer after his talk, there must have been a lot of interest created. More good constructive publicity. During the day, we held open house at our rooms and coffee and cake was served, in charge of our angel, Florence. Good attendance and both outsiders and home folks enjoyed this part of the day's doings."

|||||

+++Message 1464. . . . . The Glass Crutch  
From: eze\_kiel03 . . . . . 11/10/2003 5:57:00 AM

|||||

Have just read The Glass Crutch: the biographical novel of William

Wynne Wister, by Jim Bishop; Doubleday, Doran and Co., Inc., New York, 1945. In it Wister tells of his chronic alcoholism and his recovery after meeting R.R.Peabody, author of The Common Sense of Drinking, in 1934. Wister set himself up as a paid lay therapist on Peabody lines first in New York then in California helping alcoholics with, according to him, some success, but met resistance from the medical establishment and, disillusioned, at age 42 took up a career in advertising. In his reading he mentions a book on alcoholism by Strecker and Chambers. Does anyone know anything about their approach? He also describes how in 1938 he heard of "an organised research group in New York...an association of hundreds of doctors who met irregularly to exchange ideas on alcoholism". Any information about this group? Did Dr Silkworth attend? He adds, "It was there (at this group) that he met Dr Luis Albanese, a psychiatrist on the staff of the Wagner Institute, New York (who) had been working on a paper on alcoholism." Was that paper ever published? In 1942 he met Thaddeus Brown "a rich man with a brother who was a chronic alcoholic" who wanted to open a clinic in Newark, New Jersey "... and he had already asked the Rockefeller Foundation to put up a grant to start it...Mr Brown had contacted Dr Lee Bergen of the Foundation and Dr Bergen had brought the idea before the Rockefeller board and they had made a liberal grant to finance the first year." In view of AA's approach to the Rockefellers, were other groups helping drunks applying for help as well? An editorial footnote (page 302) says: "William W. Wister is an accredited psychotherapist in alcoholism, endorsed by the two leading authorities on the cure of alcoholism in the country today (i.e. 1945): Dr Edward A. Streckner, professor of psychiatry, School of Medicine, University of Pennsylvania; and Francis T. Chambers, Jr, associate in therapy, Institute of the Pennsylvania Hospital, Philadelphi." Do they feature in AA's history? Wister does not mention AA in his story. What became of him?

|||||

++++Message 1465. . . . . NCCA articles  
From: jimmy . . . . . 11/10/2003 12:41:00 AM

|||||

Greetings fellow history lovers. Quite by accident, I stumbled across a website with a variety of transcripts from talks given by folks from AA's past. It's the National Catholic Council on Alcohol and Related Drug Problems (NCCA). NCCA was founded by Father Ralph Pfau.

There's a section called "NCCA Blue Book Archives" which contains articles and transcripts from talks by a variety of folks

including Marty Mann, Fr. Terry Richey, Bill Wilson and others.

The site is at: <http://www.nccatoday.org/resources.htm>

Below is a list of articles:

Alcoholics Anonymous, by Bill W. (Co-founder of AA) Bill W. spoke at the NCCA national symposium in New York in 1960. This is adapted from his talk on that occasion.

A Conversation with Bill W. Questions by participants and comments by Bill W following his talk at the NCCA in 1960.

Counseling the Alcoholic, by Mrs. Marty Mann. Mrs. Mann is the founder of the National Council on Alcoholism. She spoke at the NCCA national symposium in Florida in 1966.

Spirituality: A Facet Of Wellness, by Sister Maurice Doody, O.P. Sister Maurice is a Dominican religious on the Board of Directors of the NCCA and is active in retreat work throughout the U.S.

Historical Perspective of Father Ralph Pfau and the NCCA, by Monsignor William J. Clausen. Msgr. Clausen reviews the history of the NCCA on the occasion of the organization's 50th anniversary celebration in Indianapolis in 1999.

Addictions: One Catholic Response, by Monsignor Kieran Martin. Msgr. Martin highlights local efforts in the Catholic Church addressing alcohol and drug abuse prevention and treatment.

The Clergy's Role in Alcohol Problems, by Father Raymond J.H. Kennedy. Asks clergy to examine attitudes toward abstinence and moderation in drinking, and alcoholism. Touches on confession.

Rehabilitation of the Alcoholic through AA, by Mary Harkin. How AA came to be and how it frees a person of a threefold compulsion.

The Priest and the Sober Alcoholic - Sobriety and Spiritual Progress, by Father Bernard Lenarz. The sober alcoholic still is an alcoholic who needs spiritual development in order to maintain sobriety.

The Bishop and Alcoholism in Priesthood, by Bishop Ernest L. Unterkoefler. Those who have gone through the whole gamut of living in psychological isolation and in spiritual isolation realize that there is always hope, and this hope is based on our union

with Christ, the Priest.

Alcoholism and the Clergyman, by Richard Paddock. There is no group of dedicated people on earth who have felt the ignominious degradation of alcoholism more than clergymen.

The Scope of the Problem, by Judge Eugene K. Mangam. "If it so be that you labor all of your days and bring one soul unto me, how great shall be your reward."

Diocesan Policies, by Father Mark Mindrup, OFM Conv. On the development of practical policies and realistic methods of dealing with the problem of alcoholism within the ranks of the clergy and religious.

What the Clergy Can Do, by Ralph Daniel. The Church may be a little peeved because it was by-passed by some of God's knowledge. Many churchmen have washed their hands of alcoholism and have turned to AA. They have said, "See ye to it."

Wrong Images of the Alcoholic, by Dr. Russell Smith. None of us can approach alcoholism without becoming emotionally involved. Every one of us has pre-programming and pre-conceived ideas as to what that term means.

Parish Preaching on Alcoholism, by Father John Fulford. At one time or another your voice may be the one voice in all God's world that can penetrate the barrier of resistance that alcoholic has built in front of himself or herself. Let your voice not only be a voice of compassion, but let it be a voice filled with knowledge as well.

The Past and Future of the NCCA, by Very Rev. Joseph L. Kerins, C.Ss.R. The basic educative function of the NCCA is ongoing and never-ending.

Special Problems of the Teenage Alcoholic, by Richard R. Schnurr. Insights from a pioneer in the field.

The People of God and Alcoholism, by Rev. Terry Richey. What I would say if I were the one to write a statement for the Bishops of the United States concerning alcoholism and drug addiction to Catholics and to all the citizens of this country.

Alcoholism and the Religious Community, by Sr. Janet M. Rolando, B.V.M. Discussion of issues in the recovery process by a woman religious in community.

Know, Understand and Deal with It, by Archbishop Fiorenzo Angelini. It is our duty to do all that is necessary -- and more than the barely necessary -- but always with the understanding that without the help that comes from God our efforts will not be enough.

Co-Dependency in Religious Community, by Rev. Mike McAndrew, C.Ss.R. Our concern about alcoholism in religious community goes beyond the alcoholic, to those affected by living with an alcoholic community member, and to those affected by having lived with alcoholism in their families.

The Catholic Remedy - Spirituality and the 12 Steps, by Rev. Msgr. R. Joseph James. Catholic spirituality and recovery, plus a recipe for making gravy.

Religious Life and Alcoholism, by Sister Therese Golden, O.P. Religious and clergy are but a microcosm of the world in which we live. It is naive for us to believe that alcoholism cannot and does not penetrate the hallowed walls of religious / clerical life.

Guidelines for Setting Formation Policy Dealing with ACOAs, by Paul White. A 12-Step spiritual program, a mentor and group counseling are key elements.

5 Moments: Spiritual Direction for ACOAs, by Paul White. Offering ideas on a way people can learn more about themselves, their family, the impact of their family, and be converted in their heart to a belief in God.

Intimacy in Celibate Life, by Rev. James F. Schwertley. Essentially the problem is one of loneliness.

A Dynamic Employee Assistance Program, by Gavin Griffith, O.F.M. While the basic principles of Employee Assistance are simple, their application leaves room for variety in style. Employee assistance can be more than work. It is an art. With an annotated bibliography.

Treatment for the Uninsured and Poor, by Rev. James W. Thornton, C.S.C., Ph.D. No one is born on Skid Row and there is no such person as a hopeless alcoholic. The story of the De Paul Center.

The Pain that Jesus Heard, By Eugene LaVerdiere, SSS. The ultimate purpose of what Jesus did when he healed people was not just to alleviate the pain or ailment. The purpose, seen through the lens of the Gospel, was connected with their



"Information given out for 3 radio broadcasts."

'Central Bulletin', Cleveland, Ohio: "An absent-minded A.A. sent in a dollar for a subscription to the Bulletin and asked for a squib about his one-man group which was functioning for the past six months and going strong. "We've given him his writeup" now will he please write us and give us his name and address, so we can send him a Bulletin for a year. Tsk! Tsk!" ...

". . . The new procedure adopted by these ex-patients (from Charity Hospital) will be to hold nightly half-hour meetings for patients to fully acquaint them with A.A. procedure. These meetings will be conducted by the volunteer workers who are on duty each night. This enables the patients to get an insight of how A.A. works before they leave the hospital and when they leave it will make them feel more at home in group meetings."

'The Toss Pot', Charleston, W. Va.: "If we are resentful of things among ourselves (in the Group) we divert the purpose of A.A. . . . A.A. can never be hurt from outside" only from within....

"The greatest danger to progress in A.A. is the danger of being satisfied with accomplishments."

'Hi and Dri', Minneapolis, Minn.: ". . . Suppose we have a look at an article . . . in the Yale Review on the 'Physiology of Alcoholism'. The piece is written by one Dr. Haggard who . . . heads up Yale University's current studies on what physical causes contribute to an alcoholic's misery. The ultimate hope of the study is to find a 'Penicillin' or possibly a 'Sulfa' which, when administered to an alcoholic, will cure him of his ailment. Dr. Haggard discusses the whole matter of alcohol from the physical side, and seems to believe that there are definite physiological reasons why one man is an alcoholic and why another man standing next to him at a bar may be merely a 'normally excessive drinker.' He does not claim to know what those reasons are, but at least it seems the 'men in white' are in there pitching, trying to find the answer.

"Is alcohol an allergy? Dr. Haggard thinks not. Is it a glandular condition? Well, perhaps, he says. In any case, he agrees with us in the belief that until a specific cure is uncovered, an alcoholic's only hope is to stay away from the stuff. . . . Our 24-hour program makes this possible."

'Camel Club Chronicle', Marshalltown, Iowa: "Well, The Chronicle is just beginning its second year of publication. It was founded just a year ago by a great fellow who has had his share of trouble; and here's hoping it is past. . . . He said: 'Do you fellows mind if I start a sheet and



>to put up a grant to start it...Mr Brown had contacted Dr Lee  
>Bergen of the Foundation and Dr Bergen had brought the idea before  
>the Rockefeller board and they had made a liberal grant to finance  
>the first year." In view of AA's approach to the Rockefellers, were  
>other groups helping drunks applying for help as well? An editorial  
>footnote (page 302) says: "William W. Wister is an accredited  
>psychotherapist in alcoholism, endorsed by the two leading  
>authorities on the cure of alcoholism in the country today (i.e.  
>1945): Dr Edward A. Streckner, professor of psychiatry, School of  
>Medicine, University of Pennsylvania; and Francis T. Chambers, Jr,  
>associate in therapy, Institute of the Pennsylvania Hospital,  
>Philadelphi." Do they feature in AA's history? Wister does not  
>mention AA in his story. What became of him?

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+++Message 1468. . . . . Re: The Glass Crutch  
From: goldentextpro@aol.com . . . . . 11/10/2003 5:08:00  
AM

|||||

Quite a few inquiries here to address. Here are some answers:

1. Richard Peabody published a book titled *The Common Sense of Drinking* in 1934, based on his therapy for alcoholism (utilizing a form of relaxation therapy). By most accounts, it wasn't too successful. Peabody himself died a drunk not long thereafter.

An interesting postscript to Peabody was that Bill Wilson had read his book at some point in 1938. According to an historian, both AA co-founders had owned copies of Peabody's book. *Stepping Stones* has Bill's copy, and an inscription in it reads: "Dr. Peabody was as far as is known the first authority to state, 'once an alcoholic, always an alcoholic,' and he proved it by returning to drinking and by dying of alcoholism - proving to us that the condition is incurable."

The following are actual quotes from Peabody's book:

"Halfway measures are of no avail..." (p.99)

"Suffice it to say, once a drunkard always a drunkard - or a teetotaler! A fairly exhaustive inquiry has elicited no exceptions to this rule."  
(p. 82)

It is almost certain that Bill Wilson's *Big Book* pronouncement "Once an alcoholic, always an alcoholic" had indeed been influenced by Peabody. (More on the "incurable" idea later.)

2. The Strecker and Chambers approach is elaborated somewhat in William L. White's *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (pp. 103-104):

"They believed that the foundation of recovery from alcoholism was the hope of the therapist. In their view, the lack of true hopefulness on the part of the therapist would always be discovered by the hypersensitive alcoholic, and, in a kind of self-fulfilling prophecy, lead to failure...Strecker and Chambers spent considerable time with their patients on a reconstruction of daily lifestyle. They emphasized the need for new hobbies and relationships to fill the periods of boredom, restlessness, and dissatisfaction that occurred when one gave up drinking."

3. The group of physicians in question was the Research Council on Problems of Alcohol, based in New York. The group was originally named the Sponsoring Committee of the National Conference on Alcohol (SCNCA), of which Strecker was a member. The RCPA was the epicenter of alcohol problems/alcoholism research in the late 1930s and 1940s. The RCPA spawned the Yale Summer School of Alcohol Studies, which included Dr. Elvin Jellinek and Seldon Bacon. It was here at the Yale Summer School that Bill Wilson, Marty Mann and other early AAs had attended and had

become educated in alcoholism.

4. Dr. William D. Silkworth was also a contributor to the RCPA, though his allergy theory was highly questioned and subsequently dismissed by several RCPA contributors to the Quarterly Journal of Studies on Alcohol.

5. In December 1937, Bill Wilson had attained the interest of John Rockefeller through contacts. Rockefeller dispatched public relations associate Frank Amos to Akron to investigate the burgeoning group. In a later summary of these events, Amos recalled a meeting at Rockefeller's office in Dec. 1937 (Rockefeller himself was not present) with Albert Scott, William Richardson, A. LeRoy Chipman and Amos (all of whom were Rockefeller associates), and included Dr. Silkworth, Dr. Leonard Strong. In attendance were Bill Wilson, Hank Parkhurst, Bill Ruddell, Ned Poynter, Joe Taylor and Fitz Mayo (all NY-based AAs), and Dr. Bob and Paul Stanley from Akron.

Amos summarized the statements made by Dr. Silkworth, which are most interesting:

"Dr. Silkworth, Psychiatrist at Charles B. Towns Hospital in New York, which is rated as a leading hospital in this country for the treatment of alcoholics, made the statement that he had treated a number of these ex-alcoholics present, some of them several times, and that not one of them, in his opinion, could have been permanently cured by any means known to medical science or to Psychiatry. He went on to state without reservation that while he could not tell just what it was that these men had which had effected their 'cure,' yet (sic) he was convinced they were cured and that whatever it was, it had his complete endorsement. He stated that alcoholism is, medically, an incurable disease." Quite a statement, especially in light of Bill Wilson's later Big Book comments influenced by Richard Peabody.

6. Being a philanthropist, Rockefeller had been approached by several organizations in New York. The RCPA and the unnamed AA were but two of them. It is interesting that Rockefeller's contributions to them were all quite similar. These groups had all asked for a certain sizeable amount, and Rockefeller matched 1/10th of their requests.

Postscript: In the fall of 1939, the RCPA had shifted its focus from "alcohol problems (i.e. alcohol-related accidents, alcohol problems in the workplace, etc.) to alcoholism in order to accept financial support from the alcohol beverage industry, thereby absolving the beverage industry and the RCPA from accusations of collusion, and in effect beginning the now-modern studies on alcoholism. Sociologist Ron Roizen contributed an outstanding review of the RCPA and related studies in his work "The American Discovery of Alcoholism, 1933-1939." This can be



down any spiritual references to make his program more acceptable to professionals. I do remember when Francis Chambers was working in the field, and his standing appeared to be very good. Ms. McCarthy thought that the Peabody counselors were pretty much gone after the 1950s and quotes a person as saying that his method never had the magic of AA. But I do think it made a great contribution and it is interesting to me that Peabody's home and office were in Gramercy Park, right next to Sam Shoemaker's Calvary Church, which had such an important role in Bill W.'s recovery.

Mel Barger

~~~~~

Mel Barger

melb@accesstoledo.com

----- Original Message -----

From: J. Lobdell

To: AAHistoryLovers@yahoogroups.com

Sent: Monday, November 10, 2003 7:57 AM

Subject: Re: [AAHistoryLovers] The Glass Crutch

Just off the top of my head, the organization is probably the Research Council on the Problems of Alcohol(ism), funded in part by the Rockefellers, and connected with the Science & Society movement and with Yale and thus Bunky Jellinek. There's a good account in Richard Roizen's dissertation, available (I think) on the web. ALCOHOL: ONE MAN'S MEAT, by Strecker and Chambers, is mentioned in Marty Mann's PRIMER: Chambers was a Peabody-trained lay therapist who took formal instruction in psych from Strecker at Penn: he was active in the field into the 1950s. More later (but you'll probably get a lot of responses) -- Jared Lobdell

>From: "eze_kiel03"

>Reply-To: AAHistoryLovers@yahoogroups.com

>To: AAHistoryLovers@yahoogroups.com

>Subject: [AAHistoryLovers] The Glass Crutch

>Date: Mon, 10 Nov 2003 10:57:58 -0000

>

>Have just read The Glass Crutch: the biographical novel of William
>Wynne Wister, by Jim Bishop; Doubleday, Doran and Co., Inc., New
>York, 1945. In it Wister tells of his chronic alcoholism and his
>recovery after meeting R.R.Peabody, author of The Common Sense of
>Drinking, in 1934. Wister set himself up as a paid lay therapist on
>Peabody lines first in New York then in California helping
>alcoholics with, according to him, some success, but met resistance
>from the medical establishment and, disillusioned, at age 42 took
up
>a career in advertising. In his reading he mentions a book on

NY member, Horace C, suggested printing the prayer on a card and sending it in the mail going out from the NY office and personally paid to have the cards printed.

Reference citations: AA Comes of Age (pg 196), Pass It On (pg 252), Grateful To Have Been There (Appendix B - a very detailed account).

Nell Wing's exposition on the Serenity Prayer, in Grateful To Have Been There, appears quite thoroughly researched. Two of her references credit Niebuhr with writing the prayer either (1) prior to the US entering World War II, or (2) as early as 1935.

The bottom line though appears as Mel asserts - Niebuhr is cited by Nell wing as stating "Of course, it may have been spooking around for centuries."

Cheers

Arthur

----- Original Message -----

From: Mel Barger
To: AAHistoryLovers@yahoogroups.com
Sent: Wednesday, November 12, 2003 7:52 AM
Subject: [AAHistoryLovers] The Serenity Prayer

On November 2nd, the New York Times Book Review carried a review of a book by Reinhold Niebuhr's daughter. She doesn't seem to like it that the prayer is used by AA. But since she gave the summer of 1943 as the time he authored it, I felt it necessary to point out that AA was using it more than a year earlier and had found it in an obituary. This is documented on page 196 of "Alcoholics Anonymous Comes of Age." It does appear that Bouton wasn't the proper person to send the letter to, but she emailed me that she had forwarded it to the right editor:

Katherine Bouton, New York Times Book Review

Dear Ms. Bouton,

Apparently Elizabeth Sifton (Reinhold Niebuhr's daughter) dislikes the form of The Serenity Prayer widely publicized by Alcoholics Anonymous (Book Review, Nov. 2nd). But if she is correct in stating that her father composed its larger form in the summer of 1943, then

AA's use predates her father's authorship by more than a year. According to "Alcoholics Anonymous Comes of Age," a brief history of AA published by AA World Services in 1957, the prayer was discovered in a newspaper obituary and quickly reprinted and sent out in routine mailings by Ruth Hock, who left the AA general service

Clyde; alcoholic,
I found this on Google: <http://open-mind.org/Serenity.htm> , hope it's of
some value to your search!

In sobriety, Love Clyde

|||||

+++Message 1478. Serenity Prayer info from the
Grapevine
From: t 11/13/2003 6:32:00 PM

|||||

I ran across these three short articles [pasted below] about the
Serenity Prayer
in
some old Grapevines.

The publication date of "Dr. Robbins' book of prayers" [from the Jan 50
article]

A check of the Library of Congress found:
Robbins, Howard Chandler, 1876-1952.

Way of light : a manual of praise, prayer and meditation / compiled by
Howard
Chandler Robbins. 1933

CALL NUMBER: BV4801 .R6 1933

Still might want to try look at a copy to confirm that pray is included
in the
work.

It would also be nice to clarify if the slight wording changes had
already
occurred
as of that printing.

Grapevine, January 1950

The Serenity Prayer
...it's origin is traced...

AT long last the mystery of
the Serenity Prayer has been
solved!

We have learned who wrote it,
when it was written and how it
came to the attention of the early

members of AA. We have learned, too, how it was originally written, a bit of information which should lay to rest all arguments as to which is the correct quotation.

The timeless little prayer has been credited to almost every theologian, philosopher and saint known to man. The most popular opinion on its authorship favors St. Francis of Assisi.

It was actually written by Dr. Reinhold Niebuhr, of the Union Theological Seminary, New York City, in about 1932 as the ending to a longer prayer. In 1934 the doctor's friend and neighbor, Dr. Howard Robbins asked permission to use that part of the longer prayer in a compilation he was making at the time. It was published in that year in Dr. Robbins' book of prayers.

Dr. Niebuhr says, "Of course, it may have been spooking around for years, even centuries, but I don't think so. I honestly do believe that I wrote it myself."

It came to the attention of an early member of AA in 1939. He read it in an obituary appearing in the New York Times. He liked it so much he brought it in to the little office on Vesey St. for Bill W. to read. When Bill and the staff read the little prayer, they felt that it particularly suited the needs of AA. Cards were printed and passed around. Thus the simple little prayer became an integral part of the AA movement.

Today it is in the pockets of thousands of AAs; it is framed and placed on the wall of AA meeting

rooms throughout the world; it appears
monthly on the back cover
of your magazine and every now
and then someone tells us that we
have quoted it incorrectly. We have.

As it appears in The A. A. Grapevine,
it reads:

God grant me the serenity
To accept things I cannot change,
Courage to change things I can,
And wisdom to know the difference.

Many tell us that it should read:

God grant me the serenity
To accept the things I cannot change;
The courage to change the things I can;
And the wisdom to know the difference.

The way it was originally written
by Dr. Niebuhr is as follows:

God give me the serenity to accept
things which cannot be changed;
Give me courage to change things
which must be changed;
And the wisdom to distinguish
one from the other.

Dr. Niebuhr doesn't seem to mind
that his prayer is incorrectly
quoted. . .a comma. . .a preposition
. . .even several verbs. . .the meaning
and the message remain intact.
"In fact," says the good doctor,
"in some respects, I believe your
way is better."

Grapevine, July 1950

ORIGINAL CLIPPING

Reprinted below is the original clipping of The Serenity Prayer which
appeared in the New York Times obituary columns. An early AA member
saw it and thinking, it particularly fitting for AAs, brought it to the

old

Vesey Street office. Soon it began to appear on cards and in AA literature until it became an integral part of the AA way of life.

Mother--God grant me the serenity to accept things I cannot change, courage to change things I can, and wisdom to know the difference. Goodby.

Grapevine, November 1964

The Serenity Prayer

God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

THERE'S nothing new under the sun? Well, perhaps there is in the area of material things. Telstar and moon probes are new. As a matter of fact, so is AA, which celebrated a young twenty-ninth birthday this year. But in the spiritual life, when we make a discovery, we're usually waking up to an old truth.

When the Grapevine last reported on the origin of the Serenity Prayer (January, 1950, issue), we had traced it to Dr. Reinhold Niebuhr, who set it down in 1932 in very much the form given above. AA first used it on printed cards and at meetings in 1939. Dr. Niebuhr said at the time that he thought it "might have been spooking around for years, even centuries...."

Now an alert AA has sent us a clipping from the Paris Herald Tribune of an article written by its

away from this at first, don't be alarmed. Better to wait until that person is receptive and can give A.A. a chance, than to put, when he is not ready, another defeat in his or her life."

'The Rope Yarn' (A.A. Seamen's Club). New York City: "It's nice to have money and the things that money can buy" but it's nice too to check up once in a while and make sure that you haven't lost those things that money can't buy, and Sobriety is one of those things."

'Central Bulletin', Cleveland, Ohio: "In seven cases out of eleven of persons who had difficulty with the A.A. program, . . . what bothered them most was their inability to pay up all their debts. They owed so much to Joe, so much to Frank and so much to Jim and others that they would offend two if they paid up one, et cetera.

"We know of one man who solved this problem who once a week regularly paid as low as 50 cents in installments until \$300.00 was paid off to seven persons. He explained to each what he was doing and each at first was inclined to humor him. Before he was paid up, his reputation for absolute honesty soared throughout the city.

"We all would like to make the grand gesture and 50 cents on a ten dollar debt seems so little. We fear we're losing face by admitting we cannot pay more. Determine what you can afford to spare from your income, figure up all your debts, and commit yourself to regular weekly payments and though you think you are humbling yourself unnecessarily you'll be surprised how you gain in stature.

"You must pay up your debts. You can if you really want to."

'Weekly Bulletin' (Top o' Texas Group), Amarillo, Texas: "Those who made the trip to McLean recently were very much impressed with the brief talk Brother Langino gave on that occasion. (He is pastor of the McLean Methodist Church.) . . . The committee on zoning the city for calling on prospective new members decided on four districts, marked east and west by 6th street, and north and south by Polk. . . . Remember always that you are under no obligation to the member or members who helped you, but that you are obliged to go to the aid of the unknown man out yonder who is calling for help."

'Camel Club Chronicle', Marshalltown, Iowa: "When you hear 'em talking about friction in A.A., don't let it throw you and don't let it get you down. If you do, John will step in and help throw you DOWNER and that's the truth. . . .

"Making a moral inventory of the other guy was one of the most popular indoor and outdoor sports of most of us before we came into A.A. and perhaps all of us should be a little tolerant of those of

A. A. Digest " Excerpts from Group Publications

'Weekly News Letter' (Deep East Texas Group), Nacogdoches, Texas:
"The Deep East Texas Group was one year old July 25. On that date in 1945 the first meeting was held in Nacogdoches with one member present from Palestine and one from Nacogdoches. The following week six members of the Houston group and five members of the Dallas group spent up to three days with us helping us get started."

'The Eye-Opener', Los Angeles, Calif.: It is better for the newcomer to put his faith in the "Principles" of A.A. rather than in the "Personalities" of A.A. The 12 Steps will never let you down! ...

For our Egotists:

You see a man wise in his own eyes, There is more hope for a fool than for him.

For our Tempers:

Like a city breached and defenseless Is a man who has no control of his temper.

For Gossip:

An evil man pays heed to wicked words, A false man gives ear to mischievous speech."

'A. A. Tribune', Des Moines, Iowa: "The Information Center can be financed by the Community Chest, and that would definitely put it where it belongs, namely, making it a public health problem. . . . What alcoholic bought a new house here lately and then tore off the front porch in fixing it up? Brother, he'll have a new front porch on it soon the way, I hear, he's working. Funny how in A.A. we start buying homes, start fixing them up, and start living again like we were humans once more. Great deal, that permits such happiness."

'Central Bulletin', Cleveland, Ohio: "Gossip is one of the cardinal sins . . . An old Italian legend tells the following: In the old days, a peasant confessed to a priest that he had slandered an innocent man. The priest said to him, 'For your penance do this now. Take a bag of chicken feathers. Go to every yard in the town and drop one bit of down into each garden. Do not miss one yard. When you have finished, return to me.'

"The sinner believed the punishment was light. With his bag of down he made the circuit of the village and carefully dropped one soft

feather into each garden. Then he reported to the priest saying: 'I have done my penance.'

" 'No, my son,' replied the old abbe. 'You will not have done your penance until you take the bag, go again on your rounds, collect every feather you have dropped, and bring it here to me.' The gossip protested that it would be impossible! He could not find the bits of down in a lifetime; many of them had blown far away.

" 'So it is with gossip,' replied the priest. 'It is easily dropped. But never again, no matter how hard you try, can you gather back the words you have so thoughtlessly scattered!'"

'Camel Club Chronicle', Marshalltown, Iowa: "There is no A.A. member who is proud of the funny things, the silly things, the mean things, the awful things, he did in his drinking days. They are gone and past forever. Our past lives cannot be lived over again nor can they be changed. So to think about our past lives unduly, to condemn, berate, or belittle ourselves for having done what we did do, is wrong. It is unsound. It is bad psychology. It is just plain damn crooked thinking. We should be thankful that we are not drinking now, and we should show our thankfulness by helping others who need our help."

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++++Message 1488. detox 1930"s style
From: leodbil 11/17/2003 5:08:00 PM

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hi everyone, during our BB study a question came up about detox procedures during the time the book was written. We were on the doctors opinion pg XXVI 2nd ed.

"Of course an alcoholic ought to be freed from his physical craving for liquor, and this often requires a **definite hospital procedure,** before psychological measures can be of maximum benefit.

We were wondering if anyone here knows any particulars about 'hydrotherapy' 'belladonna' or any of the standard stuff back then. By the way, i already did an archives search at "buffs" and got the info on the samaratin treatment. Very interesting read, more of the same ilk would be much appreciated.

thanks bill

"The failure of a great many members to grasp the 12 Steps can be traced to the fact that they have never taken the 1st. . . . Their wishbone is where their backbone should be."

'Camel Club Chronicle', Marshalltown, Iowa: ". . . Most of us came into A.A. primarily with a selfish motive based on fear. On that single motive alone one can go 'dry' and perhaps stay 'dry' indefinitely, but unless we accept the whole program without reservations and work unceasingly at it we merely become 'dry alcoholics' and our last state is worse than before, or at least our friends and acquaintances may be inclined to think so. When we were drinking, and not too far gone, we did have our periods of amiability. . . .

"So if we go 'dry' on the 1st Step only, and ignore the spiritual angleâ€"neglect to make a moral inventoryâ€"neglect to ask the 'Power greater than ourselves' to remove all our defects of characterâ€"these defects and obsessions will remain to plague us and our associates, and we will be unable to obtain even the dreadful oblivion afforded by the bottle. We shall be living a life of continuous fear, and where there is fear there is neither love nor peace of mind."

'Central Bulletin', Cleveland, Ohio: "Partial digest of a typical days business at Cleveland Downtown District Office. . . .

"A director of veteran personnel called and asked for literature to be given to veterans who should be interested. . . . A member called for an attorney. . . . Member's wife calledâ€"a message to her husband who will be in office today . . . Call for information about A.A. office hours and general information . . . Call from an interested third party who wanted information on A.A. groups in Pittsburgh . . . Call from a member re hospitalizing new patient . . . Call from man interested in A.A. for himself . . . Call from a new member who wanted some help in hospitalizing a patient . . . Personal call from home . . . Call from a member leaving his name and phone, and is available for call during the day . . . Call regarding office hours and if there was a charge for A.A. . . . Call from a member re hospital routine . . . Call from a member regarding a legal problem . . . Member called seeking employment for another member . . . Call from a family friend regarding A.A. . . . Call regarding hospitalizing former member . . . Call re member who is in hospital . . . Call for out-of-town speaker tomorrow night . . . Wrong number . . . Call from man seeking help for himself . . . Call requesting location of a particular meeting . . . Call from a man attempting to locate his sponsor . . . A drunken woman who had been unable to make program work . . . A woman reporting fine treatment

belladonna. The
belladonna treatment at Towns had been developed by Dr. Sam Lambert,
a reputable
N.Y. physician...."

Bill was admitted to Towns Hospital on 12/11/34 at 2:30PM &
underwent belledonna
treatment, hydrotherapy & mild exercise. Dr. Lambert described the
belladonna
treatment as follows (this is from "AA - The Way It Began" by Bill
Pittman,
pages 164-166, 168):
"Briefly stated, it consists in the hourly dosage of a mixture of
belladonna,
hyoscyamus & xanthoxylum. The mixture is given every hour, day &
night, for
about 50 hours. There is also given about every 12 hours a vigorous
catharsis
of C.C. pills & blue mass. At the end of the treatment, when it is
evident that
there are abundant bilious stools, castor oil is given to clean out
thoroughly
the intestinal tract. If you leave any of the ingredients out, the
reaction of
the cessation of desire is not as clear cut as when the 3 are mixed
together.
The amount necessary to give is judged by the physiologic action of
the
belladonna it contains. When the face becomes flush, the throat dry,
& the
pupils of the eyes dilated, you must cut down your mixture or cease
giving it
altogether, until these symptoms pass. You must, however, push this
mixture
until these symptoms appear, or you will not obtain a clear cut
cessation of the
desire for the narcotic.
The exact contents of each ingredient is below:

Belladonna Specific:

Tincture belladonnae (62. gm.)

Fluidextracti xanthoryli.

Fluidextracti hyoscyami (.31 gm.)

Belladonna - *Atropa belladonna*

Deadly nightshade; a perennial herb with dark purple flowers & black
berries.

Leaves & root contain atropine & related alkaloids which are

anticholinergic.

It is a powerful excitant of the brain with side effects of delirium (wild & talkative), decreased secretion, & diplopia.

Xanthoxylum - Xanthoxylum Americanum

The dried bark or berries of prickly ash. Alkaloid of Hydrasts.

Helps with

chronic gastro-intestinal disturbances. Carminative & diaphoretic.

Hyoscyamus - Hyoskyamos

Henbane, hog's bean, insane root from the leaves & flowers of

Hyoscyamus Niger.

Contains 2 alkaloids, hyoscyamine & hyoscine. Nervous system sedative,

anticholinergic, & antispasmodic.

Close observation is necessary in treating the alcoholic in regard to the symptoms of the intoxication of belladonna, as alcoholics are sensitive to the effects of belladonna delirium. According to Lambert, it is a less furious & less pugnacious delirium than that of alcohol. The patients are more persistent & more insistent in their ideas & more incisive in their speech concerning hallucinations. The hallucinations of alcohol are usually those of an occupation delirium; those of belladonna are not. The various hallucinations of alcohol follow each other so quickly that a man is busily occupied in observing them one after another. The belladonna delirium is apt to be confined to one or two ideas on which the patient is very insistent. If these symptoms of belladonna intoxication occur, of course, the specific must be discontinued; then beginning again with the original smaller dose. Towns believed the attending physician would find it most difficult to differentiate between alcoholic delirium & belladonna delirium. After this treatment, with its vigorous elimination, the patient would feel languid & relaxed, but the craving for alcohol would have ceased."

My comments:

Bill W. had been detoxed 3 or 4 times that year (or more) so his detoxing was from smaller periods of alcohol use, so it's possible that the doctors did not have to give him the full treatment (mentioned above) as they would have if he had come in after years of uninterrupted alcohol abuse. In Bill's Story (Big Book pages 13 & 14), it says that Ebby told him again about the Oxford Group spiritual solution. After doing most of the work (what later became the 12 Steps) & fully accepting the Oxford Group solution, he THEN had what has been affectionately referred to as "Bill W.'s Hot Flash" - a white light, life changing spiritual experience. He shared the experience with Dr. Silkworth on 12/14/34 so this happened 3 to 4 days AFTER he was admitted to the hospital & 1 to 2 days AFTER the belladonna treatment would have been over with IF used for the FULL 2 days, which it might not have been. Was the spiritual experience Bill W. had influenced by belladonna or inner surrender? Those against AA sometimes say it was drug induced & those with AA say it wasn't, depending upon the answer they are looking for. Either way, the experience changed his life, as well as millions of people now living the 12 Steps ever since. I DO KNOW THIS. I was more than 3 & 1/2 years clean & sober of any drugs (including belladonna) & alcohol when I had my spiritual experience AS THE RESULT of the EXACT same course of action that Bill W. followed, & COINCIDENTALLY I got the EXACT SAME results he did - a life changing spiritual experience. These are facts from MY experience & NOT speculation, so you know which way I lean on this issue.

Thanks for the question, the research was interesting for me. I always thought that the belladonna side effects I heard about were extreme but now

drink firewater. Him bad man; fight white squaw. White squaw go 'way; take white papoose. White man quit drink firewater. Squaw come back, papoose come back. White man good man now. Indian no quit drink firewater. No squaw, no papoose, no come back. Indian heap sick. Ugh. HOW white man quit drink firewater? Indian want to quit drink firewater, too. How-HOW? WHITE MAN READ 'A.A. Tribune'. Him drink no firewater. Have A.A. in Cheyenne too, 27 faces, we gettum round campfire. No firewater. (Signed) Hiawatha.' "

'Dubuque Alanews', Dubuque, Ia.: "From doing stormy penance in the night, to stand still and proud as these; from wailing litanies of remorse, to the lilting lullabies of peace. All this in a few months time? It isn't possible! No, it just isn't possible. But it happened! These were our thoughts and the thoughts of many another, as we formed a part of that amazing event at Des Moines. And where is the word to use when anything impossible becomes a fact? We couldn't find the word, but H.R. did. He knows them all. When he gazed over the packed auditorium he turned to the Judge and said: "There's only one word to describe this. It's miraculous.' "

'The Thought Starter', Minneapolis, Minn.: Recent issue of this A.A. publication begin with inspirational poems, such as the favorite of the late Dr. George W. Carver, world famed scientist and humanitarian, and then go on to trace a story and to make comments.

Of Dr. Carver's life the publication says, "It has been said some people grow under responsibility and advancement to positions of authority; others only swell," and after a discussion of Dr. Carver's humility in attributing his accomplishments to God, adds, "true humility is the consciousness of the need of a power greater than our own and a willingness to let that power control our lives. Humility is teachability and an open mind to the truth."

'Weekly Bulletin' (Top o' Texas Group) Amarillo, Tex.: "KGNC is running a new 13-week program on Alcoholics Anonymous, scheduled at 10:30 p.m. Wednesday nights."

'The Aridity Review' (Spirit Lake-Milford-Spencer Group) Spencer, Ia.: "That 1st Step is a toughie for most guys BUT it must be taken 100 percent and sincerely or the other 11 Steps aren't going to be of much use to us. In fact if we don't take that 1st Step and admit freely, sincerely and wholeheartedly that we are powerless over alcohol we do not need the other 11 Steps because those 11 Steps are the blueprint for putting our lives on a new basis.

"Just a passing thought. The A.A. program gives the soul-starved alcoholic a mental banquet in 12 courses. Take the courses IN THEIR PROPER ORDER starting with course (Step) number one and DON'T hurry

"That guy's thinking may be all right for him (though we doubt it) but even if he does stay dry himself he has revealed a selfishness which in itself, is a 100 to 1 shot to upset him in the long run.

"May we humbly submit that the guy who stays away from meetings simply because HE no longer needs them is shirking a solemn obligation inherent in A.A. doctrine. It is the duty of those of us who have enjoyed the benefits and blessings of A.A. to pass them on. It is not only our duty but, strangely enough, we must pass them on or we lose them ourselves."

'Dubuque Alanews', Dubuque, Ia.: "Tabloid biographical sketch"

High chair

High school

High position

High hat

High balls

High jinks

Hi, warden!"

'Central Bulletin', Cleveland, Ohio: The early pioneers have earned our everlasting gratitude for the adherence to the high standards set by Bill and Co. 'Just think,' one of our members said, 'how long would this have lasted had Bill and Doc lowered their standards a little and permitted one binge a year? A program like this would certainly still have been better than either of their records had shown before!"

"Yes, fortunately for us they set their standards high, and the entire philosophy has permeated into 30,000 families, probably, affecting the lives of from four to five times that many people. Just getting sober wasn't the answer. All of us had gotten sober by ourselves many, many times"and got drunk again. It was the application and absorption of each of the ever important 12 Steps that changed our decadent lives into purposeful ones."

'Rope Yarns', New York, N. Y.: "At the request of Major Nobile, commandant of the detention barracks at Fort Jay, four vets in our group (A.A. Seamen's club) went over. They had an audience of about 50"reception reserved at first but interested and enthusiastic at end. Pamphlets snapped up. Major Nobile keenly interested and wants

'The Paradox', Kansas City, Mo.- "What we are going to be in the future depends on what we do now. The future is a reflection of our thoughts and acts in the present. Sobriety, tolerance and creative thinking will build for us a peace of mind never to be found in a bottle."

'Camel Club Chronicle', Marshalltown, Ia.-"It will help us to make peace with ourselves if we realize that in this battle for self-discovery or recovery we need not emerge either a genius or a saint. It will be enough if we hang two comforting mottoes on the inner walls of our individual souls. First is, 'Respect yourself.' The second is 'Trust yourself.' Respect yourself with all your shortcomings and achievements. Trust yourself to master the undesirable traits of your character and to achieve both relative inner decency and outer confidence. Such knowledge and trust will tend to eliminate our all-too human tendency to self-contempt. They will be fertile sources of that true love of self, which neither exaggerates its powers nor minimizes its worth."

'The Clarion', California Institution for Women, Tehachapi-"There are those who wonder how A.A. can be of benefit inside an institution, in that we are of necessity physically dry. To be mentally dry is another story and it is upon that which we work, trying to remove the character structures which create problems in our everyday life."

'The A.A. Beacon', Victoria, B.C., Can.-"The enthusiasm and apparent insight shown by some patients at the beginning of treatment is not due to a true understanding, but is due to an alcoholic euphoria; it may be followed in a few weeks by revolt; only after that can full cooperation be expected."

'Alanews', Dubuque, Ia.-"Sponsorship is both an individual and a group responsibility. It is entirely unfair, impractical and even uncharitable to expect one or a few individuals to take care of every potential new member. Yet this happens all too often. When several persons are in need of help at the same time, no individual can give the necessary attention to any of the cases. Even the ordinary case requires special attention, not for a day, but for weeks. In many groups this process of rehabilitation of alcoholics is a continuous job, even if there are only a few candidates each month. When the sponsoring duties are left to, or are assumed by a few individuals, there's bound to be a notable lack of success. Sponsors, like anyone else, have businesses or jobs to attend to, and while they are willing to make any sacrifice called for, it is simply impractical and even imprudent to continue such sacrifices month after month and even year after year. Further, when the work

often do the trick just as effectively. A feeling of a need for punishment and guilt are synonymous: one and the same. Mingle with this a fear of the consequences to follow and one has a diabolical poison in his system for which he must seek an antidote in a hurry. The antidote? Steps 10, 11 and 12 . . . if you want additional insurance for your sobriety, the 5th Step will add double indemnity."

'The Eye Opener', Los Angeles, Calif.-"After being a member of A.A. for a few months I often find myself wondering, when I hear the word 'dry' used, if there were others who, like myself, were on a 'dry' program. A.A. is not a 'dry' program. There's nothing arid about it; it is life itself-a life that teems with vitality; that is filled with serenity and happiness."

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+++Message 1506. Grapevine A.A. Digest column, Nov. '47
From: NMOlson@aol.com 11/27/2003 2:58:00 AM

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Nov. '47

A.A. Digest-Excerpts from Group Publications

'A.A. Tribune', Des Moines, Ia.-"At the house committee meeting last night we discussed sponsorship, and the lack of it, and how we are trying, with growing numbers, to hang onto close sponsorship. And then we also named several new men and women who came in on their own, who were not coddled, who just got from A.A. what we hoped they would get and they are doing such a wonderful job. We concluded that at least in some instances, if a man wants sobriety strongly enough, he'll get it with attendance at one meeting, whether he's chauffeured to the meeting or not and whether or not he's coddled into A. A."

'The Screwball', Nacogdoches, Tex.-"Are you willing to forget what you have done for other people and to remember what other people have done for you; to ignore what the world owes you and to think what you owe to the world; to put your rights in the background and your duties in the middle distance and your chances to do a little more than your duty in the foreground; to see that your fellowmen are just as real as you are and try to look behind their faces into their hearts; to own that probably the only good reason for your existence is not what you are going to get out of life, but what you are going to give to life; to close your book of complaints against the management of the universe and look around you for a place where

community and to the alcoholics numbered in that citizenry. We do not believe that the group should operate as a missionary unit, either collectively or as individuals. We hardly have the time or the ability to ferret out all the alcoholics in a community; nor can we presume they would be willing to listen to us if we did. Nor yet can we sit back idly in the hope that anyone who needs our help will hear about us and come to us of his own accord. We can arrange to make our presence and our purposes known to the community. The public is interested and willing to learn."

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++++Message 1508. Grapevine A.A. Digest column, Jan. '48
From: NMOlson@aol.com 11/29/2003 2:47:00 AM

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Grapevine, Jan. '48

A.A. Digest-Excerpts from Group Publications

'Squad One', Washington, D. C.-"Eliminating, but not judging, those alcoholics who are not serious, it is possible that slips can be divided into two classes: (1) Those which happen during the first weeks or months and occasionally continue for a longer period. In this case it is probable that the member has not yet been blessed with the vital spirit of A.A., the spiritual experience, the personality change, the brand new happy attitude toward God, toward life and toward fellowmen; (2) Those which happen to a member who has been so blessed. In this case it is probable that the briefest and best answer is given by our book, 'Something has happened to his spiritual status.' "

'Blue Monday', Wooster, Oh.-"Each person on this earth has magnetic power. We have the power to draw friends and also to make our choice of friends. If we are drunk we are a strong magnet and draw many other drunks our way. If sober we draw sober persons. There is some power beyond the lives of men that draws them to nobler, higher living. When we live by God's will a stronger magnet than our own leads us through each day."

'The Screwball', Nacogdoches, Tex.-"There's a lot more to 12th Step work than picking someone out of the gutter and urging A.A. upon him. Every good deed, every kind attention, every worthy act is the result of your experience in A.A. and can rightly be termed good 12th Step work, as we see it."

'Twelve Stepper', Omaha, Neb.-"The good A.A. knows that the motive power of A.A. is the Higher Power. He has a firm intellectual conviction that this Higher Power deals with us through the ministry of A.A. He observes the two-fold rule of anonymity, never giving the name of another member without permission of that person, and realizing that we are but the messenger boys for carrying the word, the channels through which flow A.A. ideas."

'Alky Argot', Wisconsin State Prison.-"It seems to me that we must love ourselves not as a master but more as a servant. If we have accepted the 3rd Step we find the key to the self-centered evil in our lives. Using this key is a permanent life-time protection against ending up in a bouquet of table flowers. We are now working for the betterment of ourselves with an ally whose advice is medicine for the soul. Now we can be free by breaking the vicious circle of our egocentricity and substituting a new nucleus in His all-embracing love."

'Alanews', Dubuque, Ia.-"It is during those first weeks, or months, of a man's sobriety that the ladies face their most difficult test. A male in the drying up process is not a very companionable person. The fact that the little woman may be suffering from fainting spells, malnutrition, muscle twitching and nervous prostration is a set of minor inconveniences not to be mentioned lest it disturb his majesty. After all, he has no remembrance of the past 20 years. All he remembers is his regal role of the past three weeks. It's tough, girls, but you've got to remember that at this stage the old boy considers a woman as something that boils at nothing, freezes in a minute, highly explosive; in inexperienced hands, something that can't be avoided because she exists wherever man is found. We know a lot of you have put up with 20 years of hell. And we praise the Lord that you are and were kind to us, especially during those first few months. Few of us, maybe none of us, would have made the grade if it had not been for your long suffering, your tolerance and understanding. None of us deserves any special consideration for going sober, but the fact that you are and were considerate is one of the reasons. We especially hope that all of the wives of the new men will profit by your example. We know that none of you will get much of a reward on earth but the great St. Anonymous has informed us that there's a special heaven waiting for you."

'Aridity Review', Spencer, Ia.-"Speaking of slips, which we don't like to do, we are always going to have them. We must remember at all times that our membership is comprised solely of alcoholics and everyone knows that God only knows what an alcoholic is likely to do. It is important for our own safety that we do not let the other fellow's slip upset us too much. Sympathize with him, yes; try to help him get back on the beam if, as, and when he decides that he

wants to come back. But, we must never let a friend's slip send us haywire to a slip of our own or what good will we be to him when the time comes when he again needs our help?"

'The Paradox', Kansas City, Mo.-"One A.A. was recently heard to say that he did not have the multiplicity of troubles hanging over him that is customary for most neophytes to bring to A.A. for solution. His wife had left him, the mortgage company had taken his home, the finance company had picked up his car, he had lost his job, his health was ruined and he was overdrawn at the bank. Drinking was his only problem."

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++++Message 1509. Grapevine A.A. Digest, "48
From: NMOlson@aol.com 11/30/2003 2:27:00 AM

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Grapevine, Feb. '48

A.A. Digest -Excerpts from Group Publications

'The Visitor', F.C.I., Sandstone, Minn. -"I've tried many different reforms, churches and institutions in my pursuit for truth, but as yet, I have found none which gives the satisfactory answers to the questions I naturally put to them. Actual faith in anything which does not come under the feeling of my own two hands is extremely difficult for me because I can't believe in things which to me are magical promises. The greater power which guides me is an A.A. member who has maintained sobriety for a decade. He is the living proof that I will have peace of mind and contentment for as long as I want it. He is stronger than I. He is a power greater than I. I look up to him, not in adoration as one would to a God, but in humble respect. I can only respect A.A. members and earnestly strive to imitate them."

'The Brighter Side', Waterloo, Iowa -"Remember, someone needs us for a friend. Let us be that friend. Remember always those who were good to us in those dark days at the start while we were still picking up pieces of our personality and trying to fit them into new and lasting forms. Once we do that, we have cast off the old shell of self-pity and self-interest and we begin to care deeply about what happens to others. When we learn to be happy in their happiness, hurt with their hurt, we are delivered from all indifference to others. Thus A.A. lights the lamps and charts the sea so unhappy, distressed folk can find the way to a higher, joyful life of sobriety."

'Aridity Review', Spencer, Iowa-"As a thought for the week let your editor repeat the statement on membership printed in 1939 in the first edition of the Big Book: 'The only requirement for membership is an honest desire to stop drinking.' And there is no provision setting us up as judges of the sick man's honesty of desire. We can, and must, assume that his openly expressed desire is honest and go on from there to help him as we can to accomplish the same end for himself which has been such a miracle for those of us who are more fortunate in that we have been the recipients of the A.A. miracle. In one word, tolerance, not just when a man comes to us at first, but every minute of our lives."

'Alky Argot', Wisconsin State Prison -"A good business man advertises his wares, either sending a salesman out or going out to solicit business himself. In either case, he benefits. After an A.A. member has reached the point where he is thoroughly familiar with the working principle of his organization he can advance himself by securing new customers, thereby guaranteeing his success for the future. So you see, A.A. is a sound business, a good one, and it's ours for the taking. We need no capital or investment, yet we can establish ourselves in the prosperous business of right living if only we heed the voice of opportunity."

'The Weekly', Jefferson City, Mo. "Did you ever raise a child from a handful of scrawny, squalling humanity to a full grown individual, to fit himself into his little niche in this universe and live the life of a normal citizen in his community? Did it give you a thrill? Well, we have the same feeling of thankfulness, only intensified, nearly every time we attend an A.A. meeting, just to know that we have some little part in helping a fellow man onto the broad, bright road of the A.A. way of living. Would I miss it? I'm going to make a good hard try to help another one today. I don't mean just stand around and talk about it. I mean I'm going to contact someone who wants what we have and try to help him get it."

'The Screwball', Nacogdoches, Texas -"Time heals the scars of sorrow and erases or glosses over the memory of pain and suffering of the dying, but for the alcoholic there seems to be no surcease from living suffering and no solace in dying. He is the epitome of misery. But, my fellow sufferer, the alcoholic does have a friend. We can find comfort for our miseries; the balm of Gilead for our soul is available. Why do we say there is hope of such a friend? Because we know, for we have found Him!"

'Rope Yarns', Seaman's Club, New York -"A.A. is the personification of democracy, for in A.A. all are equal, all are given the same chance to help themselves. Each one can speak his mind, do his part,

is, that we are willing to grow along spiritual lines. The principles we have set down are guides to progress. We claim spiritual progress rather than spiritual perfection."

'Thought Starter', Minneapolis, Minn.: "Consulting engineers employed to study defects in a big factory system usually make their notes on their first visit. They know that on later visits they will be less observant. The reason most of us are slow to correct our own faults or habits is that we have ceased to notice them."

'Weekly', Jefferson City (Mo.): "When everybody thinks alike, nobody thinks."

'Camel Club Chronicle', Marshalltown, Iowa: "Making friends reminds me of a little dog that trotted up to me wagging his tail as though he was genuinely happy to see me. I leaned over and patted him and he was overjoyed. I wondered just how many friends he made in a day, probably more than I make in a year; yet he had never read any books on psychology, but by the divine instinct, he was interested in people."

'Rope Yarn', Seamen's Club, New York City: "My Blarney lies over the sea. A sea of suds. That's the way it is. When we are hanging over a bar we are the most wonderful people in the world. What a sparkling wit we have! What wonderful repartee! After a few drinks, how brilliant we can be! It really is amazing how so much brains could be contained in one head! But next morning it appears more amazing still how such a headache could be contained in one head. Truly the way of the transgressor is hard, and this is most true of the poor drunk. But virtue actually can be its own reward and a clear head is the reward we get for being sober, and it is not the only one."

'The Screwball', Nacogdoches, Texas: "Don't be alarmed if you fail to catch the full vision of A.A. like a bolt from the blue. Was not your full-fledged plunge into the limbo of alcoholism a progressive business from an occasional social drink to absolute drunkenness? Wouldn't it be just as reasonable if your final, richer, more complete A.A. experience came about by easy stages -- from the first glimpse of the happy way to its ultimate fruition? ... One of the main reasons for anonymity in A.A. is that it helps those who need aid most. It also helps to keep the guy who decides to quit A.A. and go back to his old drinking ways from being pointed out as a 'bright and shining example' of A.A."

'The Paradox', Kansas City, Mo.: "Alcoholics Anonymous -- Analysis & Adjustment. To the explanation of the initials A.A., which we use to describe our association . . . we might well add the terms 'analysis' and 'adjustment'; for no matter what method we use to

velocity. That gave him the opportunity to attend our evening meeting. During the meeting I was looking over my portfolio (an old shoe box that I keep for the club correspondence) and in it I found a letter from a lady at Grundy Center -- just one of those pitiful letters that we get all the time. This lady wanted us to write and have someone call on her father in Birmingham, Ala. And what do you know -- the flying member who was grounded was from Birmingham, Ala. I know it's easy to say that the wind velocity that grounded the flier, thus allowing him to attend the meeting, was coincidence, BUT I prefer to think it is something else. And, with a call that got a start like that one, I'll be willing to wager that the man will make A.A. Any takers?"

'A.A. Deacon', Victoria, B. C.-"There is not a member of A.A., who is really sincere, who has not had experiences which, looked upon in the proper light, cannot help but have a lesson to teach to someone. This lesson cannot be taught -- or learned -- if we continue to remain silent and only listen to the other fellow. Everyone must have some sort of an opinion and idea on the philosophy of Alcoholics Anonymous -- if he hasn't he had better get one in a hurry -- and that idea or opinion will surely be of benefit to someone else. If we refuse to give these thoughts to others we are either being very selfish -- and selfishness can soon return us to drinking -- or we are hanging on to our original self-consciousness which is a result of the inferiority complex which originally had to do with the start of our problem, and if we continue to hang on to it and do nothing to rectify it we are very apt to be drinking again."

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+++Message 1512. AA History Lovers "Doctors, Alcoholics, Addicts" Questions
From: Ildog 12/2/2003 12:40:00 PM

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I was told, "Expectations are pre-meditated resentments" and was referred to page 552 of the story "Doctor, Alcoholic, Addict." (In the current 4th edition it is called "Acceptance was the Answer " and is on page 420). QUESTION: What was this story called when it was published originally in The Grapevine? Question: page 552 of the story "Doctor, Alcoholic, Addict, what edition of the Big Book is this in? Was it published under a different title?

Thank you,
Jane

Ildog@prodigy.net

Answer " and is on page 420). QUESTION: What was this story called when it was published originally in The Grapevine?
Question: page 552 of the story "Doctor, Alcoholic, Addict, what edition of the Big Book is this in? Was it published under a different title?

Thank you,
Jane

Ildog@prodigy.net

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+++Message 1515. Grapevine Clip Sheet column, Jan. '46
From: NMOlson@aol.com 12/4/2003 3:23:00 AM

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This begins another thin slice of A.A. history, the Clip Sheet columns from the Grapevine, Jan. '46 through April '48, courtesy of Tony C.

Nancy

The Grapevine, Jan. '46

The Clip Sheet, Comments from the Public Press

"Four per cent of the nation's drinkers are chronic alcoholics,' said the Associated Press in a release from Syracuse, Dec. 14. The AP was reporting an address by Prof. Selden Bacon, chairman of Connecticut's new Board for the Study, Care and Treatment of Inebriates, made before the New York State Conference on Social Welfare. Dr. Bacon was quoted as saying that 50,000,000 Americans indulged in alcoholic beverages to some extent and 2,000,000 were alcoholic."

From the New York "Herald-Tribune," Dec. 14:

"Children of alcoholic or psychotic parents, placed in foster homes at an early age, have as good a chance as children of normal parents of becoming well adjusted adults, it is indicated in a recent study

published at Yale University.

The "Herald-Tribune" was reporting on a paper written by Dr. Anne Roe of Yale University and the late Dr. Barbara Burks, entitled, "Adult Adjustment of Foster Children of Alcoholic and Psychotic Parentage and the Influence of the Foster Home."

The newspaper noted that "the actual conclusions of the study are confined to 78 children placed 20 years ago in foster homes," and continued: "No child of psychotic parentage was found psychotic ... no child of alcoholic parentage was found alcoholic...."

"It can be concluded," the report stated, "that such parentage does not preclude good adjustment. ..."

Ann Arbor, Mich., "Tribune": "Women alcoholics, increasing so rapidly in the last few years, have become such a serious medical and social problem that many leading physicians and psychiatrists have joined together in a survey and study of the situation. Twenty-five years ago there was only one woman alcoholic to 25 men alcoholics. Today the ratio is one woman to six men, taking a cross country figure. A reliable checkup, made by a director of the Psychiatric Institute of the Municipal Court in Chicago, shows that in about 12 years women and men drunkards appearing before the court increased in ratio from one to five to an alarming comparison of one to two.

"Psychiatrists are of the opinion that women's nerves and brains degenerate more rapidly with constant drinking because of a more sensitive nervous system. The woman alcoholic might feel helpless and hopeless. But if she wants to follow a program that will insure sobriety she should contact Alcoholics Anonymous. ..."

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+++Message 1516. Re: Origin of BB prayers
From: archives31 12/5/2003 2:03:00 PM

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--- In AAHistoryLovers@yahoogroups.com, "Maria E. Hoffman" <jhoffma6@t...> wrote:

> A question has come up in discussion: Is it written anywhere the origin or inspiration for our Third Step Prayer pg. 63 and our Seventh Step Prayer pg. 76? Were these products of Bill's creative writing, or were they found elsewhere?

>

> We would appreciate any input on this.

> Thanks,

> Maria

in aa comes of age bill wrote about sending the original form of book

to the catholic publishing in new york. they suggestd he take the word heaven out and keep utopia in at the end of his story, but he also said that they made some suggestions in regards to prayers which

he found helpful and used them. so maybe some of the prayers came from that source. hope this is in some way helpful to your question in friendship and fellowship archives31.

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++++Message 1517. "3rd Step" prayer
From: Ted Cullen 12/5/2003 8:25:00 PM

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I recall somewhere reading in the GSO NY archives when I as there last, that when asked about that prayer and if Bill wrote it or nor not , Lois W replied that she thought not, as 'Bill was not in the habit of doing same' or something along those lines. As for the name "Third Step Prayer" (a misnomer), the prayer encompasses ALL of the Steps. It APPEARS on page 63 of the BB where the Third Step is described.

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++++Message 1518. Grapevine Clip Sheet column, Feb. '46
From: NMOlson@aol.com 12/6/2003 2:53:00 AM

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Grapevine, Feb. '46

The Clip Sheet

Worry Clinic

Atlantic City, N. J., "Press": "We need to launch a new society called N.N. or 'Neurotics National' so that millions of 'Worry Birds' and other psychoneurotics will realize they have a lot of company. This is one of the first benefits received by the drunkard who looks around at the large gathering of Alcoholics Anonymous that pack the auditorium."

The Clip Sheet

Betting On the Drunk

By Wireless to the "New York Times": "STOCKHOLM, Sweden -Sweden is a land ... of many odd ways.

"Today's example: The population of Sandhult County in western Sweden is taking up a collection for the first drunk to qualify for lodging in the new county jail.

"That part of Sweden is virtually crimeless, and an inebriate is the district's only hope to inaugurate the new lock-up. The village drunk in Sjoemarken, where the jail is situated, is the logical favorite to win the jackpot, but he has said he will be back, hoping the fund will grow bigger."

Aid New Clinic

Washington, D. C., "Times-Herald": "Eight new patients and six who were formerly treated at the Force School presented themselves as willing subjects for an alcoholic cure when the Polk Health Center Alcoholic Clinic for Negroes went into operation January 15.

"Cooperating with the new clinic is the Washington Negro Group of Alcoholics Anonymous, which meets Fridays and Sundays at 8:30 p.m. in the Y.M.C.A, at 1816 Twelfth St. NW. The group supplies volunteer clerical help for the clinic, and alcoholics who require group therapy are referred to the organization by the doctors."

We Know-We Paid and Paid

Phoenix, Ariz., "Arizona Republic": "King Alcohol, with his satellites, beer, wine, and whiskey, is the largest single source of federal revenue, if the income tax be excluded.

"Last year, government taxes from this source totaled \$2,300,000,000."

Alcoholic, Not Anonymous

Brockton, Mass., "Enterprise & Times": "A desk officer at police headquarters jovially inquired of a jocose 'guest' why he was visiting,

" '0, just a bit alcoholic, I suppose, but for the sake of the record, I'm not anonymous,' came the smart reply. 'For the sake of

and massages. I had to look rich and that was some job. I haven't worked so hard since. My husband belonged to three golf courses, I belonged to three bars, and I never let his golf interfere with my drinking. I had terrible hangovers but I'd take care of them with the hair of the dog that bit me. I kept a stash of booze in a roasting pan in the kitchen. I made sure I always had a backup.

I couldn't stop drinking and I knew it; I also knew that I'd drink for the rest of my

life. I loved to drink. I only felt normal when I drank; when I wasn't drinking, I

felt very, very weird. When I came into AA, they asked me if I took a morning drink.

"No," I said, "I don't get up in the morning. But I take a drink as soon as I get up."

My sister Katharine tried everything to get me sober. One day she came to my house with a chocolate cake; a doctor had told her that what alcoholics really wanted was sugar not booze. So there I was in bed, about halfway through a bottle, and I couldn't wait to get rid of Katharine and she knew it. "If you'll eat a piece of this cake," she said, "I'll leave you to your drinking." "I can't eat the cake," I said,

"but give me the Manhattan telephone directory -- there's an outfit in New York called Alcoholics Anonymous that has a bead on this drinking thing. I'll call them and see what they do." Then Katharine told me that her husband's best friend was an A.A. member, and she asked me if I'd like to see him. I said yes just to get her out of the room.

I don't know how it happened, but I didn't finish that bottle, and somehow I got up,

got dressed, and waited for Mr. A.A. He didn't show then and he didn't show the next day. On the third day, I called my sister and said, "Where is this genius who's going to stop my drinking?" She said, "He and his fellow members are discussing whether or not you qualify for AA." I had a short fuse, and I was incensed that anyone would think I wasn't eligible for A.A. Later, the man's ten-year-old son came over with the Big Book in a brown paper bag; he shoved it at me and ran. I liked children, and I was disturbed that he was so scared of me.

I read the book from cover to cover; I couldn't put it down. I saw

myself on every

page. And the stories: I could see that the way they drank was the way I drank. I

could see that it had gone bad on them and I knew it had gone bad on me too. I put

the book in the fireplace behind the logs -- it was summertime -- because I didn't want anyone in the house to read it and decide I ought to join. I didn't want to join. I

had looked at the Twelve Steps and I didn't think a spiritual way of life was for me.

I continued to drink until the fall of that year. Then one morning I was having a very hard time of it, and I called my brother-in-law's friend, the A.A. member. "You know," I told him, "I read that entire book. I know all there is to know about alcoholism; I'm very well informed. So how come I'm still drinking?" He didn't answer my question, but he asked me if I'd like to go to a meeting that night. I said, "I don't

know. What's it like?" He said, "Everyone there will be just like you -- an alcoholic.

You'll feel very comfortable." I said, "What do they look like?" and he said, "They

look just like you." "Well," I said, "they must be gorgeous!"

I went with him to the meeting. There weren't any women. This was 1944 and there were maybe a total of three or four women in New York, and that was it. There were six men at this meeting -- three lawyers, a butcher, a cop, and a guy who worked in a malt factory who said he couldn't stay sober because the malt went into his pores. That was solved easily enough -- we got him another job. I loved it; they were wonderful men. I decided that they were far too wonderful to have to stay sober. "Give me three months," I told them, "and I'll get us all out of this." I thought that if we had all crossed over this invisible line, I could find that line and we could all cross back again! They knew I was an alcoholic and they just let me go about my business.

Taking it on the road

I decided to do some research, to interview AA members. There weren't many meetings in those days; you had to travel. I covered a

radius of about 100 miles, which included Manhattan, Long Island, Westchester County, Albany, and parts of New Jersey and Connecticut. I'd go to meetings, listen to the stories, pick the best one, and interview that person. This was hard work and I was plenty thirsty -- it was nuts. In about three months, I came to the conclusion that:

1. It was the first drink that activated the obsession -- if I took that first drink, I

was gone.

2. Alcoholism is progressive -- once an alcoholic, always an alcoholic.

I talked it over with the membership. I told them yes, I knew I would have to quit,

but I was only thirty-one and I wanted to wait until I was in my forties. They didn't

tell me no. They told me to put my car up on blocks -- don't drive. A fellow who

happened to be a guard at a woman's hospital told me that if I landed in jail, he

knew someone who could get me out. Meanwhile, this thing kept hammering in my brain: "What are you waiting for? What are you waiting for?"

Suddenly I decided it would be a good idea if I became a member of A.A.. I wrote an acceptance note, like you would do for a wedding invitation: "Nancy O. accepts with pleasure the kind invitation of Alcoholics Anonymous to become a member." Along with the acceptance, I put a clean piece of paper that would be a letter of resignation if I slipped (everyone in those days talked about slips because a lot of us were slipping).

Nobody ever gave me a hard time, nobody tried to reform me. How smart can you get? They knew how it was with me because they knew how it was with themselves. It was love. And all of sudden -- sober now -- there was this tug at my heart, the love of one alcoholic for another. ...

I'll remember you for the rest of my life:

At three months I had to speak -- everybody did. I had to go over to

Jersey. I was sick and nervous, throwing up all day, and I called Lois K., my sponsor, and asked, "Why is this good for alcoholics?" She said, "You're thinking about impressing them tonight -- that's not the purpose. The purpose is to help one other person in the room, if you can." When I spoke that night, I told the group what my sponsor had said and how nervous I felt. After the meeting, a blind woman came up and asked me, "May I feel your face?" She touched my face and she said, "I knew you looked like that. I'll remember you for the rest of my life." I went home and cried for an hour and a half, to think that I could help someone who was blind and in an alcoholic mess. For the first time in my life, I realized I had done something worthwhile. That was my first taste of humility.

Working with others

When I was new, I was the only woman around, so team leaders would call me up to be on their team to speak with them. My family was having fits because I was doing this, and finally they said to me, "Nobody has ever disgraced us like this." I said, "No, we all died, and I want to live." One person said to me, "It's like wearing a sign on your back, Nancy." Well, I took exception to that, so I went out and bought a fire-engine-red dress. Whenever I spoke, I'd say, "The reason I'm wearing this red dress is because there might be a woman around, and I don't want her to miss me in the crowd. I just want her to know I'm here, I'm for her, and I'm with her."

Lois K. had been sober for four years when she became my sponsor. She lived in White Plains, and I lived in Yonkers; I asked her if I could call her and that started the relationship. We were in touch every day, and we did a lot of Twelfth Step work together, helping women in Westchester County, and it was hard. The first women's meeting was at my house. It was Lois who came up with idea for the Grapevine. Lois was also very involved with her sponsor, Marty M., and the National Council on Alcoholism. I could have been, but I never cared for the idea. I liked working with alcoholics in AA better.

My group was very active working with alcoholics in jails and hospitals and mental hospitals. One day I went to see a woman in the hospital, and on my way out, her psychiatrist asked to speak to me. He told me that his parents had spent thousands of dollars on his education, and the woman I'd just seen wouldn't say two words to him. He wanted to know why he was failing and I was succeeding. I told him that I had a story and he didn't. He had the education, but I was an alcoholic with a story that she identified with and understood. I talked to the woman, told her to cooperate with the doctor, and maybe she could be helped by him. I did Twelfth Step work with this doctor for five years; we did a lot of good work with

alcoholics. I said to him, "Don't ask them why they drink. They don't know. They expect you to know, and you don't know either -- nobody does. So don't ask them."

Keeping it green

I'd give people the Big Book and tell them to read what I'd underlined because I knew they wouldn't read the whole book at first. I'd underline parts like the jaywalker, the Steps, "no human power," and anything I thought they could identify with. This would prompt them to go on and read the rest of the book, and then they'd call me. It helped me a great deal, and it still helps me. It keeps my sobriety green, it keeps it alive. I'm not one who says, Let the newcomers do it. There's plenty of work for old-timers. I haven't been into jails for a while, but I'm still doing hospital work.

The second woman I ever sponsored was a prostitute. She was always landing in jail, and they would remand her to my custody. I didn't care that she was a prostitute but I did care that she was an alcoholic. One time I called the jail to tell her I'd come and pick her up. "Wait 'til this afternoon," she said, "I'm playing cards with the warden and I have him on the hook for a few dollars." After she got sober and embarked on a spiritual way of life, her life began to change. She got a job, and later she moved to a new place, where nobody knew her, and started a group. Another gal I went to see in jail greeted me with, "St. Paul was in jail, you know." "Yeah," I said, "but not for burning tents." She was in because she had burned her apartment and been labeled a pyromaniac. I explained to her jailers that she was an alcoholic -- possibly a pyromaniac too but definitely an alcoholic. I'd been to her apartment and taken out a bushel basket full of bottles from underneath her mattress. She was a schoolteacher, a very, very quiet woman. I took her to meetings with me, and then she went back home to start a group of her own. That's how AA grew in those days. That's how we helped each other.

Once a man came over from Bronxville to ask our group to help him start a group there. During the discussion that followed, someone said, "There are too many snobs in Bronxville. Nobody will come to a group there." I said, "I don't see why snobbery should carry the death penalty. I think we should give this man our support." Later on the man thanked me, and when I asked why he was thanking me, he said, "Because I'm a Bronxville snob."

Growing through trial and error

At this time, we called AA a loosely-knit organization. I said, "It's so loosely knit

we're all going to fall through!" It wasn't an organization because nobody could

organize us. We wouldn't accept any outside contributions because we didn't want

anyone telling us what to do. There were no leaders, so we had to figure it out for

ourselves, and that was mighty difficult.

There were many differences of opinion, and that's the way the Fellowship grew. Let someone get a resentment and we'd have a new group! For instance, there was a woman who baked a cake every week; we called it a nut cake -- good name for it! -- but some people didn't think it was a good idea, so we had a controversy over this foolish cake. Those who wanted the cake stayed, and those who didn't, left and started another group.

I remember I called my first sponsor one time and exclaimed, "I don't know what I'm doing!" "None of us do," she replied. We used to take alcoholics off stools in bars and bring them to meetings drunk. Finally somebody said, "I don't think we're doing the right thing." And then the publicity problems -- alcoholics bragging about how they saved this one and that one. We made a lot of mistakes. On the basis of our mistakes, Bill W. put together the Twelve Traditions. He did it with a whole lot of

help from all of us. The early members brought us one Tradition at a time, in the

long form -- for our group conscience and vote. We discussed each one, took out

anything that we didn't want, made amendments, and then voted. I consider the Twelve Traditions to be the foundation of AA. There were a great many other things that contributed to this foundation, but this was the first really progressive step for

our Fellowship.

A twenty-four-hour program

When I was about seven years sober, I started doing Twelfth Step work with alcoholics who were in relapse, and I did this exclusively for the next seven years. The first question I would ask someone was, "Were you on the twenty-four-hour program?" I never got a yes.

You work differently with relapsers; they've been around AA, they know people, they know open meetings, they know closed meetings, they know names.

Sometimes they're well-known because they used to do a lot of Twelfth Step work themselves. When I was living in Westchester, I'd pick people up and take them into Manhattan to one of the big meetings. This was 1951 or later. I'd say, "We're going to sit in the back; never mind the speaker, just look around the room and tell yourself that all these people are getting sober. They don't know me, they've never seen me before in their lives, they're just getting sober the way I am. And if I

practice the AA program, I'll get sober too." I would never talk about anything

except getting reestablished as a member of A.A. that and the twenty-four-hour program -- and so I was forced to practice it.

There's probably nothing more important than a home group. I've been going to the same home group since I moved to California, thirteen years ago. I couldn't have gotten sober without a home group. What I like about a home group is this: you never have to make a decision, it's automatic. You know that's where you're going. This is where the Twelfth Step gets fulfilled, in all meetings really, but particularly in the home group. That's where we reach out to newcomers, we greet people. Everything comes out of the home group: invitations to speak, people to sponsor, being active in AA -- it all comes out of the home group.

From wagon trains to jets

I sometimes get asked if AA has changed since I first encountered it, and I think how, when I came in, people were fascinated by the wagon train feeling of AA -- that we were small, and all knew one another, and were close despite our differences. Now it's like the Concorde jet. It's fast. People come in, they get sober or they go out, they get busy with life, they move away, they go to other groups. When I came in, the membership was estimated at 5,000. Today you and I are members of an international Fellowship of more than two million alcoholics. Think about that! When we go to sleep tonight, there will be alcoholics working with each other somewhere in the world. It never stops. That's a long way from 1944, when I came in. One thing will never change, though: I need you just as much as you need me. We need each other -- and our Higher Power. That's where the strength is.

Nancy O., Lafayette, Calif.

statistics show 2,700 women arrested for drunkenness last year," continues Neff. "That the problem is nationwide as well as local is indicated by an article in the February 'American Mercury' by Dr. Alson J. Smith, a pastor of St. Paul's Methodist Church in Brooklyn.

"Dr. Smith writes, 'many a homecoming soldier is returning to face a problem he never suspected -- his wife, or sweetheart or sister has become an alcoholic.'"

Obsolete and Inadequate

Antigo, Wis., "Journal": "For many years it has been recognized by those who have given thought to the problem of treatment of alcoholics that state legislation and institutional facilities are sadly inadequate and way behind modern knowledge of how alcoholics should be treated. But one state, Connecticut, has ventured to take a real forward step through adoption of a law for the study, treatment and care of inebriates. Prof. Selden D. Bacon of Yale University calls it 'the first new legislation designed to meet the problem of alcoholism.'

"Important features of the law singled out by Prof. Bacon are: 'It recognized that alcoholics are sick people ... the fact that alcoholics can be rehabilitated ... a responsibility on the part of the government to meet this problem. It calls for public education on the subject of alcoholism, It omits all mention of punishment as a means of controlling the problem. ... It offers free service to those requesting it. ... If Wisconsin intends to move forward in this field its legislators, judges and others should not only study the Connecticut law but also the valuable knowledge obtained by such organizations as Alcoholics Anonymous.'"

Alcoholic Vets May Get Help

Dallas, Tex., "News": The Veterans Administration is considering offering care to alcoholics in its hospitals, Mrs. Marty Mann, executive secretary of the National Committee for Education on Alcoholism, said here.

VA officials have been giving serious study to plans proposed by the national committee, she said, and have expressed a favorable reaction.

29,000 Alkies in Jersey

New York "Herald Tribune": New Jersey should establish state-operated centers to aid its estimated 29,000 chronic alcoholics, two Rutgers University sociologists said recently. ...

I never thought much about settling down. I thought anyone who got under the dominance of another human being was pretty foolish, but when I was twenty-nine I did get married. I was never trained to live with anyone else, and I took on a pretty big job I wasn't capable of handling. After I was married I was in much more trouble with myself and I drank a great deal more, but now I had someone to blame it on. All my life I had blamed everything that ever happened to me on someone else, and I usually could find someone. Now I had a husband. If I was drinking worse now, it must be his fault.

One night I was out drinking by myself, which I didn't do as a rule. I sat in a bar drinking martinis for a long time, and somewhere on the way home I fell down in the street, and a cop came along and picked me up and took me to St. Vincent's Hospital. They pronounced me drunk and disorderly and took me over to Bellevue.

When I came to the next morning, I was in the psychopathic ward. The doctor who tested me and asked me a few personal questions was a psychiatrist. I asked him to call where I worked and tell them I wouldn't be in. I thought they'd just give me my clothes and let me leave quietly. They told me that I was not able to go out on the street alone, that I was not a responsible citizen. They said someone would have to call for me. To someone as arrogant as I was, who had taken care of herself, that was kind of rough.

I thought I would never get in such a situation again, and I thought the way to get over it would be not to drink. I was so naive that I thought that would be

possible--just by wishing not to drink! I didn't take a drink for three months, but on

New Year's Eve everybody was drinking, and about two-thirty in the morning I started. In about one hour I was drunker than anyone there. I kicked someone in the shins and slammed the door on his fingers. I knew I shouldn't be drinking, and I was scared to death. I was in real trouble. I didn't know why I was drinking, and I didn't know why my behavior had changed so. I thought if I left my husband things would be different. I thought I would be different if I could live by myself again. Which I did -- and proceeded to drink worse than ever before.

Then I decided that I was in trouble because I was living in New York and everyone knew me, and I used to drink too much with people, and maybe I didn't know the right people. So I moved away. I never thought about changing myself, I always thought about changing people, or changing places.

I went down to Virginia, of all places, to stop drinking. I was down there one month when I bumped into a fellow I knew from Greenwich Village who was on the same army post. We were glad to see each other, and he invited me out, and I said, "Oh, I can't go out. I don't drink any more." I really thought if you didn't drink, you couldn't go out! And he said, "Oh, that's all right. Come on over to the club and have a few beers." And I said, "Well, that I can do." About midnight that night, when they wanted to close up the club, they announced that if anybody was missing his companion, she was in the ladies' room, passed out. That was me, in my brand new environment, with the right people!

So I left there and went to another army post, where some Red Cross workers took me out on a date with some British officers. I got drunk with the British officers, and I don't need to tell you what I told the British officers, I being Irish. I left the next day, telling my boss that I needed a very serious operation, and he agreed with me. I never had the courage to wait to be fired. I left every place I'd ever been. I ran away from life. I never knew myself until I got into AA.

I had heard about AA about a year before I came in, but I thought it was some

organization that helped you out financially, and I was always too independent for

that. But on June 1, 1945, I had lost all of that kind of independence. I had been

drunk for nine days, sick and alone and desperate. They didn't have to tell me that

alcoholism was a sickness. When you take a bottle and lock that door and go in by yourself, that is death.

This day I decided to give up. I don't know why you give up one day and not another -- I have never been able to understand that. I had suffered on drunks before, but as they explained it to me in AA, that particular day I hit bottom. I decided to call up AA, but I didn't know that the clubhouse didn't open until noon. So I kept drinking and calling up, and drinking and calling up. Finally, I got someone on the telephone, and I told her I was in trouble and asked what I should do. The girl asked me if I could walk. And I said to myself, "My God, how understanding! Somebody who knows that you couldn't walk and why you couldn't walk!" I said to her, "I don't know, I haven't tried." She said, "Well, the only reason I ask is,

if you can't we'll come over to you." And I reared up in all my arrogance and I said, "You'll never come to me, but I'll go to you!" It took me until four o'clock that day to get there.

I shall never forget how comforted I felt that there was a building, there was a

place, there were people who were interested in what was wrong with me. I walked in that door and the girl asked me my name, and I said, "I'd rather not give you my name." She said, "We don't care if you haven't got a name, just so you have an alcoholic problem!" Well, I was put to shame, and I told her my name. She assigned me to another girl who took me upstairs. I looked into this girl's eyes, and I thought, "If only my eyes would ever be that clear again, then I'd be grateful for that alone." Little did I ever think that many more things would happen to me than clear eyes.

The first thing I learned that day was that if I never took another drink I would

never have another problem with alcohol. That went over in my mind like a Victrola

record. I had never thought about that first drink. I had schemed and stolen drinks, but it was never the first one. And here I had a very simple problem -- one drink, and that's all I was able to understand.

About seven o'clock someone came over to this girl and asked her to speak at a meeting in Brooklyn. I was scared this girl would leave me. It was the first time in my life I ever had needed someone, and I knew it. I looked at her to see what she would say. She looked at me and said, "Would you like to go to Brooklyn?" I don't like to go to Brooklyn when I'm cold sober! But I wanted to stay sober, and I went to Brooklyn. I don't know who spoke first, last, or what, but someone got up and said he had been in Bellevue thirty-five times. I thought, "Oh, my God! I'll look like St. Cecilia here!" I was so glad to be able to tell this dark secret that I had had for eight years that I nudged a man alongside of me and said, "Mister, do you know I was in Bellevue once?" He said, "Okay, girlie, you'll get the program." I guess he figured I was just another psycho!

The next day I started back for the clubhouse. On my way over, that thick head of mine started saying to me, "I don't know that you're such a drunk. I think you're far too dramatic about this whole thing. Why do you have to go over there with that bunch of people?" I was walking along a Bowery sort of street, with music playing and those awful neon lights all around, and suddenly a little man

started to follow me. Not the kind of man that follows nice girls. And suddenly I said to myself, "Listen, Toots, there's something the matter with you when a guy like that follows you, and you better get over to the clubhouse and find out what it is!" I always like to say that on my second day I was "wolfed" into AA.

I had heard that I had to make amends, and do something good for someone -- that I was too self-centered. I thought of a girl friend who had a brand new baby, and she liked to get drunk on Saturday night. And I thought, "That'll be it. That'll be good." I called her up and told her I'd mind the baby while she went out and got drunk. That's how much I knew about doing good! The next day I called my boss and told what happened to me and asked if she would take me back to work. It was the first time in my life that I ever showed any sort of humility, that I ever asked anybody for anything. And I went back there to work. I learned that going back and facing something unpleasant, regardless of how tough it is at the time, is a lot easier than running away.

I went to meetings every night in the week, because I'm that kind of person. I either do a thing or I don't do it. I didn't have to give up very much, because my life before AA was very empty, very lonely, and very superficial. Then I was always afraid of being a sucker, for some unknown reason -- I always thought people were taking advantage of me.

One day a call came in to the clubhouse for someone to go out and do a Twelfth Step job. And they looked at me and said, "How long are you in?" and I said, "A week or so." And they said, "Oh, you can't go. You have to be sober three months." And then I realized that here I had spent all my life afraid that people were trying to get something out of me, and I had nothing to give! Now I was in an organization where they needed someone that had something I didn't have; someone who was sober three months, who had some sort of stability; someone that had kindness in their hearts for other human beings, and compassion for their suffering. I had to wait until these people gave it to me so that I could go out and give it away.

Then I began to have trouble with myself, and I went to see Dr. Silkworth and he explained to me what honesty was. I always thought honesty had something to do with telling other people the truth. He explained that it had to do first with telling

myself the truth. I spent most of my life worrying about myself, thinking that I was

unwanted, that I was unloved. I've learned since being in AA that the more I worry

in one clubhouse.

GV: It was a small world, wasn't it?

Nancy F: Absolutely, and we were all together. In those days, nobody was anybody. Not like today. Nobody had any money, everybody was poor. Everybody was coming back from the war, so nobody had anything really. I don't mean we were hungry, I don't mean that. I had an apartment and so forth. But we were all sort of starting from scratch. We used to go down to Greenwich Village and eat for fifty cents by candlelight.

There was great camaraderie in the clubhouse. It was on Ninth Avenue and Forty-first Street. Nobody was on Ninth Avenue and Forty-first Street in those days, so the first time I went to a meeting, I thought there would be a bunch of bums. Then I thought, you're one too, so you better get over there. I decided not to get dressed up because I didn't want to look better than everybody else, and when I got there, Park Avenue was there and everybody was there. So I learned my lesson -- never think you're better than anybody else, just go. It was quite an education to see how everybody was suffering the same disease. I met people like Felicia [see "Stars Don't Fall" interview in the August 1995 Grapevine]. I never knew a princess before. I never knew a countess before! I can tell you, I never could have gotten anything like that anywhere else. And there was a humanity in all of us for each other. I was so welcome. It was the first time I felt welcome.

GV: You did a lot of Twelfth-Step calls in those days.

Nancy F: Oh yes, we went everywhere. We'd go on buses all over to speak. People's houses, or rented rooms. So many lived in such lonely rooms, all by themselves, no bathroom.

When I came into AA I was about thirty-nine years old. That was in 1945. There was another woman who was as young as I was, and they picked us to go to hospitals and drying-out places because we were younger and presentable. In those days, if you were a drunk from a rich family, they put you away. You were hidden in hospitals and all kinds of places. So she and I bought little hats with flowers on them and we had little black dresses and pearls, and that's how we'd go. I was very naive; I said, "Gee, there's bars on the windows and no doorknobs." I saw so many young, young rich women, incarcerated by their families.

Once we went to the apartment of Miss X [a celebrated actress] and she told us such wonderful stories, we forgot why we were there. We didn't have the nerve to tell her that she was a drunk. Later she

did get sober.

GV: Did you take literature on Twelfth Step calls?

Nancy F: There wasn't much literature. We'd just go and talk and be friendly and say how long we were in AA and where to go to meetings. But our intensity when we were talking to drunks was very effective, because they knew how we felt. They knew that we cared about them. And nobody had cared about them in so long. So that's how it worked for us. We didn't have any spiel of any kind. We'd say, "You'll be okay, and you'll go to meetings with us and we'll come and get you, and if you have any trouble, call us right away." It was very simple but very effective.

I didn't like the families in the beginning. I was mad at the families. I wouldn't

talk to anybody but the alcoholic. A friend of mine said to me, "Nancy, I think that

it's time that you begin to accept families." And I said, "Do I have to?" She said,

"I think that it would be a good idea." I respected her but I thought, I'll think it

over but I'm not ready yet.

I had never felt like I was anything in my whole life, that I had anything to give and then here I was told that I had something to give someone -- well, I could hardly wait to go on those Twelfth Step calls. I didn't care if somebody lived in Philadelphia or Hoboken or Timbuktu, I would go. I was so eager to give what I had. I went right from the First Step to the last Step. For me it was just wonderful. I got in with people

and I cared for somebody. You see, I had never cared for anybody, not even myself. When you care for somebody, you begin to heal yourself. You don't even know it.

I left home when I was fourteen. My mother died when I was three, my father remarried when I was fourteen, and my step-mother threw me out. When you're thrown out, you don't feel like you're anything. You know something's got to be wrong with you or they wouldn't have thrown you out. And they tell me that psychologically I felt abandoned by my mother. So here I was in AA and there were people who told me I had something and that they had the same thing that I had -- you can't imagine how important that was.

One woman at the clubhouse was a scrublady and I think I learned more from her than anybody. She lived in a tenement house, happy as a lark. Her name was Annie and she came in when she was sixty-seven and she died when she was about seventy-four. I was in a beginners meeting when she came in. And she laughed at me and said, "You're jealous of me because I've had a few drinks and you can't have any." I said, "You're so right." The rich ladies used to come down from Connecticut on Friday night and they'd look at Annie, and she was poor, she was uneducated, she had nothing, and she was having a ball. She was having the best time she'd ever had in her life. And there was no way, looking at Annie, that you could complain. These women couldn't say their alimony was cut off or they were getting divorced because Annie was sitting there with not a word of complaint. She had a quality that was so easy, so simple. She used to curse a lot when she spoke and a priest would be in the audience and she'd say, "Excuse me, Father, but I'm trying to be careful."

GV: Was this Annie the cop-fighter, whose story was also in the Big Book?

Nancy F: That's right. She lived on First Avenue across from a church. She got sober and then she got drunk again and she went up to High Watch Farm, and when she came back, I said to her, "Now you have to make an amends list, but don't tell me your story because you'll hate me if you do. You've got to find somebody you can tell your story to. You can have a priest or Dr. Silkworth or whoever you want." She said, "I'll take a priest." So we found a good old fellow of a priest and I said, "Now remember, he's no better than you are so don't be afraid of him. This isn't confession, you're just going to tell your whole story." They met at my apartment and I made coffee and then I told Annie, "You come over afterward to the meeting." We had a Friday night meeting a couple of blocks from there on Fifty-Eighth Street. So she came over afterward and she was so relieved. The first time she did go to confession, she said, "Father, I'll tell you everything, but don't ask me how many times."

I was in the hairdressing business and Annie used to come to the beauty shop I had and I used to charge her a dollar because I never wanted her to think I just gave her anything because she was very proud. So I'd charge her a dollar. One time she got a job up in the country and they charged her six dollars and she said, "Hell, I can get it done for a buck up on Park Avenue." I gave more permanent waves to people who had never seen a beauty shop. Every time somebody wanted a job, I'd grab them and give them a permanent wave, set them up to get the most.

GV: You mentioned Dr. Silkworth. Did people regularly talk to him or

see him?

Nancy F: Oh yes. If we were in trouble, we'd go to Dr. Silkworth. If we were in a

situation and we didn't know how to get out of it or were afraid we might get drunk,

we could talk it over with him. He was a very simple, wonderful man. He said to me

once, "The day that you can sit down and just be honest with yourself in this

situation, you will know what to do." That was the kind of a man he was.

GV: You knew Bill W. Did you ever go to Bill to talk?

Nancy F: No, no!

GV: Why not?

Nancy F: I was in awe of Bill. It would be like going to God! Also I didn't think

that was his job. But he was around all the time.

GV: Did he speak at meetings a lot?

Nancy F.: Yes, he did and he was a lousy speaker. He said so himself -- he laughed at himself. He always thought it was kind of funny.

GV: Why wasn't he a good speaker?

Nancy F.: I don't think he was interested really. It just wasn't his main thing. He

knew he wasn't any good and he didn't care and it wasn't really important to him. He

always used to say, "If they want me to get sober on, they'll never get sober." He

meant if you wanted Bill W. to get you sober, that's the first thing that would get

you drunk.

GV: What about meetings? Did you go to one a day?

Nancy F.: I went to the clubhouse every day from eleven o'clock in the morning when they opened up until they closed at night. It was the only place I felt safe. It was a church and they held the meetings in the church part and then in the basement they had a card game, which I never knew. But I heard later there were very hot card games down there. You could eat at the clubhouse too -- upstairs we had a restaurant. You could have coffee any time of the day and night. Eventually we went broke. I remember we had two refrigerators and we used to say that only drunks would buy two refrigerators since we only needed one. Excessive behavior cost us. We were \$5,000 in debt and the landlord didn't trust us and wanted us to get out.

Norman B. was a great member and he gave everybody money; he was a rich man when he came in and he gave all his money away. We had a meeting of a hundred people, and Norman got up and said, "You bunch of drunks, you've spent all the money at bars -- threw it away. Now go home, search your conscience, write a check, and send it in. Let's move out of here with honor." And that's what we did.

GV: Do you see a big difference in meetings today?

Nancy F.: There's not as much giving and Twelfth Step work. People are busy and

working harder, I guess, than we did. We seemed to have more time. But I don't know. I know we didn't get eased off alcohol as people do now in treatment centers. We went through it and I think it was a different experience in humility and suffering. You'd be getting off a drunk for days. And never be so miserable, never. I didn't know anything about pills. I never knew what a sleeping pill was. If you were not in that "set" you didn't know about drugs. I never heard of cocaine, people didn't have it in those days. So it was different. It was only alcohol. Now it's quite different.

People will say, "I'm a druggie," and make some of the alcoholics mad. I think if

you're suffering, you're suffering, but I don't have a strong opinion about it.

GV: Tell us more about your early days.

Nancy F.: I was in a women's group for many years. Marty M. had asked a woman named Elizabeth to have a women's meeting in her home, because she lived on Fifty-Eighth Street in midtown Manhattan. Elizabeth's husband was the alcoholic; she was not. For fifteen

years I went there every Friday night until she gave it up.

Once I had to hospitalize my landlady; this woman was a drunk and I put her into

Knickerbocker Hospital. And that night Elizabeth said, "Nancy did the most wonderful thing today." And I thought, what did I do? I had never been praised before and I felt so warm inside and I thought, This is wonderful. And then I thought, Maybe there is something about me that she sees. If a woman like that sees something in me, maybe there is something. Elizabeth started me off, she encouraged me. Whatever she told me to do, I did. She took me in sort of as a member of their family. For the first five years, I did nothing but go to AA. I couldn't do anything else -- didn't know anything else to do.

GV: Then you started your hairdressing career?

Nancy F: I was in business for twenty-six years on my own. I always said to Elizabeth, "I'm afraid of everything." And she said, "But that never stops you from doing things." She just nurtured me. I told her I should take lessons in English, and she said, "No, you should take lessons in speech." So she sent me to George Dixon who coached Rex Harrison in "My Fair Lady." He had a sign up over his door which said, "Create yourself; everything else has been done." I went there for a year. I went everywhere: churches, psychology, therapy. Whatever she suggested, I would do. She was the one that taught me that there was something inside of me -- that I could do things.

You know, Marty M. [a founder of what is now the National Council on Alcoholism] was going to hire me as a speaker. She sent me to Yale to take alcoholic studies and I was thrilled. Oh my God, I thought, I won't have to work hard, I'll go there and I'll go around speaking. Oh it will be marvelous. Because I had to go out to hairdressing shows and I was scared to death to do that; I had to improve my skills and work hard and go into business and learn about labor laws and all that. See, I didn't want to do that. Then Elizabeth said to me, "Do you think you should earn your living over what's wrong with you?" "Oh," I said, "is that what I'd be doing? No, no that's not what I want to do." So I came back and told Marty that I wasn't going to work for her. I want to tell you, I never had such a difficult thing. But I had to do it. I wouldn't have liked myself if I didn't.

GV: You were married?

Nancy F: I met my husband when I worked on a ship. He was an officer

on a ship; he was a big tough man, very handsome. He was in the Navy during the war. He could drink and never get drunk. Well, he got drunk but he was never like I was. I was sloppy. Sometimes I'd go to sleep and sometimes I'd fight. I'd say things that I didn't have the courage to say when I was sober. One day he beat me right down to a pulp and I took care of myself from that day on. When I left him, I just took my coffeepot, no furniture. He put his mother in our house. She was a sweet lady, and I went up to see her and I looked at that furniture and I said to myself, "The next time you belittle yourself for sticks of wood, let me know." And I never asked anybody for anything again. I found the answers in myself, which was the greatest thing that ever happened to me.

GV: You went back to school in sobriety?

Nancy F: I went to high school in my fifties and went to college when I was seventy.

I called up a therapist I'd gone to and I said, "How can I prevent myself from being

frightened of old age? I'm watching a friend of mine who's scared to death about

getting old -- and she's got a companion and children and everything. How can I

prevent it?" And he said, "Go to school." So I did.

GV: What did you study?

Nancy F: Behavioral science. A lot of psychology and sociology.

GV: Did you have a career goal in mind with that major or did you just like the

subject? Nancy F: I just knew I wanted to spend my time in some way and I loved to

learn and I liked to write. I went to college for nine and a half years. Saturday

night I'd go out. I always went out on Saturday night. And at six-thirty on Sunday

morning, I'd get up and write my papers. I got people to help me. The day I passed

algebra, I was coming down Fifth Avenue and I was crying and laughing. I thought, "I know what makes me happy -- accomplishment, doing something that I never thought I'd be able to do." I was exhilarated.

A friend told me, "Work hard and try to get an A." He was working for me to get cum laude and I didn't know what he was doing and I said to myself, "I'm lucky if I stay in school, let alone get an A." But he nurtured me, you know. Everybody nurtured me. I graduated cum laude. I really enjoyed it. When I graduated, the graduates had to walk several blocks -- I was on my cane then -- and all my friends were in the car driving along behind me. They thought I was going to faint and they said, "Get in the car." And I said, "Get in the car? My God, I worked nine and half years for this. If you think I'm not going to walk in this parade, you're crazy!" It was a wonderful experience.

GV: Do you miss it, a little bit?

Nancy F: No, I live in a Quaker community where there's a lot of things being done.

I'm teaching English to migrant workers.

GV: Are you a Quaker?

Nancy F.: Yes, now I am. I've been a Quaker for two years. They do things. I like

that. It impressed me that a lot of women had lived wonderful lives, men too. So I

said to them, "How do you get to be a Quaker?" And they said, "You just write a

letter." So I said okay, and I wrote a letter.

GV: How did you feel about a Higher Power when you came into AA?

Nancy F: I didn't believe in God, and I didn't want to hear anything about it. But I

said maybe there's a power without him. I was mad at my father and I was mad at men and I didn't want any authority figures. I had a human being in my mind as God. I didn't know if I was more scared of God or my father. But after I got sober I went everywhere. I went to a man who taught that if you think right, you'll be all right. I went to places for two or three years. I went searching around. I

The "Minneapolis Star-Journal," commenting on the meeting, noted that the state hospital at Willmar has been too short of funds to employ adequate psychiatric care; while the Minneapolis General Hospital treats alcoholics only in its psychotic ward.

"The most effective attack upon chronic alcoholism has been made by Alcoholics Anonymous," continues the paper. "Minnesota and Minneapolis could help the good work by providing additional facilities for care."

Indianapolis, Ind., "Star": "In Times Square 26 people rushed to join Alcoholics Anonymous when they saw part of a fur coat walking in the B.M.T. subway. It was a live pet marmoset looking for its marmor."

NAUTICAL SHOE CAUSES DUNKING

Plainfield, N. J., "Courier-News": "What first appeared to be a duck floating sedately down Green Brook ... turned out on closer scrutiny on the part of park strollers to be a large-sized man's shoe, enthusiastically if not expertly pursued by two potential members of Alcoholics Anonymous.

"The shoe steered a steady course in the middle of the stream for several hundred yards, blandly staying out of reach of the outstretched sticks of the two tipplers. Climax came when the shoe moored on a rock in the middle of the stream and both stimulated gentlemen fell simultaneously into the water in their efforts to reach the nautically-minded footgear.

"The shoe's owner meanwhile slept soundly on the bank of the stream while his companions pursued their salvage operation."

COMMUNITY BENEFITS

Fayetteville, N.C. "Observer": "Alcoholics Anonymous since the establishment of its chapter here has served to help a number of local citizens snap their fingers in the face of the devil of intemperance and prove to themselves and their friends and families that they had what it took to stop drink before drink stopped them.

"The personal reward of getting out of the clutches of the alcohol habit is tremendous, and at the same time the benefit to the community is not inconsiderable when one considers the transformation of a citizen, who was apt to become a community liability, into a citizen who pulls his own weight, stays sober, earns money and pays taxes."

The Independent Blonde -- that's how I was described in my story in the Big Book of Alcoholics Anonymous* soon after I arrived in AA on June 1, 1945.

The first thing I heard was "Don't take that first drink. You are sick. You are

allergic to alcohol. AA knows how to help you get well, as many before you have. Work with the AA program because it works." That gave me hope. If others could do it, I could do it.

One day while I was on duty as a volunteer at the club for AAs on West 41st Street in New York a call came in to hospitalize a woman. She lived in a duplex apartment beautifully furnished with oriental rugs and Louis XV chairs. There she sat, drunk, her mother by her side, bewildered, her brother angry, frustrated in his helplessness. We went to a posh hospital for her withdrawal treatment. There the nurse told me that I had to be sure she drank plenty of orange juice to avoid

dangerous convulsions.

This was my first experience with this kind of treatment, and I was scared that

something would happen to this beautiful woman -- not because she was beautiful but because I was responsible for her. I stayed with her for hours, well into the next morning, and she drank plenty of orange juice.

This was my introduction to what it feels like to take care of another human being. In that one call I learned that I was not an alcoholic because my mother died when I was three. I learned I was not an alcoholic because my father and my second stepmother didn't want me. I learned that a woman could have a mother, a brother and money and still be an alcoholic. I learned that what caused me to drink was not important. And I learned that what was important was what I was going to do about it. The message for me was clear: "You know what to do, so do it. Use the Twelve Steps as a guide in creating a new, productive, satisfying life." That I set out to do.

One night I attended a meeting in the home of a woman who was not an alcoholic. But she did know about alcoholics because her husband was in AA. The meetings were held in her home every Friday night for fifteen years, and every Friday night for fifteen years I was there unless I had to be out of town.

In those meetings I was supported, nurtured and encouraged to become what I could be and wished for and dreamed about. Every AA meeting has the same format but the messages are very individual. It is not unusual for a person to hear a new idea that is exactly what that person wanted and needed to hear at that moment.

One meeting I reported that I had hospitalized my landlady, who had been drunk for weeks. The members began to praise me. That was the first time I had ever been praised for an action of mine, and I shall never forget the warm wonderful feeling that bubbled up inside. I can remember that feeling right now.

Another of our Friday night meetings fell on my birthday, and the group had a cake with candles and sang "Happy birthday, Nancy." I started to cry and cried and cried so much that I had to leave the party with the remains of the cake in a box under my arm. I cried all the way home and for hours into the night. That was another first -- the first birthday cake I had ever had, and the gesture, the attention, the celebration struck me in a vulnerable spot.

The episode, gratifying as it was, was also alarming. My hysterical response made me understand that I had big troubles that needed to be investigated and worked on. That was the beginning of my search for ways and means of becoming emotionally mature. I learned that there is no instant cure. It takes insight, honesty and patience over a long, long period.

The next episode that impressed me came on VJ Day in August 1945. I was working in a first-class hotel in New York and around eleven o'clock that morning there seemed to be an explosion and everybody just let themselves go. The atmosphere in the entire hotel was wild. All the guests opened their doors, blew horns, sang and popped champagne corks. I got so scared I would drink that I ran out into the street and began to make my way to the 41st Street clubhouse. All New York seemed to be in the middle of 42nd Street, waving flags, crying, laughing, hugging each other, dancing -- all at the same time. When I opened the door of the clubhouse, I saw more people, whooping it up, celebrating with good feelings -- and with coffee.

Having a place to go, where I belonged, where I could share important feelings without the aid of alcohol, was turning out to be a reliable support when I felt overwhelmed by events and experiences that I had coped with earlier only with the unreliable, indeed dangerous, recourse to alcohol.

I reached out to every suggestion and learned what other people were doing and trying. One led me to a lecture about self-understanding.

As I entered the lecture hall I saw a sign that said "Discover Yourself. Everything Else Has Been Done." I have never forgotten that admonition, nor have I ceased discovering myself. It is a great way to keep life interesting. Don't think I'm a Pollyanna; I'm not. My AA life was not without troubles. All life has troubles. The difference now is that I know how to cope with troubles -- by realizing it is a challenge to find solutions, constructive solutions. I am convinced that finding solutions to my problems is my responsibility, and that conviction has worked for me almost always.

When I learned to forgive my father for what I thought he had done to me, and for what he did do to me, I was helped to resolve that problem. It was a healing experience and helpful in establishing much better relationships with men friends. It was a great day when I caught on to the idea of developing what nature had endowed me with instead of complaining about what I didn't have. From then on I didn't have to use a lot of energy trying to justify difficulties by insisting that I had no good points. In my pursuit of a better way to live, even at this late date, I remind myself that it is fruitless to envy those who found a good way in their youth. They were fortunate. My present and future depend on my continuing to learn to live richly, joyously, rewardingly.

After fifteen years of sobriety, however, I had a slip. Why? In retrospect I had

forgotten that AA had to be my priority. My self development was important, but in

the process I had forgotten the AA philosophy of giving and receiving help, and I had forgotten the power of the Twelve Steps. I have had no trouble since then, thank God, for AA works when you work it.

Growing emotionally was a long, slow process and a most difficult task. It takes

years. But along the way the rewards are so satisfying and enriching that one

realizes the value of the process and therefore is willing to work at it -- one day at

a time. Being in A.A., where one encounters many people, different people, who are also learning to grow up gives one the support that is so necessary.

Growing up spiritually is also a never-ending process, and an exciting process. The Twelfth Step, for example, gave me an instant awareness of how important it is to care for someone. Caring for another alcoholic helped me overcome self-centeredness and that is a relief and a tremendous reward in exchange. It was a wonderful day when I left a life of dependency and recognized that I was an interdependent member of the human race.

Growing up financially was also necessary for me, and I started by developing greater skills in my work -- hairdressing. I wanted to be the best I could be. That took lots of time, energy and patience, but improvement of my skills rewarded me for I became recognized and respected, nationally and internationally, in my craft. I was offered opportunities to teach advanced hairdressing skills at workshops around the country and at international conventions. Teaching is a very gratifying experience and a wonderful way of paying back, in passing on to others, all that I had received. By this time I had my own business that lasted successfully for 26 years, until I retired at the age of 79.

Growing socially was yet another major task. I went to my first AA meeting feeling that nobody wanted me. While I didn't admit it, I didn't want very many of them, either. Fortunately for me, when I met another alcoholic my perceived negative notions about people vanished. What I saw was someone who was suffering as I suffered, and there was immediate rapport. As time went on I was able to apply these positive feelings toward nonalcoholics, and this was the beginning of knowing how to be a friend and help a friend.

And social growth paid rich dividends in business as well. From a tongue-tied

technician I had grown into an entrepreneur capable of understanding, responding to, and enjoying a clientele of cultivation and breadth of experience.

As I grow older, I realize that my friends are the most important pleasure in my life, along with my very good health.

Growing educationally, as we all know, is a lifelong process. I left school in the 8th grade. Not until my 50s did I go to high school at night after work. In my 70s I

watched an old friend who was scared to death of getting older. She was in

comfortable circumstances and there didn't seem a reason for her fear, at least not a financial reason. She had a job, a pension, a

Regarding the St. Francis Prayer, I have suspected that it was never really written by him but does reflect his general approach to life. According to something I read recently, the Prayer has only appeared since 1915, thus strongly suspecting that somebody created it and then gave it attribution to Francis in order to promote it. There have been other examples of that sort. We haven't been able to authenticate the Herbert Spencer quote in the Big Book and, in another connection, I pursued a fine quotation that could not be authenticated. The famous quotation from Voltaire about defending one's right to free speech cannot be authenticated. A scholarly group called The Jesus Seminar has even suggested that at least four-fifths of the sayings attributed to Jesus cannot be authenticated. So where does this leave us? I suggest that we accept any saying that works for us without worrying too much about the identity of its author. Bill W. found some help in the St. Francis Prayer and thought it important enough to include in the 12&12. Its value will be what it can do for us in our own lives, no matter who created it. Of course it's still useful for us to try to authenticate materials when we can. But if something is good and seems true, let's use it!

Mel Barger

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Mel Barger

melb@accesstoledo.com

----- Original Message -----

From: "vratical" <vratical@yahoo.com>

To: <AAHistoryLovers@yahoogroups.com>

Sent: Tuesday, December 09, 2003 3:27 PM

Subject: [AAHistoryLovers] Eleventh Step Prayer

> The 11th Step Prayer (Prayer of St Francis) as written on page 99 of  
> the 12&12 is a translation that I have not seen elsewhere. I am  
> assuming that the prayer was originally in latin. The prayer as it is

> usually seen is somewhat different from the AA version, and I was  
> wondering if anyone might have information on the origins of ours  
and  
> why it is different. Thanks for any input - this has bothered me  
for  
> many years.

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+++Message 1530. . . . . Re: Eleventh Step Prayer  
From: Arthur Sheehan . . . . . 12/10/2003 2:30:00 PM

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While the prayer is often attributed to St. Francis of Assisi, and called the Peace Prayer of St. Francis, it appears to have actually originated in the early 20th century by an anonymous author. Endearingly, Bill W. was consistently inconsistent. The version of the prayer that is in AA Comes of Age (pgs 270-271) is different than that in the 12&12 (pg. 99).

The information below was taken from [www.Franciscan-archive.org](http://www.Franciscan-archive.org).

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### The Story Behind the Peace Prayer of St. Francis

The Peace Prayer of St. Francis is a famous prayer which first appeared around the year 1915 A.D., and which embodies the spirit of St. Francis of Assisi's simplicity and poverty.

According to Father Kajetan Esser, OFM, the author of the critical edition of St. Francis's Writings, the Peace Prayer of St. Francis is most certainly not one of the writings of St. Francis. This prayer, according to Father Schulz, *Das sogennante Franziskusgebet. Forshungen zur evangelishen Gebetslitteratur (III)*, in *Jahrbuch fur Liturgik und Hymnologie*, 13 (1968), pp. 39-53, first appeared during the First World War. It was found written on the observe of a holy card of St. Francis, which was found in a Normal Almanac. The prayer bore no name; but in the English speaking world, on account of this holy card, it came to be called the Peace Prayer of St. Francis.

More information about this prayer can be found in Friar J. Poulenc, OFM, *L'inspiration moderne de la priere « Seigneuru faites de moi un instrument de votre paix »*, *Archivum Franciscanum Historicum*, vol. 68 (1975) pp. 450-453.





have felt up and down, young and old, according to my own inner state of being. I know now that in my attitude, not in the state of the world, lies the kernel, the heart of the matter. That is the essence of what I have learned through all of you. It's what keeps me sober. And I am sober, thank God.

I want to talk about the last two years since I've moved up here to Connecticut. Life on the whole has been extremely pleasant, not to say meaningful. But at the meetings around this neck of the woods, I seemed to be settling down to AA old age. To be candid about it, I think I was getting a slight case of glue-dry, which is the occupational disease of both antique furniture and the AA old-timer who's coasting.

I was embarrassed by compliments from young people. Things like "You are such an example to others!" made me feel like a mini-monument to sobriety -- something slightly above it all, and not at all with it. But believe me, if several meetings went by and nobody remarked upon my physiological and/or AA age, I would work it into a talk as fast as you can say Bill W., with remarks like "There was only one open meeting in all New York! Think of it!"

There I was, above it and out of it, going to meetings to speak more than to listen, when what should come into my life but an infant pigeon, a man two years younger than I was when I joined! He says he likes me as a sponsor because I clearly don't have any of the answers and my confusion at this late date is most encouraging to him.

I now go to a lot of meetings quite regularly, something I haven't done in years. He often takes me in a long, silver gray, streamlined, many-gadged sports car. And we go levitating through the night, along dark, winding country roads, with the top down and with ourselves strapped in like a couple of World War I stunt pilots. Between my feet is a large cardboard box of goodies, and upon my lap is a freshly frosted layer cake. Both of us have gotten into secretarial and KP work.

I not only go to more meetings, I really get into them. The "new" AA -- a new approach, less formality, less "God business" for many new people -- is something to get used to. In trying to swing with it, I sometimes get thrown. "Please, everybody!" I shouted at a very small meeting. "Please stop talking all at once. Grandma can't hear."

There was dead silence and then solicitude. "We'll move our chairs up closer to you," they said.

I also went through a self-conscious stage where I was trying not to



## The Clip Sheet

St. Paul, Minn. "Dispatch": "Women drunkards are on the increase in St. Paul, in the opinion of those who study the problem here.

"Increase is noted both in those women who drink 'socially' and those who drink 'hard' and often alone.

"Total number of such women alcoholics ranges from estimates of 500 to 1,000. These estimates are based on a report by the Mayor's Committee on Alcoholism."

Brockton, Mass., "Enterprise and Times": " ... A local organization interested in helping each other solve a personal problem, presented a book to the library. The book is 'Alcoholics Anonymous' and the Brockton Group of that organization is the donor. We admire the group and the manner in which its members have attacked their own problems. In presenting this volume to the library, they have done so in the hope that others who may wish to know more about Alcoholics Anonymous may do so easily."

Marquette, Mich. "Mining Journal": "One hundred eighty Marquette residents heard discussions on 'Alcohol and Modern Life' by a public health physician, a member of the licensing and enforcement division of the Michigan Liquor Control Commission and an attorney who is a member of Alcoholics Anonymous at a conference in Guild hall here. ..."

New Rochelle, N. Y., "Standard-Star": "Appeals for greater awareness of the magnitude of the problem of alcoholism in Westchester and throughout the country, more sympathetic understanding of the chronic alcoholic as a sick person on the part of the physician, and recognition of this illness as a public health problem requiring facilities for care and treatment in both voluntary and public hospitals, were made by speakers at a meeting of the Westchester Medical Society on the general subject of 'Alcoholism.' ... Three hundred doctors and laymen attended."

Another recent AP story . . . this one from Atlantic City, N. J.:

"Don't use sleeping tablets in the barbiturate family when you're drinking (or vice versa) unless it's a long sleep you're after.

"This was the gist of a report to the American Therapeutic Society by Dr. H. B. Haag who, with two research workers at the Medical College of Virginia, has concluded a series of experiments illustrating the dangers of combining certain sleeping pills and





This veteran of a thousand meetings finds

she always takes away something of value

OF COURSE, some meetings are dull. I've been to thousands of them, and some of the speakers haven't appealed to me. But then my talks don't fascinate everybody, either. This is all par for the course.

Live and Let Live.

But there is a kind of boredom that is simply me. This is the restless, wriggling

kind; the chair is too hard; my fanny aches; I cannot sit still. Honestly, I have

lost my judgment; I don't know whether this is a good meeting or a bad one. The truth is that I am anxious or worried or resentful or depressed about something, and that is why my mind just won't stay with the speakers.

But whether the meeting is really a dull one, as far as I'm concerned, or whether I am not being receptive, I almost always come away feeling better. Something does happen, after all. Maybe I catch one sentence: "I found when I joined AA that I was not alone." This sinks into my consciousness and stirs a response. I leave the meeting in a different mood. The glow of belonging and the stirring of hope, as described at the meeting, are mine, too. I have had my own need answered again.

As an old-timer, I find that the simplest truths, reiterated, are necessary for me.

And when I forget this, attendance at a meeting is likely to remind me. When I squirm on a hard chair and wish I had my top bureau drawer with me, or my guestroom closet, so that I could be straightening things out while listening to the speakers, this is when I'm in exactly the right place for my own good, for my sobriety, my lifeline.

"I feel sorry for people who don't have AA," someone says. Yes, and I feel sorry for those who don't have an opportunity to help others at deep and meaningful levels.

"Dear Sponsor," says one of my pigeons in a recent letter. "You have been such a help to me in my life, my sobriety, and in everything, that I do not know how to thank you. Whenever you feel low, just count up the people who are alive and sober today because you took the time to give of your love and help."



cause of many of the divorce cases. Drinking seems to accentuate the mental and physical maladjustments which are chiefly responsible for separations. The report said nothing about how to eradicate the drink habit, though there are many ways. One of the best has been developed by Alcoholics Anonymous, which has a chapter in nearly every large city. Certainly the A.A. leader should be a member of any judge's advisory committee. So should a good doctor, an understanding preacher and a bright teacher."

Chapel Hill, N. C., "Weekly": "James S., the novelist who lives in Chapel Hill, is a member of Alcoholics Anonymous. ...

"One day recently he got a telephone call from a fellow member, a business man in a town not far from here, who felt the mania coming on. 'Come right on over here,' said Mr. S. The man did come, but on the way he obtained a supply of liquor, and when he arrived late in the afternoon he was roaring drunk.

"There was no hospital to take him to, so Mr. S. decided he would ask the police to let him stay overnight in the jail in the basement of the Town Hall.

"The initial trouble was that the police did not know Mr. S. Not being familiar with Alcoholics Anonymous, naturally they did not at once understand his explanations.

" 'No wonder they thought there was something queer about me,' he said afterward. 'I had just come off my farm. I was in old dirty clothes and had a heavy growth of beard.'

"He named several persons in Chapel Hill with whom he was acquainted. The jail was empty at the time, and the police willingly took the stranger in. Mr. S., seeing that there was plenty of room, asked if he could stay there, too. The police said yes, and he went to bed in one of the four bunks in the cell. Next morning the stranger, sobered up, was attended to according to the approved A.A. method."

Indianapolis, Ind., "Star": "Indianapolis women who formed their own group of Alcoholics Anonymous a year ago report that there have been few slips among those who have decided to stop drinking. Ages of the women in the group are from 24 to 55 years. Housewives outnumber the business career women in the group."

Elberton, Ga., "Star": "Drinking far outranked all other male faults in a recent Gallup Poll of the ten worst faults of husbands and wives. Among wives' faults drinking was number four, while nagging was number one.

"From wide experience with alcoholism, it is my firm conviction that nothing but the power of God can break the habit. Other so-called 'cures' are only temporary.

"Alcoholics Anonymous, now a nation-wide organization, of growing proportions, with clubs in all principal cities, shows men how the power of God can cure alcoholism. To the increasing number of those who write the Everyday Counselor concerning alcoholism, I again say, seek out your nearest club, or write to Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, N. Y."

New York "World-Telegram": "Simplicity, sincerity, mark A.A.'s program over WNYC," said Harriet Van Horne, radio columnist. "This man's testimony, mercifully lacking in the smug fervor usually found in reformers, was far more persuasive than anything I ever heard from the dry crusaders. He didn't preach abstinence for everybody. Just those suffering from alcoholism."

"Drink to me only with thine eyes, and you won't have to join those anonymous guys," writes H.I. Phillips in the New York "Sun."

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+++Message 1538. . . . . More from Felicia, A.A. Grapevine, September 1982  
From: NMOlson@aol.com . . . . . 12/13/2003 1:49:00 AM

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A.A. Grapevine, September 1982

Hellos and Hugs

A banquet honoring old-timers

spurred memories of old times

LAST YEAR, on October 31, New York Intergroup gave its annual dinner honoring Bill W.'s AA birthday in advance. If he had been alive, December 11 would have seen the start of his forty-eighth sober year! Intergroup was celebrating the completion of its own thirty-fifth year. And on top of all that, Intergroup was kind enough to honor the real old-timers in the area, those moss-covered monuments like me who have been sober thirty years and more.

There were, in all, 2,500 people at the dinner. And thirty of us oldtimers were in

good enough shape to come and sit on the dais, in a long row in front of the

speakers' table.

The New York Hilton Hotel understands how to handle big crowds. The Intergroup Dinner Committee was heroic, having sweated for ten months over the preparations. All the Intergroup people were on hand to welcome us. They wore name badges and steered us through the happy mob waiting outside the dining hall. We old folks were adroitly zigzagged through over two thousand hellos, hugs, and how-are-you's, hearing joyful laughter and shrieks of reunion.

We were taken clear back to what the Hilton, alas, calls the VIP Room. We old

old-timers are not VIPs. We are just like anybody else in AA. We've stayed sober on the program twenty-four hours at a time, while I, for one, couldn't stay on the wagon more than a week. Believe me, you younger ones: If we could do it, you can do it, too.

The VIP Room is where banquet speakers and special guests are assembled, so that they can be sorted out and marched onto the stage in the right order. There was a long row of hard chairs marked with our names. There was also a gigantic coffeepot, so of course we all milled around that. We drank coffee like mad, and we all met old friends we hadn't seen in years.

By and by, Lois W., Bill's widow, arrived in a wheelchair -- not because she couldn't walk, but she is ninety-one and tiny. When I started toward Lois, she saw me coming. She waved and said, "Why, hello, F. How great to see you!" She hadn't seen me in quite a number of years. She goes to conventions all over this country and abroad. She has been greeted by tens of thousands of people. And here she knows me right away! I have never had a memory like that!

At a given moment, Intergroup people went around and said to us all, kindly but

firmly: "Please go and sit in the chair with your name on it." They wanted to be sure we would walk out and take our seats in the right order. And we obediently did.

Now, I am not used to doing anything at all with 2,500 pairs of eyes fastened upon me. I thought of my beloved friend and sponsor, Marty M. Countless times, that dear old war-horse spoke in front of thousands of people without turning a hair. As I walked onstage, I thought, "Oh Marty, if you were only here to help me!" I tried to

walk as if I had a heavy jar of water on my head. How I wished that I could put my thumb under my sagging chin and hold it up. Then, at least from a distance, I would look reasonably well-preserved.

We were seated, and hundreds of waiters put coffeepots on every table. I was cheered by the fact that the three speakers were all my friends. I began having a wonderful time. The men on either side of me were in my age group. It's a treat to see people my age in AA. Up here where I live, almost everybody is a generation younger, and a whole lot of them are two generations younger. They are perfectly wonderful to me. They help me up and down steps, which is unnecessary, but so sweet of them. They also bring me coffee, and someone always gets up to give me the one comfortable chair. I love it. But often, when I'm alone at home, I think about the old faces, to say nothing of my old friends. Most of them are gone, and oh Lord, how I miss them. They've left a hole as big as the moon.

The man sitting on my right at the dinner was great fun to talk to. But he was small and silver-haired and rather frail. "Does my smoking bother you?" I asked him.

"Not at all." The place was well air-conditioned. "But I did have a lung operation,"

he added. I extinguished my cigarette.

When the talks began, my new friend dropped his head, closed his eyes, and rested his forehead on his hands. I noticed that his breathing had become labored. "Are you all right?" I whispered.

"Compared to what?" he asked me. He was obviously in distress. I was alarmed.

Nell Wing spoke first; she isn't an alcoholic, but she has served AA for thirty-five years, as Bill W.'s secretary and currently as AA archivist. Then came H. U.; I remember him as one of the first members of an interracial group in Harlem a long time ago. I'm going to have to listen to tapes of both talks -- it's that divided

attention business, when you half hear spoken words and your mind is on something else.

I thought, "Maybe this man is having a heart attack. I'll have to do something right away." I turned to the man on my left and whispered, "Aren't you a friend of his? Didn't you come here together? Change places with me. He's sick. He needs help."

Under the circumstances, it wasn't surprising that this nice fellow

was slow on the uptake. I couldn't get him to move. So I stood up and said, "Please! Change places with me right now! Please! I tell you, he's sick."

He moved, and I breathed a sigh of relief. I was able to hear the last of H.'s talk

and enjoy his reminiscences, which I had shared as one of the founders of the St. Nicholas Group.

My old gentleman and his friend kept their seats, so I knew things weren't too bad. I was able to concentrate on the third speaker's talk. He said, among other things, that we weren't VIPs just because we were up on the dais -- that the most important person in the whole room was the man or woman who was the most recently sober -- sober for a day -- sober for an hour.

That night, after I got home, I suddenly thought, "Why, you darned old fool, you stood up and gesticulated in the middle of a talk. You made a mini-scene in front of twenty-five hundred observers! You could have explained the situation quietly to that man while simply keeping your seat." But lying in bed, waiting for sleep, I had to

smile. "After all," I told myself, "you weren't very important up there. It's

conceivable that nobody noticed you at all."

And then, I remembered another banquet in another ballroom long, long ago. That time, I was conspicuous. I was very, very drunk and completely out of hand.

The occasion was a newspaper editors' dinner, also in New York. Wendell Willkie was to be the main speaker. At dinner, the wine flowed freely. There had been cocktails before that. I drank everything I could get my hands on.

I sat next to a beautiful and famous woman, who was done up in an expensive evening dress and wearing a lot of fabulous jewelry. I said to her, "What's the most exciting thing in your life?"

Her face lit up, and she said, "My race horses. I love them. I love to watch them

work. I love it when they run."

I cut her short. "Come clean, doll," I told her. "What about your sex life?"

Without a word, she moved her chair around, so that her back was to me, and began talking to the person on her other side.

That did not dampen my spirits at all. "Get her," I told the world in general, in a

carrying voice. "She's stuck-up, that's what she is. Just because she invented a face cream."

My poor editor-relative, alerted by this maxi-scene, got a woman photographer on her paper to lead me out of the room. I went swaying past all the tables, hardly able to walk. This gal had me firmly by the elbow. In the ladies' room, she said to me, "Come on. I'm taking you home." I don't remember what I said -- but I went back to my seat. Some man was making a speech.

The next day, my unhappy relative called me in mid-morning, when I was enjoying one gorgeous hangover.

"Who was that man up there talking?" I asked her.

"Wendell Willkie. He's running for president, remember?"

"Oh, that's right," I said.

"Remember anything else?"

"Vaguely."

But my heart seemed to tighten up. I began remembering, only too well. I had stolen the show. Fear and shame and remorse flooded me.

Today, I feel very grateful and humble. Years later, I was able to write the

beautician lady an apology and tell her that I was now in AA. I was rather surprised

to get a letter in reply, a beautiful letter in which she said that she understood

perfectly. She said it must have taken a lot of courage to write that apology. She

never knew that it wasn't courage, but rather a desperate need to make amends.

I am humbly grateful that I am in a wonderful, sui generis organization that has saved my life, restored me to sanity, and



A couple of weeks ago, my husband asked me if I could recall my last drunk, and I said, "Yes, I can." I was driving along one day, wanting to go home but afraid to because I couldn't face anyone, and I ended up in San Francisco. Now I couldn't go home for sure -- it was the next day. What was I going to do? Shaking, sweating, eyes bloodshot, face puffed up, I'd run out of lies, and I thought, if I go home right now it's going to be too late. I can't think of a lie that will wash.

I parked the car and I walked, and I saw this sign, "Sultan Turkish Baths." I decided I could sweat it out there and get myself in shape, but I thought I'd better have something to read. So I stopped at the newsstand and bought a 'Saturday Evening Post' -- five cents. It was dated March 1, 1941, and on the cover it said, "Alcoholics Anonymous, by Jack Alexander." I was stunned because I had read about AA in 1939, in the "Liberty" Magazine, I believe, one little paragraph about an inch big. Even that impressed me and I intended to cut it out and save it but I hadn't. But here it was. So I took the magazine with me, had the Turkish bath, and even though I was just too sick to think, I knew there was hope.

I somehow got the impression that there was an AA hospital or clinic or something, but at the bottom of the article it said if you need help, write to Box such-and-such in New York. I rang the bell for the bath attendant and asked for pencil, paper, envelope and a stamp, and I think I wrote a rather pitiful letter to New York. I said, I am a desperate alcoholic and I'll take the next plane back there and take your cure.

The answer came a few days later, airmail special delivery, from Ruth Hock, God bless her. She was Bill W.'s nonalcoholic stenographer and had been for many years when Bill was in Wall Street. And now she was still working for him and she answered all the mail from that "Saturday Evening Post" article. She answered my letter and said, You needn't come back to New York, there's one group in Los Angeles. That's for all of California. It's very small and it has been a struggle for them. They have met in a couple of hotel lobbies but they are now meeting in the Elks Temple every Friday night at 8:30. And she said, You'll be very welcome, I'm sure. They have no women alcoholics in California.

I seemed to have unbounded faith that it was going to be okay. I got dressed, but I couldn't comb my hair so I tied a turban thing on my head and I poked my hair all up under it, and down I went. When I got to the Elks Temple they directed me into a small dining room, and seated around the table were ten or twelve men, and a couple of women. I made myself invisible, if that's possible, because they all looked so happy and were laughing and talking. I thought, well,

they're the doctors and the nurses and so forth and I thought they would be giving me a pill any minute now -- the magic pill, the cure-all.

Eventually a man got up and rapped on the table for order. And he said, "This is a regular meeting of Alcoholics Anonymous in California. We are a band of ex-drunks who gather to obtain and maintain our sobriety on an all-time basis with no mental reservations whatsoever." I thought to myself, What an order; I can't go through with it. Well, I didn't have to go through with it that night. I didn't get a chance because he continued with, "But as is our custom before this meeting starts, all you women leave." And these two women that I hadn't even noticed particularly because I was so desperately frightened, they just strolled out into the lobby. I later found out they were the wives -- there was no Al-Anon then, and the women were quite used to leaving the meeting and waiting in the lobby; they came back later for coffee and donuts. But I thought this had been cooked up to throw me out. And it worked, because I put my hands over my face and I ran out into the lobby. I lurked around in the ladies' room awhile and then I went into hysterics and I got in my car and I headed for a bar and I got very drunk.

I thought, How exclusive can you get! To kick me out like that. And as I drank and got more livid, I turned to the people beside me at the bar and I said, "I'm a member of Alcoholics Anonymous." And they said, "So what!" Then at 2 P.M., when the bartender was trying to get me out of there, I called Cliff, who's in the book 'AA Comes of Age.' Cliff and Dorothy had been taking care of all the Twelfth Step calls for California since the group started in 1939. I was very indignant. I said, "Well, I went down to your group tonight and they threw me out." He said, "Oh no, no, I'm sure they did not do that. Did you tell them you were an alcoholic?" I said, "Of course not. No, they threw me out all right." He said, "Well, we need you, we need you. Please come back. We haven't had a woman alcoholic." When I heard the words "we need you," I thought, well, I am a good typist and maybe I should volunteer my services. Then I said, "All right, now, I've had about enough of this and I want you to send your AA ambulance." He said, "We don't have any such thing. You go back next Friday night and tell them you're an alcoholic. You'll be as welcome as the flowers in May."

I don't know what I did that week. Probably was drunk and sober and drunk and sober, but I know this: that it was a miracle I ever went back, and thank God I did. But I didn't go back alone. Because during that week my brother Tex came to see me. He came in the house and he picked up the pamphlet Ruth had mailed me from New York, the only one that AA had. It was a thin pamphlet and gave a few basic

facts on the Steps, and as he read it he had a pint bottle in his hip pocket, as usual. He was reading and saying, "That's good stuff, Syb. They really know what they're doing there. So you're going Friday, huh?" And I said, "That's right, Tex." So he says, "Well, I'm going with you." He said, "I'll tell you the truth -- the reason I want to go there. Those guys that are working for me down on Skid Row. I can't get a regular crew together." He was a vegetable peddler then, with a truckrun around four in the morning, and the winos sometimes didn't show up. He said, "If I can sober them up, I'll make a lot of money. So what I'm going to do is take them all down there and get them all fixed." So it was with fear and trembling that I looked forward to that Friday night, because Tex pulled up in front of my house in his vegetable truck and standing in the back were eleven winos. I crawled up in the cab of the truck with Tex and down we go to the meeting. There were a few more people there that week, but the full impact of the "Saturday Evening Post" hadn't hit. But I got to hear the Twelve Steps read, and also the fifth chapter.

At the conclusion of that meeting, Frank R., God bless him -- he was my sponsor and so was Cliff -- reached over and got a bushel of mail that had come because of the article. Hundreds of letters from alcoholics. He looked at that skinny little crowd there with Tex, and his winos, and me, and about fifteen others, and he said, "Well now, we got to get all these drunks down here by next Friday night. So we're going to have to cut this crowd up in sections. And if there's anyone here from Riverside County, come down and get these Twelfth Step calls." Tex went down in front and Frank gave him forty or fifty of the letters to read and answer from alcoholics who asked for help. Then he said, "Anyone from the beaches?" This guy raised his hand, Curly from Long Beach, and he went down and got forty or fifty letters. And this went on -- Pasadena, Santa Monica, and one guy from Fresno, one from Santa Barbara and so forth, until there was one remaining stack of letters, about a fifth of them.

And he said, "I've been saving this stack up for the last because we now have a woman alcoholic. Her name is Sybil. Come up here, Sybil. I'm putting you in charge of all the women." I had to be honest. I went up there and I said, "Well, I'll probably be drunk next Friday. I always have been." And then I said, "What are you going to do tonight? What are you going to say to me that is going to make it different? So that when I walk out that door tonight during the week that I'm out there by myself I won't get those butterflies and the sweating palms?" I said, "What's going to be different? You got to do something tonight. How can I stay sober for a week? I'd like to be able to go and ring doorbells and bring all those drunks down here. But I haven't read the Big Book." He said, "I know that."

I said, "Truthfully, I haven't read your pamphlet. I haven't felt well enough to

read." He said, "I know that. You're not expected to know very much." But he said, "You asked me how you could stay sober until next Friday. Now I'll tell you it's in that Big Book that you haven't read. Somewhere in that Big Book it says that when all other measures fail, working with another alcoholic will save the day. Now I'm going to tell you what to do quite simply. You take this basket of mail and tomorrow morning you start ringing the doorbells, and when the girl answers the door you say to her, 'Did you write this letter asking for help with a drinking problem?' And when she says, 'Well, yes I did,' say, 'Well, I wrote one like that last week and it was answered. I went down there and I looked them over. I didn't find out how they're doing it but they're doing it, and they look good. So if you want to quit drinking as badly as I want to quit drinking, you come with me and we'll find out together.'"

"Oh," I said, "I think I can do that all right." So I took the mail and I went home with it, and I was getting ready the next morning to get in my car and start ringing

doorbells, and my brother Tex came over. He said, "I'm going to ride around with you for laughs." Well, it wasn't for laughs. We made all those calls and out of fifty we may have gotten a dozen or more. Some of the letters were from landladies who wanted the guy upstairs not to make so much noise on a Saturday night, and sometimes it turned out the wife had written in for a husband who was an alcoholic, and Tex came in handy there. And some of them were from women who wanted help.

We did take a number of women down and a few men. The meeting grew -- and I mean it mushroomed. But here's what happened. Frank had said, "I'm putting you in charge of the women." Well, to me that was like a neon sign that was going on and off, "charge, charge, charge." And I could be real big because Frank and Mort gave me a notebook and they said, "Now you write down all the names of women and then you get them a sponsor. And you have the sponsor report back to you. Then, when you look in your notebook, you will know who you gave the call to. You'll have the report on it. That's a good system." And I took it oh so seriously because I'd go down to the mother group -- now we had two, three, four hundred people possibly, microphone and everything -- and as the forty or fifty women came in and they were seated, I could think, "There's Eva. She called on Bonnie. Bonnie called on so-and-so, and Fran, and yeah, yeah." And it checked out perfectly, beautiful. Then I would tell Frank and Mort it was working fine. They'd say, "That's nice. You're doing a good job."

But one night I went to the mother group and a gal came down the aisle and she had six strangers with her and they hadn't been

cleared through me. And I walked up to her and I said, "Where did you get these women? You know what Frank and Mort are going to say about the system." She said, "To hell with the system! I have friends who have a drinking problem same as I do, and they found out that I was getting sober and staying sober. They asked me how I was doing it. I told them I joined AA. They said, 'Can I go with you?' I said, 'Yes.'" She said, "It's as simple as that and anytime anybody wants to come to an AA meeting with me for a drinking problem that's the way it's going to be, and I'll never report to you again."

Well, when she told me that, tears came to my eyes and I couldn't get out of there fast enough. I wanted to run up to Huntington Park and tell my brother Tex all about it. But he wasn't there, and you want to know why? He had been excommunicated. Because he had started a group. The powers that be, the boys downtown, called Tex on the carpet and said, "Tex, fold the group up. Where's your loyalty to the mother group?" He said, "I'm loyal to the mother group. I'm just sick of picking up guys in Long Beach and driving them thirty-five miles to Los Angeles, so I started a group at the halfway point. Some of my boys are down here tonight. You come out to our group next Friday night and we'll just kind of visit back and forth." And they said, "No, you're excommunicated," and he laughed and laughed and laughed.

About a month later they called him down. They had a committee meeting and they asked, did he decide to fold up the group and he said, "Nope. Doing fine. Got a lot of the boys down here with me tonight and you're welcome to come to my meeting. It's a participation meeting where alcoholics all talk." Well, at the mother group, we had two speakers, Frank and Mort, for two years. So they said, "We thought you'd say that, so we have incorporated Alcoholics Anonymous in California." And they had. Those that are still around down there will tell you. It took us about a year to laugh that one off, until Tex began to visit the mother group and the mother group members began to visit the Hole in the Ground Group -- it was called that because they met in the basement.

Tex advised me to resign my job of being in charge of the women. He said, "Tell them you're too busy helping your brother with his group and suggest that they have a secretary of their very own." I did that, but how it hurt. But it had been good for me at the time, because I had no ego. My ego had been smashed for so many years, and it was good to feel that I was wanted and needed and that I had this little job to do. It was good for me at the time and it was good that I gave it up.

Several years later, they called me up and told me to come down and be the executive secretary for the Central Office of Alcoholics



marked in this area.

" 'These people are suffering from a disease and are treated the same as people appearing in court for assault and battery or rape,' he declared. ...

" 'The time has come when we should remember that burning people at the stake was a rather poor method of ridding the communities of witches in days gone by. Punishment is not what these people need, but kind, sympathetic cure and treatment.' "

Dayton, Ohio, "News" "City approval Tuesday was given a request of the Dayton chapter of Alcoholics Anonymous to aid in the treatment of a man sentenced to the workhouse for a three year term as an habitual drunkard.

"The approval came from the city parole board after a member of A.A. outlined his plan to help restore the man to the position of a useful citizen.

"The man will be permitted to attend the regular meetings of the organization but will be confined to the workhouse at other times during his sentence."

Philadelphia, Pa., "Tap and Tavern": "Using former addicts who were cured of the disease of alcoholism through the help of the Alcoholics Anonymous organization as participants, WIP is presenting a new series of broadcasts titled, Alcoholics Anonymous, which does not pull any punches in recounting the autobiographical confessions of the people on the program.

"Slotted late Tuesday evenings (10:15 to 10:30 p.m.), in order to reach only an adult audience, the series does not campaign against social drinking, but its members from all strata of life (bankers, truck drivers, accountants, attorneys, actors, middle-class business people and often high-school and college-aged boys and girls) recount their own case histories on how they acquired the disease and the climactic point at which they turned onto the road to recovery through the help of A.A.

"A.A., which is working in close cooperation with the country's leading medical and psychiatric authorities, is receiving strong popular reception from listeners and is mailing a series of booklets of informative literature on request."

A UP story carrying a Utica, N. Y., date line tells of a wealthy Alder Creek resident, who was held for grand jury action on a second degree manslaughter charge in the fatal shooting of a Utica lawyer



"In Ottawa, A.A. came into being after a man, an alcoholic, answered an advertisement a year ago in a New York newspaper in hope of finding a way out of his trouble. He became interested in the movement. Last spring, when several of his acquaintances who had a similar problem had become interested, they inserted advertisements in the Ottawa newspapers. They received between 100 and 150 inquiries."

Schenectady, N. Y., "Union-Star": "Mutual words of praise have been exchanged between the office of the Schenectady County sheriff and Alcoholics Anonymous.

"A.A. has lauded Sheriff Harold Armstrong and Undersheriff Dimont Rector for cooperation extended in granting access to the jail for the purpose of interviewing men serving sentences on charges of intoxication.

"An A.A. spokesman revealed that a group of members visit the jail each Friday and spend a few hours with men who have been sentenced to jail for intoxication. The A.A.s do not preach, the spokesman emphasized, and usually play cards with the inmates while carrying on their campaign."

Fostoria, Ohio, "Review Times:" "Professor Selden D. Bacon of Yale University maintains that there are many potential alcoholics.

"He told a conference on parole, probation and crime prevention there are 750,000 alcoholics and 2,250,000 chronic drinkers in the United States.

"Said Professor Bacon: 'After 10 to 12 years, it often happens that the person who took two cocktails before dinner and two highballs after dinner finds himself losing his social facilities, losing his job and eventually his control. Alcoholism is a disease. The sick can be helped when it is regarded as a public health menace. The work of Alcoholics Anonymous has been invaluable.'"

Yakima, Wash., "Herald": "The Vancouver, B. C., unit of Alcoholics Anonymous has received support that really counts.

"A group of Vancouver women formed an organization called the 'Ladies Auxiliary to Alcoholics Anonymous.' Among other things spokesmen for the organization said they would provide refreshments at A.A. meetings."

Asheville, N. C., 'Citizen': "With more than 300 delegates registered, and 100 more expected to arrive, the annual Southeastern

convention of Alcoholics Anonymous held its sessions in the main ballroom of the George Vanderbilt Hotel here.

"The delegates represented 139 Groups from 13 states. Throughout the convention, several nationally-known members of the organization were speakers."

Burlington, Vt., "News": "The importance of Alcoholics Anonymous in the recovery of World War II veterans suffering from chronic alcoholism was stressed at a meeting of the Burlington Group of A.A. at a meeting recently.

"The 28-year-old guest speaker, who had alternately flown in combat over Europe and languished in a number of the Army's best psychiatric hospitals, told the gathering of his addiction to alcohol over a period of years.

"Finally, after years of struggle to overcome the problem, he encountered another soldier in a hospital who had been able to put his drinking behind him through the A.A. program. The speaker said: 'Thanks to A.A., I have come through my first sober season in many years.' "

Miami, Fla., "Herald": "Miamians are sobering up so fast that Alcoholics Anonymous, its AnonA club room only nine months old, needs more space already.

"There are now 225 members. The program has expanded so greatly that to preserve the personal touch, which is an integral part of A.A. activity, two neighborhood meetings are held each week in addition to four in the club room."

New York "World-Telegram": "So you don't drink. Good. No need to fold yourself like a napkin under the tablecloth every time a waiter asks you what you'll have. Look him straight in the eye and order a drink that looks as wicked as a sidecar, but is no more potent than a lemonade.

"Marco, who has presided over the Colony bar since it opened more than 25 years ago, has whipped up many a "softie" for drinkers nonalcoholic: Long and Cool -- ½ grape juice, ½ soda, juice of one lemon. Pour over ice in a tall glass and serve with ½ lemon or lime."

Jackson, Miss., "Clarion-Ledger": "The speaker at a recent public meeting of Alcoholics Anonymous told one of the most gripping and amazing stories of a man's fall into the curse of alcoholism and his recovery through A.A.



office recently to ask for help. Seems she was unable to buy dill pickles; that she was 'addicted' to dill pickles. We confess that we couldn't think of a thing to help our caller. Had she been addicted to the demon rum, we could have recommended her to Alcoholics Anonymous, but pickles is another story. We've never heard of Pickles Anonymous."

Tulsa, Okla., "Tribune": "Tulsa bootleggers are taking an awful beating from one organization in this city. Members of the Tulsa chapter of Alcoholics Anonymous at a meeting recently estimated that when its members quit patronizing bootleggers their combined 'boycott' cut bootleg income \$190,000 a year."

Syracuse, N. Y., "Herald-Journal": "How often have we heard it said that: 'He is a fine fellow but drinks too much. I cannot rely on him.'

Thousands of valuable employees have lost their jobs through drinking because in many cases the employee did not know he was an alcoholic and the employer did not realize that his employee was suffering from a disease. Can anything be done for the valuable employee whose drinking is out of control? Yes, in many cases, straightening out these men can be accomplished by the employer taking them to 'task' and discussing their condition with them as they would any other routine business matter. Generally, these employees have a high regard for their positions but being alcoholics and not understanding the reason for their obsession, they stumble helplessly along until it is 'too late.'

"It is not expected that an employer understand the problem of alcoholism, he has enough on his hands to run his business, but if employers understand that alcoholism is a disease and talk to their slipping employees on this basis, many valuable men would be saved to industry."

Batesville, Ark., "Guard": "If we were to be given the job of selecting the organization in our community which has contributed the most in the past year to solving the problems of excessive drinking, we would unhesitatingly select the local chapter of Alcoholics Anonymous.

"This group has performed a service that has all of the earmarks of modern miracles. In case after case right here in Batesville we have seen men lifted from the gutter of habitual drunkenness to places of respectability and constructive service in the community. They credit the A.A. program for their salvation and are found hard at work in the community helping others who need their help."





worry, darling, or you'll start me worrying about you. " She had put her arms around Rick's neck and pulled his head down level with her eyes and he had felt her quiet strength going through him. God, how had he ever managed to live without her all these years! How did Joe manage without ... and there he was back in the old

fretful puzzle of Joe's binge.

Hank maintained that Joe had been heading for trouble for a long time. "Seen it

comin', " Hank said, "the way you can feel a storm blowin' up the Sound. It weren't

only Sylvia -- he was as full of the jitters as a porkypine is of quills afore that." But Hank couldn't explain why, couldn't see how completely Joe's continued drinking

knocked the props out from under Rick. Joe had helped him -- he had to help Joe now. Not only for Joe's sake but for his own. And he didn't seem to be getting anywhere -- except deeper and deeper into a feeling of hopeless uncertainty.

Rick had brought Joe out from Townes Hospital in New York to the "shack," as

they called the house on Cognewaugh Road -- a sick-looking, self-cursing Joe. But being with Rick and Emily -- seeing their evident happiness in each other -- had only seemed to make matters worse. Joe, after a few sober, moody, irritable days, had walked out of the house one morning, headed for a wop joint in Mianus famous for good beer in big steins, and had been picked up late that night by Hank Frost. A cop friend of Hank's had called him and Hank had called Rick. "Reckon we better pop Joe into High Pines, " Hank had suggested, much to Rick's amazement. "Seems like that Doc. Joe sets such store by it could do somethin' for him now." Rick had agreed, had telephoned and made the arrangements, remembering Wales' tall figure in a blue suit standing on the steps and returning Pell's exaggerated military salute. Wales had caught on fast to Pell's absurd play-acting. Wales was a real guy. Emily had been driving Joe over to High Pines every afternoon, but this way Wales could really keep an eye on Joe.

Still Rick went on worrying and the heat continued. At the Cos Cob station the

next afternoon he looked at the tide. It was high. A swim in salt water would be a

hell of a lot more refreshing than a dip in his own pool which was now only a few

degrees cooler than the air.

Swimming out to the raft with long lazy strokes, he pulled himself up, shook the

water out of his eyes and saw a broad brown back against the upright of the diving

platform. The back turned and Rick recognized Wales' thick white hair and lean,

humorous face. This was luck, especially as the raft was deserted by its usual mob of kids.

"I don't suppose you remember me ... " Rick began, squatting on the edge of the

raft, his long legs dangling in the cold water.

Wales smiled -- it was a wide, generous smile. "Of course I do. You're Light Horse Harry Lee," he laughed, "or you were when I first met you. And what's more

important," he added, "you're Joe Kelly's friend."

Rick nodded, his eyes squinting from the red glare of the sun on the water. He

jerked his head to face the doctor. "God, I hope you can help Joe -- and fast. "

Wales studied the emphatic angular features, noted the twitch of Rick's left

eyelid. Here was another one headed for trouble if he didn't watch out -- all alcoholics seemed to be driven by the same frenzied impatience. "In my business," he said with deliberate slowness, "we learn not to hurry. You can't go fast when you're trying to get at things that have taken a long, long time to grow and a long, long time to be concealed, buried under layers and layers in the unconscious."

He grinned suddenly and pointed across the harbor at the steeple of a Greenwich church rising serenely against the orange and violet

sky. "Hell, this is no time or place for a lecture on psychiatry. Tell you what you do, Rickham, if you're

interested. Come on up to New Haven with me tomorrow. I'm giving a speech at the Yale School for Studies on Alcohol. You might learn something," he said in his humorous, lazy voice. "Or if that doesn't tempt you, this might -- your Bill Griffith of A. A. is scheduled for the closing talk."

"I'll bet he won't turn up," Rick said. "There's some sort of jinx on Bill Griffith and me. I've been in A. A. nearly a year and I still haven't met the guy, but I'd like to hear you." Rick had made the same complaint to Kidd Whistler at the New York meeting in February. He had been peeved then; now he found it hard to get in a rage, sitting on the float surrounded by orange-green water with this big reposeful

man.

The next morning Rick sat in a rattly day coach beside Dr. Sam Wales. It was

noisy, dusty and NOT air-conditioned. As midsummer heat and cinders poured through the open windows, Rick took back all his former diatribes against air-conditioning. Both men folded their coats and put them on the rack over their heads, but even in shirtsleeves they were perspiring constantly, constantly mopping. Rick wanted to question the doctor about Joe but he hesitated, thinking that Wales probably needed time to go over his speech, not knowing how to begin anyhow.

"Go ahead and ask me about Joe Kelly," Wales said suddenly, pulling down his

newspaper. "I gather he's pretty much on your mind."

"Well, sure," Rick stammered, "but I don't quite know what I can ask -- or rather

how much you can tell me."

"But I do," Wales laughed and looked at Rick with his large, humorous blue eyes.

"Of course, a psychiatrist, like any doctor -- even more than any other doctor -- keeps his patients' confidences. But in dealing with an alcoholic who is a member of A. A. there are some things I like to talk over with other members. You belong to a remarkable

organization, Rickham."

Two large colored women in the seat ahead got up and waddled to the door as the train pulled into Bridgeport. Rick reached over and pushed the seat back, getting his long legs out of the aisle and stretching them out on the dusty plush. "What puzzles me about Joe is ... well, he isn't half as up-one-minute and down-the-next as I am. What Hank Frost calls the perigee tides of an alky."

"That's good, " Wales said. "Damn good way to express it. Tell you how one of my colleagues put it. Look ..." He took his big saddle leather shoes off the seat and ran his hand along the horizontal edge. "We'll call this line the normal tension level of a normal person. Your so-called normal guy may go a few inches up when he's high, " Wales' strong brown hand rose slightly above the plush seat, "or a few inches down when he's low, but an alcoholic goes way up -- several feet -- and way down to the floor. Erratic curve, see?"

"Like my fever chart when I had malaria," Rick nodded. "Same idea," Wales

agreed. "You're sick people. Only you're apt to forget that fact when you stop

drinking. The pattern is still there, see? The big swing from high to low," Wales

gestured again, "is always in the alcoholic -- or neurotic -- personality. And alcoholics are neurotics. Liquor exaggerates the swing. Some people drink when they are on the up-curve -- to celebrate, others when they are hitting bottom -- to drown their sorrows. That's fairly obvious, but the thing that a lot of you guys who quit drinking may not understand is that even after you've cut out alcohol you haven't changed your emotional pattern."

"That's right." Rick nodded again. "I'm not quite as bad as I was when I was

boozing but I still get unaccountable elations and damnable depressions -- sometimes over nothing. And I've been 'dry' nearly a year."

Wales was fanning himself with the folded newspaper. The motion was leisurely, soporific. "You'll probably have to guard against those moods for more than a year. Maybe the rest of your life. But knowing about them usually helps and there are ways to cope with them when you feel them coming on -- call up an A. A. friend, go to a ball game, read a mystery, go for a swim the way you did yesterday and

sort of keep that normal level of tension in mind." He drew his finger along the edge of the dusty red plush neat again.

Rick look out a pack of cigarettes, offered one to Wales, he felt more relaxed,

more at peace with himself and the world, than he had since he had turned the knob of the radio over a week ago to the horror of Sylvia's suicide. Joe was in good hands.

"Another thing my colleague says -- as a matter of fact he hasn't said it publicly

yet, but it is to appear in an article in the December issue of the 'Quarterly

Journal of Studies on Alcohol' -- he calls alcoholism 'a disease of growing

ego-centricity.' How does that strike you?" Wales' humorous blue eyes studied Rick.

"Hits me below the belt," Rick laughed. "That's the kind of a guy I am -- or maybe was -- but it's not so true of Joe. At least I don't think it is."

Wales didn't answer directly. He went off at what seemed to Rick a sudden

tangent. "Ever meet any of Joe's family?"

"You mean Monica and Jimmy?" Rick asked. "No. I was in Central America when that happened."

"I was thinking of his mother and father and an older sister he seemed to be

pretty fond of."

"You mean it goes back that far?"

"H-m-m." Wales didn't pursue it. "I was talking to Miss Willard when she drove

Kelly over one day. She had a theory that Joe is over-romantic about women. Feels

he's let them down. Could be. Fits in with his childhood picture.



Joe's psychiatrist, Dr. Wales. Together, Wales and Rick have gone up to New Haven where Wales is to address the Yale Summer School for Studies on Alcohol. Rich hopes to meet and talk to Bill Griffith, the co-founder of Alcoholics Anonymous, who will be there.)

Chapter XXI ... continued

Two men were already seated there. One, "a long, lean, humorous, intelligent Vermont Yankee, " must be Bill Griffith, from Joe's description. The heavier man, Dr. Jellinek, Director of the School, spoke briefly ... introducing Bill Griffith. Rick watched the lean Vermonter unfold himself, look over the audience, walk down the

steps from the rostrum to the main floor and say with a grin and a slight drawl that he welcomed the spirit of informality and would like to talk as if this were an A.A. meeting. "Some while ago," he began, "a few of us from A. A. met with a group of distinguished physicians who were studying what they called 'recovered alcoholics' and 'un-recovered alcoholics' -- medical terms. They mentioned a third group, 'normal people.' Maybe some of us who had been 'dry' several years were hurt to find that we were still not considered 'normal.'

"The doctors were very humble -- like our good friend Dr. Sam Wales, here -- they admitted that medicine has not done much for the alcoholic. They seemed to think that alcoholics are more sensitive, more emotionally childish than normal people and this hurt us -- we had always considered ourselves intellectually precocious.

"In other words, they were describing the alcoholic character much as I would have put it. Let's say -- the alcoholic tends to the grandiose.

"I was that way myself even as a child on a Vermont farm. I can remember the day my Granddad told me about the boomerang of Australia which came back to you if it missed the animal you were throwing it at. Granddad concluded with the dogmatic statement that nobody but an Australian could make a boomerang. That made me mad. You see, I had grandiose ideas. I determined to show him that I, Bill Griffith of Vermont, could make a boomerang. I neglected my lessons. I forgot to fill the woodbox. I spent all my time reading all the books on Australia in our town library -- except for the time I spent with drawshave and saw on every likely piece of limber I could lay my hands on. My Granddad got good and mad when I sawed the

headpiece out of my bed.

"As luck would have it, this turned out to be the right piece of wood for a boomerang. I threw it around the Congregational Church steeple and it came back to me. Then I called my Granddad out for a demonstration. I threw the boomerang, it went around the steeple, came back and nearly decapitated Granddad." Bill paused while

the audience, laughed. "Now there was an example of the grandiose. I had spent an utterly unreasonable amount of study and exertion for no useful purpose -- simply to prove my own importance.

"I could give you other examples that might look as if I had been developing some admirable qualities, such as persistence -- actually I was developing my ego. In school and in the war. It was during the war that I made the great discovery that a few drinks released me from self-consciousness.

"After the war I went to New York. I was overcome by the vastness of the place, the numbers of sophisticated people. I felt a great urge to show these city folks that a Yankee from the Vermont hills could hold his own with them. I went to night law school. My wife and I lived in cheap rooms to save money -- we had decided that

money was all-important in getting ahead. My social drinking increased. Little did I realize that I was building a boomerang that would comeback and nearly decapitate me.

"From a legitimate means of relaxation and release, liquor was becoming a necessity to me. And I was pouring it into a body that was very sensitive to alcohol. We have a way of stating it in A.A. -- alcoholism is an allergy of the body combined with a compulsion of the mind. That was what was happening to me. My hangovers became worse. Each time I drank I got drunker than I intended. But my business career was going ahead. I was making money in Wall Street, getting the social recognition I craved. Only I couldn't seem to live without liquor -- or live very happily with it. I was a drunk by 1924.

"By the time the depression hit, I was being supported mainly by my wife, Lois, who is down there now in the fourth row." He waved a long arm toward a gray-haired woman with a gentle face, gentle and strong, and with the same look of serenity his own face had.

"Then came, my big chance. I was offered a job as manager of a large syndicate. I had succeeded in staying sober during the preliminary talks -- six or eight weeks, I guess -- but they all knew about my drinking and before the deal was closed one of them came to me and said, ' Bill, are you sure you can stay off liquor; not take one single drink?'

"'Oh sure,' I said, 'of course I can.'

"'Well, would you mind if we put that in the contract?'

"'Not at all, not at all.'

"So they wrote in that if I look one drink my job as manager was ended."

Rick knew what was coming -- it was the same sort of thing that had happened to him when he'd tried to go on the wagon on account of an important job -- and landed behind the eight ball. The A.A.s around him were all grinning reminiscently as Bill Griffith went on to tell how he had gone out to New Jersey to inspect the plant and gotten into a poker game afterward at his hotel with some of the company engineers. They had had a jug of "Jersey Lightning" and offered him a drink. He had refused repeatedly, but late in the evening he had gotten to thinking that in all his long drinking career he had never lasted "Jersey Lightning." So he had had a drink. Three days later he had come to on his bed in the same hotel. The phone was ringing. It was his new boss, telling him his job was ended.

"Now I submit to you," Bill undid the buttons of his coat and pulled at a dark blue tie with white curlicues, "that is not the habit of drinking. That is an infinite projection of habit which might well be called an obsession."

From then on things had gone from bad to worse pretty rapidly. Bill had been in Towns Hospital in New York, where Kidd Whistler had taken Joe. Even his doctor and his wife had about lost hope for him. Then one day an old friend, a former drinking pal, had come to see him. Bill had offered him a drink and Ebbie had refused. Ebbie

had looked different. He said he had got religion. He had talked to Bill about it.

"Now I never thought much of the God business," Bill smiled, "but Ebbie called it simply 'a power greater than ourselves' and I had always believed in such a power. After Ebbie left I began to ask myself, 'Can beggars be choosers? Does a cancer patient quibble about cures?' No, he goes to the best physician in utter dependency.

"This thought kept sticking in my mind through two or three more weeks of drinking. Then suddenly I cried out in abject desperation, 'I am willing to do anything. Anything. If there is a God, will He show Himself?' I had no faith at all but suddenly I was overcome with a feeling of being surrounded by Something. I felt transported to a mountain top ... I had a sense of light and ecstasy, followed by

great peace.

"'Oh, so this is the peace that passeth understanding,' I told myself. But I became cautious. Scared, I called the doctor. I thought I was going crazy.

"'No, boy, you're not insane,' he said. 'Whatever it is you've got hold of, you'd better hang on to it. It's a lot better than what you had before.' I did hold on ... That was ten years ago and I haven't had a drink since."

He looked around the solemn gathering and grinned. "Some of my irreverent friends in A. A. call my religious experience 'Bill's hot flash,' but it is very similar to several described in William James's 'Varieties of Religions Experience.' You could call James a founder of A.A. although he never heard of it, and Ebbie, certainly, and a man in Akron, Ohio, who believed that what had happened to me could help other drunks.

"I am not saying that every man and woman in A.A. gets this sudden type of 'conversion,' as our doctor here called it. As a matter of fact," and here Rick felt as if Bill Griffith were looking directly at him, speaking to him, "most of our members approach the spiritual angle of our program tentatively -- some of them skeptically -- but it comes. Slowly, often. Unobserved by the person himself, perhaps, but the personality change, is just as much of a miracle.

"It may come through faith -- or it may come through works. You see we get people both ways. The 12th step of our program is helping other alcoholics. That is religion too.

"Our program has been borrowed from both religion and medicine. For instance," he raised his left hand, "the doctor recommends analysis and catharsis." He raised his right hand. "The priest, or minister, advises examination of the conscience and confession." He looked at his left hand again. "The psychiatrist says, 'You have stepped out of the herd. You are an introvert. You cannot be happy unless you can make contact with your fellowmen.'" He turned to his right hand. "And what does the religious man say? 'Think of others and you will be at peace. Practice the Brotherhood of Man.' The medical man tells his patient to 'find a hobby, some new compelling interest,' and the religious man talks about the 'explosive power of a

new affection.' They are saying the same thing in different words, and we have found that what they say is true.

"So ... A.A. is a synthesis of religion and medicine -- plus our own

experience. We have added two main things: first, transmission by alcoholics -- we've proved that only a drunk can help another drunk; second, group therapy -- membership in our society takes away an alcoholic's feeling of being a pariah and gives him a new, compelling interest in life. A newcomer feels more important each day that he

does not drink. And we've been told pretty often that we are all the type that has to feel important. That's another reason for A.A.'s success."

Rick was impressed by the way Bill Griffith handled the questions which followed the enthusiastic applause. ...

When the audience swarmed around Bill Griffith, Rick moved forward and joined Dr. Wales. Suddenly Bill detached himself from the persistent questioners, his arms outstretched.

"Well, Rick. I'm glad to see you at last."

"How the devil did you know me?"

"Wales whispered to me on the platform that you'd come with him. But I guess," Bill laughed, "I'd have recognized your famous high bottom anyway. Joe's talked a lot about you. You're, his prize case.

Rick's face darkened.

"Joe Kelly will be all right." Bill Griffith put his hand on Rick's arm. "Joe has come, too far along in A.A., helped too many other people, to fold up permanently now. Right, Doctor?"

It wasn't a question, really. Rick felt that Bill Griffith's confidence would have stood up even to a negative answer from Wales.

Wales smiled. "Doesn't the Bible say that faith can move mountains, and Kelly is just a man -- a man who's had a bad blow but who has your faith. It's the thing that will help him most now. And I'm speaking as a psychiatrist," he added.

"It didn't help Sylvia," Rick said. "Joe didn't help her. None of us helped her."

Bill Griffith looked at Rick's dark, unhappy face. This was harder than any of the questions he had had to answer after the meeting, but he faced it with the same honesty. "Maybe, we did help Sylvia for a while. She said she was happier in A.A. than she had ever been in her life. Maybe we failed. Look at it this way, Rick. A.A. may

fail once or twice -- or a dozen times -- and we may be sick at heart and full of self-reproach, but that isn't a healthy attitude. It isn't even statistical. We've, got to keep our minds on the hundreds of men and women A.A. has helped -- the hundreds more, it is helping every day. Sylvia was a lovely person, but Sylvia was one and we are many."

Rick could see Sylvia in her white dress leaning against the column of Joe's porch, her lovely, pointed medieval face lifted in challenge, hear the ringing certainty of her voice. "A.A. keeps on -- men and women learn how to live without alcohol, even if some of them learn slowly, even if some of them fail. It doesn't matter."

|||||

++++Message 1546. . . . . Grapevine Clip Sheet column, Feb. '47  
From: NMOlson@aol.com . . . . . 12/19/2003 3:07:00 AM

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Grapevine, Feb. '47

The Clip Sheet

New York, N. Y., "Herald-Tribune": "Dr. Anton J. Carlson, professor emeritus of physiology at the University of Chicago School of Medicine, speaking at the New York Academy of Medicine on the treatment of chronic alcoholism by the general practitioner, said:

"There must be an entire change in the social attitude and public understanding of the problem (alcoholism). A recent survey of facilities for the treatment of alcoholism in New York City showed that probably less than 40% of the doctors here treat alcoholics.

"Yet compare this,' he said, 'with the following situation -- no matter how contemptible, or how down-and-out a person may be who has contracted pneumonia or who has broken a leg, the medical profession will treat him.

"Frequently, if the alcoholic reaches a doctor, the doctor sends him to a psychiatrist or some sort of institute when, in many cases, immediate medical attention is needed.'

"Dr. Carlson said that the general practitioner here and elsewhere is handicapped by the fact that most hospitals refuse to take alcohol addicts as patients. He said that there were a few exceptions to this but cited as one exception the facilities at Knickerbocker Hospital where alcoholics can be kept for a few days,



"The commission, which has received wide recognition throughout the country for its program on alcoholism, is financed by approximately nine per cent of liquor license fees."

Glasgow, Scotland, "Bulletin": "While during the festive season thousands throughout the world will be thinking of Scotland, one Scot, by the name of Beveridge, will be dreaming of his native country as a place where habitual drunkenness is unknown.

"Determined to make his dream as close to reality as possible, Mr. Beveridge-Charles, 53 years of age, a machine-shop worker, of 182 Boreland Drive, Knightswood, Glasgow, and 'no bigoted teetotaller' -- is engaged in a one-man crusade to form groups all over Scotland of an American organisation which claims to have cured thousands of alcohol victims.

"Nor is the organisation, which carries the name of Alcoholics Anonymous -- A.A. -- and already has branches in a number of countries outside the U.S., a temperance society in the ordinary sense. Its one purpose is to help the sick alcoholic recover if he wishes.

"Principal point about A.A. is that it is run for alcoholics by alcoholics and former alcoholics. Its prospective Scottish founder, however, is none of them. But, he said, the need for such a body was so urgent that he had taken on himself the task of starting it.

"Plans include the formation of a committee of interested people and a public meeting in Glasgow with a view to starting a group in the city."

Akron, Ohio, "Beacon-Journal": "Postwar improvements in home environment were credited today with cutting juvenile crime by 40 per cent in Portage County (Ohio) in 1946. This was disclosed by Juvenile Judge Clay Deitrich in his annual report to the Portage County Youth Commission last night.

"Alcoholics Anonymous also received a pat on the back for salvaging many households that were being destroyed by booze, the judge said. Fathers who before drank and would not support their families are now model parents, thanks to the A.A.s, Judge Deitrich said."

Nashville, Term., "Banner": "A plan that would permit the General Sessions Court and Davidson County to treat alcoholism as 'the disease which it is' instead of a moral issue which holds that every intoxicated person is steeped in sin, was proposed today by Judge Henry K. Todd.

"Most radical, for Davidson County, was Judge Todd's plan to have at least eight beds as a starter set aside in some hospital for such alcoholics who are sent there by General Sessions judges, instead of bundling them off to the workhouse or imposing fines."

Dayton, Ohio, "News": "'Alcoholism begins at home,' Alson J. Smith, writing in 'The Woman,' says in an article illustrated by a drawing of a grim looking papa pouring his toddler a slug of whiskey.

"An alarming number of children drink, Smith reports, adding that 'even when children do not drink, the roots of a future addiction to alcohol are to be found in childhood.'

"Statistics reveal, he says, that the majority of America's chronic alcoholics began their drinking as children. Alcoholics Anonymous recently distributed a questionnaire, and of those replying, he says: '65.3% confessed that they had become drunk for the first time between the ages of 15 and 19; 6.1% between the ages of 10 and 14; and 1% under the age of 10.' The figures, he emphasizes, indicate only the first drunk -- not the first drink.

"It has been found, he also notes, that one of the characteristics of the average alcoholic is that he is neither the oldest nor the youngest child in the family. Explanation is that the 'in-between' child is most likely to feel discriminated against or unloved."

Boston, Mass., "Christian Science Monitor": "Alcoholics Anonymous undoubtedly represents the most promising therapeutic resource for alcoholism now available, Dr. Harry M. Tiebout, psychiatrist and authority on inebriety, said in a radio broadcast last night on the problem drinker.

"'Twelve years ago a most hopeful present-day treatment for alcoholism had its inception when the man who founded A.A. had the experience which brought sobriety to him,' Dr. Tiebout told his audience.

"'Spurred by what had happened to him, he was able to help others, and with them formed a group which worked out a set of principles, the following out of which could produce sobriety.

"'Basically religious in inspiration, but drawing strength from the group fellowship and from the practice of helping other alcoholics, A.A. now has a membership of more than 30,000. They estimate that 50 to 75% are free of their former compulsion to drink! '"

Philadelphia, Pa., "Record": "A Kentucky gambler has started an organization called Gamblers Anonymous, modeled after Alcoholics



Detroit, Mich., "Free Press": "A fine step in practical rehabilitation has been taken by Alcoholics Anonymous who are holding regular Sunday meetings at the House of Correction. They started the meetings for men only, now plan another series for women. From 40 to 50 inmates attend. A.A. hopes to break the circle of a stay in the House, return to Skid Row, and back to the House again."

Franklin, Ind., "Star": "Dr. Howard W. Stone, in a letter to the editor, says: 'Alcoholics Anonymous has invaded Franklin. I was a guest at their first meeting in our town.' Leaving the meeting with a feeling that something important had come to Franklin, Dr. Stone says: 'Let us analyze A.A. Why has it helped so many thousands to recover? First, there is spiritual therapy. Second, there is group therapy. Third, there is service therapy. The alcoholic invokes the power of God to aid him in his illness. Next, he is with a group of similar individuals who are fighting the same hard battle. And, finally, each A.A. is a missionary. He will go out at any time of the day or night to carry his story to another sick alcoholic. No one can talk to another alcoholic with such sympathetic understanding as a fellow alcoholic.' "

Washington, D. C., "Star": "Judge Walter J. Casey of the Municipal Court, in an article entitled, 'A Judge's View of Alcoholism,' says: 'We have insisted upon treating the alcoholic as a criminal, and we have subjected him to penalties as severe as those imposed upon offenders whose acts are vicious in character and antisocial in nature -- deliberate law breakers. If the alcoholic is a sick person, as I believe him to be, common sense dictates that his restoration to health should be the responsibility of those who, by training and experience, are equipped to handle the problem from the time it is placed in their hands. Therapies have been devised through years of study and patient experimentation which today are considered sound by recognized authorities in this field. Punitive measures are being discarded and the workhouse and jails abandoned as corrective institutions in the handling of the problem.'"

Southington, Conn., "News and Cheshire": "Bob, who describes himself as not only a veteran of the Battle of the Bulge but of the Battle of the Bottle, told his story on the Monday night broadcast over WTIC. Bob said he was stationed two years in an overseas station where no liquor was available. After that length of time, he figured, he could drink again like a gentleman -- without trouble. But he was mistaken and his troubles with alcohol began all over again, he joined A.A. and found peace. 'Nobody wins the Battle of the Bottle,' said Bob, 'at least, no alcoholic. Our only hope for victory is first to admit defeat. Then, in the skirmishes following,





Catholics, Protestants and Jews. They are all as one, standing on common ground, with sincere desire to help others who want to get well."

Passaic, N. J., "Herald-News": "Let me tell you the reason for A.A.'s traditional anonymity. It is of supreme importance. First, for protection of ourselves, our families, jobs, from harmful gossip and criticism. Second, and more important, A.A. deals, not with personalities, but with ideas -- to think honestly, to forget ourselves, to look with courage at our problems and stop being afraid."

New Orleans, La., "States": "This evening A.A. makes one of its rare public appearances, the purpose being to explain to the public its manner of throwing the life-line to tragic, helpless and all but hopeless members of society. New Orleans has its share, and probably more, of the 300,000 alcoholics in the nation and the 7,000,000 persons in the country who drink more than they should or is good for them. The excessive drinker has a sickness, It is not a sickness that yields to ordinary medical or surgical treatment. it is not one that can be treated in clinic or hospital with a good prospect of success. But it can be treated, and is, with conspicuous success by this organization of anonymous practitioners."

Burlington, Vt., "News": "The Vermont Tax Department has ruled that payments made to Alcoholics Anonymous are not deductible from personal incomes because 'we cannot strain our law sufficiently' to permit this practice. A.A., says the state tax body, is neither religions, charitable nor educational. This failure of a state unit to recognize an educational organization having the all-out support of the ministry, the medical fraternity and most welfare officials is a result of an entirely understandable ignorance. Happily, A.A. members would be the last persons to protest this ruling. Anything which they contribute for the support of their organization is a mere pittance in exchange for the sober newness of life possible to them only through A.A.'s good offices."

Wilmington, Del., "News": "To thine own self be true, and it must follow, as night the day, thou canst not then be false to any man,' was the quotation used by a speaker and member of A.A. when he addressed an open meeting of more than 300 persons here last night. The speaker, a resident of Massachusetts, alighted from a train here when he heard of the local group's meeting and attended as a spectator. However, he was requested to speak when a speaker scheduled was unable to attend. The theme of his talk, 'Honesty with One's Self,' was brought out when he said, 'Sincerity means the difference between those who accomplish their aims in A.A. and those who don't.'"











Happy Holidays  
Lester G

----- Original Message -----

From: rogerwheatley2004  
To: AAHistoryLovers@yahoogroups.com  
Sent: Thursday, December 25, 2003 7:14 AM  
Subject: [AAHistoryLovers] First Edition Inscription and information

I recieved a First Edition of "Alcoholics Anonymous" from my loving wife for Christmas.

It is an 11th Printing (Jun 1947). It was purchased via eBay and

shipped from a book dealer in Fayetteville, AK. It has two inscriptions in the front cover, and I am aware it is a longshot but

I thought it would be fun to try to trace the two inscriptions.

"Best of Luck Hank from your brother Bert March 7, 1953"

"To Jim Best of Luck Bert"

Maybe Hank or Jim didn't stick and gave the book back to Bert at least once.

Also I am curious if anyone knows which printing the chapter

"Now we are thousands" was included. It seems obvious that had to be added

to page 391 later when it became true. I was surprised to see this

chapter in a First Edition.

Roger W

|||||

+++Message 1556. . . . . Re: First Edition Inscription and information

From: goldentextpro@aol.com . . . . . 12/25/2003 7:02:00 AM

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Roger asks:

>Also I am curious if anyone knows which printing the chapter "Now we

>are thousands" was included. It seems obvious that had to be added

>to page 391 later when it became true. I was surprised to see this



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>

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### How AA Got Started In Arkansas

Alcoholism, the plague of modern man, cunning, baffling, powerful  
and deadly had

afflicted Sterling C. and in 1934 at age 33 he was fired from his

job as

insurance

salesman. He moved from Little Rock, along with his wife and two

small children

to

New Orleans for a fresh start. Three months later he was drinking.

The search

for a

solution to his problem began with various clergymen. He continued

to drink.

Psychiatric counseling also failed. Richard C. Peabody had written a

book

entitled

"The Common Sense of Drinking", which Sterling saw advertised in a

magazine - he

sent

for it. This book was to have a profound effect on his life for the

next six

years.

The book lacked the spiritual and fellowship approach to the

problem; however,

it did

outline a program of action to retrain the mind, including

continuous

self-inventory.

Thinking he had a handle on his problem now, he re-applied for a job

with his

former

company. They replied that if he could stay sober he could join the office in Memphis, but his dismissal would be automatic should he resume drinking.

In Memphis for six months, fighting liquor all the time, Sterling slipped again on his first trip out of town. On his return he sought the advice of clergy - again

- and became acquainted with Dr. Blazel, rector of the Calvary Episcopal Church.

Dr. Blazel agreed to try to help, and counseling sessions were set up twice a week.

Business required Sterling to be out of town again - and soon, on July 22, 1935, he was drunk. Remorse, failure, defeat, and finally - the bottom.

Sterling had promised to resign his job should this happen, but before he could get to the office he learned that his boss, the man to whom the promise was made, had died during the night. Immediately he went to Dr. Blazel and told him what had happened. Dr. Blazel, recognizing a different man, said to him, "Sterling, I think something very important has happened in your life, and whatever it is I want you to cling to it. Say nothing to anyone, do a lot of praying and realize a very profound 'something' has happened in your life." Sterling never found it necessary to take another drink.

The next few months, following his surrender, Sterling developed along more spiritual lines with Dr. Blazel and also continued to refer to Peabody's book. Christmas,

1935,  
he returned to Little Rock for the express purpose of making amends  
and  
restitution.

Alcoholics Anonymous had begun to take root at this same period of  
time unknown  
to  
Sterling, but he stayed sober practicing his own version and began  
to work with  
others (with little success.)

Three and a half years passed when a call came from Harlan N.'s boss  
asking  
Sterling  
to help Harlan. With patience, tolerance, hope and despair the  
sponsor-prospect  
relationship continued into its seventh month. The two became aware  
of a  
magazine  
article in the September 30th issue of 'Liberty Magazine' by Morris  
Markey  
entitled  
"Alcoholics and God" and told a little of the new groups being  
formed in New  
York,  
Akron and Cleveland. On January 26, 1940, Harlan wrote for the book.  
When it  
arrived  
in Little Rock Harlan was drunk, and the book sent COD, was returned  
to New  
York.

Sterling's new boss noted with interest an article in the February  
19, 1940  
issue of  
'Time' concerning a dinner given by 'the' most outspoken teetotaler  
of the day,  
John  
C. Rockefeller, which culminated an investigation of two years. Mr.  
Rockefeller  
was  
expected to lead other philanthropists and endow AA with hospitals  
and centers  
throughout the country. Bill W., Dr. Bob and other AA people in  
attendance were  
very  
disillusioned when told that money might ruin the good thing they

had started.

The article mentioned the book and the beginnings of new groups nationwide. Foster Vineyard wrote, on insurance company stationery, the second request for the book. Dubious of the motives an insurance company might have for wanting a book about alcoholism, New York, by return mail, questioned the request. Finally, after Sterling wrote a third letter telling some of his story, the book arrived and was paid for in March, 1940.

Sterling read it eagerly. He called Harlan and said, "Boy, this is just what we have been waiting for. I've been trying to tell you some of these thing and now, here it is all in black and white." It seems at that moment AA was born in Arkansas - when one sober alcoholic with the AA book contacted one sick alcoholic with a message of hope.

The next link in our Arkansas AA chain of recovered alcoholics was Glenn "Bud" G. He had committed himself for life in the "nut house" and had given up all hope of ever being able to live without alcohol. Harlan, informed of Bud's condition, decided to pay him a visit. Bud was offered the book and read it three times the week he was allowed to keep it, which was the second week in May of 1940. State Psychiatrist, Dr. Nick Hollis, could see a remarkable change in Bud. He was so impressed with him that he ordered the second AA book for Arkansas.

Sterling, Harlan and Bud met in the home of Sterling's folks in late May and this was the first AA meeting held in our state. The meeting was somewhat of a 12th step discussion on how to carry the message to others in the area. It was decided to run some blind ads in the newspaper and rent a post office box for replies.

Responses were mostly from families and friends of problem drinkers. Sterling, Harlan and Bud kept busy answering the various inquiries. Non-alcoholics were also willing to help: Dr. Hollis, a supporter from the start; Rev. Oscar Egger, Harlan's pastor; Gordon Campbell and Foster Vineyard, Sterling's employers; along with the families of many alcoholics.

Bud brought T. D. A. from the hospital with him to the first meetings. Joe M., who hadn't had a drink in a year, joined the group. Gerald M. had sobered up much the same as Sterling by studying Peabody's book and wanted to help. Rev. Egger allowed the group to meet twice weekly in his church. Some of the church members were opposed, and subsequently Rev. Egger was fired as the result of his interest.

The original three were very promotionally minded due to Sterling's and Harlan's professions as salesmen and Bud's as a newspaperman. They advertised an open meeting to be held in the YMCA. An assortment of people responded; ministers, exhausted wives, do-gooders, and some drunks who continued to sneak drinks

during the  
meeting.

After three such meetings at the "Y" the experiment with open  
meetings was  
discontinued.

Gordon Campbell offered a room in the insurance agency's office in  
the Wallace  
Building at Markham and Main, and for several months the group met  
at this  
location.

The content of the meetings consisted mainly of Sterling's reading  
of the Big  
Book  
followed by Bud G's "witnessing." One night Sterling suggested they  
close the  
meeting  
by repeating the Lord's prayer in unison. The practice was adopted  
and soon  
spread to  
other groups throughout the country. The meetings at this time were  
attended by  
fifteen to twenty alcoholics.

There was soon the need to "qualify" the prospects in order to  
devote more time  
to  
the more serious ones. The new man was asked four questions: 1. Are  
you  
convinced  
you cannot handle your alcohol problem? 2. Are you willing to let a  
group of  
fellows  
who had the same problem as you prescribe a course of action. 3.  
Will you do  
anything to eliminate alcohol from your life? 4. Do you believe in a  
power  
bigger  
than yourself? If the prospect could not answer all four in the  
affirmative, he  
was  
told to come back when and if he could. He also was asked if he was  
willing to  
go to  
the nut house (State Hospital) or Uncle Purl's rescue Mission (often  
as only a  
test  
of his sincerity.) From the beginning there was some dissension

among the  
membership  
regarding the merit of qualifying a prospect other than a desire to  
stop  
drinking.

Ed I. M., Attorney, advocated a very rigid plan for new prospects  
before they  
could  
be inducted into the group. Perfection was sought for the entire  
membership to  
remain  
sober. He was given the job of designing such a program using the AA  
book as a  
guide.

This resulted in the creation of the Little Rock approach program.  
The prospect  
was  
required to: read the Big Book in three days; keep a twenty-eight  
day book;  
write a  
case history; make a time and money budget; take a two week leave of  
absence, if  
employed, in order to devote two weeks full time to the plan; and to  
accomplish  
other  
assignments. The plan provided for an individual sponsor for each  
new man and  
outlined for the sponsor the methods which had proven to be  
successful even  
though  
less than a year old. Sponsorship then, as now, varied from lily  
white to hard  
shell  
and was the reason for the first split of the group.

In June of 1942 Ed I. M., Newton F. and D. L. T. did not agree with  
the majority  
on  
the methods designed to accomplish certain objectives of the AA  
program and  
left,  
only to return one by one in the fall of 1942.

After the approach plan was approved by the small membership, the  
need for a  
more  
permanent home for the group was felt, and Harlan's family offered a

large cabin  
on  
Jennings Lake (several miles out Arch Street Pike from Little Rock)  
for a  
dormitory  
and meeting place. The house "dick" was Fred L. and one of his first  
clients was  
Mack  
H. followed by Max H.

Two non-alcoholics, Judge Harper Harb and Dr. Nick Hollis, were  
presented  
plaques as  
honorary members in recognition of their support. Others joining the  
group about  
that  
time were Bob M., Pat., Julian H., Henderson J. and Ladd M.

In 1942 as more and more new people associated themselves with AA  
another move  
was  
necessitated and a large room was acquired at 213 1/2 Louisiana.  
Macie H., a  
real  
"stemwinder," approached the group and kept everyone busy for a  
while, but she  
didn't  
really stick with the program until later. New prospects were not  
permitted to  
meet  
with the regular group until they had completed the approach plan to  
the  
satisfaction  
of their sponsors. Buddy K., Jack E., Lee H., Bert C., Bill M.,  
George S and  
Andy S.  
were among the inductees. There were also a few out in the state who  
came,  
sobered up  
and returned to carry the message to their communities.

Phonies and floozies came to AA as they do to anything that is open.  
The phonies  
were  
soon gone, but one day in walks "Floozie" in tears, broke, hungry,  
alone, with a  
black eye, many bruises and, of course, a sad tale. Macie H. had  
moved from

Little

Rock, but three more women had joined the group. Two of the three were assigned to work with "Floozy," but she preferred the male attention. A week passed and then the news spread, "Floozy" and six of the prospects were over in a hotel room naked and drunk. Then the full truth came out. In addition to the prospects, three "old timers" were in on the deal and were acting as errand boys to the liquor store. The new girl and one of the girls with some sobriety had joined the party. Great were the rumblings, head shaking and finger pointing. Meeting time finally came and the decision was made: NO WOMEN IN THE GROUP.

Bud G. had been appointed Director of the State Publicity Commission, and in the spring of 1943, on state business, he was in New York. He contacted Bill W. and was asked to be the guest of Bill and Lois at their home. The result of the visit was a continuing correspondence, culminating in their visit to Little Rock in January of 1944. Bud, returning to Little Rock found another move under way, this time to the Bathurst Building on West 2nd. Three years had elapsed since Sterling and Harlan had received the AA book, and it was time for some recognition of the success. Twenty-four individuals were still active, with over a year in the program. There were others, but World War II had been disruptive to any records. Bud G., acting as chairman, gave a capsuled story of each of the twenty-four. Those

who have not  
been  
previously mentioned were Sam K., Marvin W., Ed P., Hyder L. and  
Earl N.

The fall of 1943 Bill and Lois made a speaking tour from coast to  
coast that  
included  
Little Rock on their agenda for January 17 to 20, 1944. Plans made  
for their  
visit  
included sight-seeing trips, a dinner dance in the Skyway room atop  
the  
Lafayette  
Hotel, bull sessions at the club and ending with a speech by Bill at  
the  
Robinson  
Auditorium. For two weeks prior to their visit both Little Rock  
newspapers  
printed  
case-histories of some of the AA members. The publicity worked  
beautifully, and  
on  
Sunday the auditorium was filled with 1,500 guests. A local member,  
who had gone  
to  
hear Bill in Los Angeles noted that there were only about 500 there.

Newspaper publicity not only attracted a lot of folks to the open  
meeting, but  
attracted a lot of drunks who wanted to get sober. Frances P. was  
among them.  
They  
told her in no uncertain terms that they did not accept women.  
Frances later  
stated, "They should have told me they didn't want me! I could  
have understood  
that." Three times the AA book was left for her to read in the  
prescribed three  
day  
period, but she continued to drink. Totally frustrated, she went to  
Chick W.'s  
office. "Chick, you have a woman member whether you like it or not,"  
she said.  
Chick  
replied, "You will have to do everything I tell you to do." Frances  
answered,  
"I'll

walk down Main Street in a 'G string' if that will keep me sober."  
Chick said,  
"Your  
hair's not long enough. Go home and get sober." Her desire for  
sobriety had not  
convinced the majority of voting members and she was still denied  
the right to  
attend  
the regular Thursday night meetings. However, squad meetings  
(usually one or two  
members meeting with several new prospects) were held weekly in her  
home. One  
day  
while cleaning house and still in shorts and halter and carrying a  
broom she  
impulsively set out to find Doyle W. Doyle gave her a list of  
members to call on  
and  
after seeing them all she finally was allowed to attend the group  
meetings on  
Thursday evenings.

Other women followed Frances, but Ruth P. was the only other  
constant  
recognized.  
Macie H. returned to Little Rock and Frances sponsored Vi D. and  
Myrtle T. A lot  
of  
problems lay ahead, but the successful challenge to the "no women"  
rule had been  
initiated.

Larger space was needed after Bill W.'s visit. Sterling located an  
ideal place  
at 120  
1/2 Main Street at a nominal rent. All hands were put to work  
cleaning,  
painting,  
plumbing and wiring the new location. Furnishings were acquired  
whereby some of  
the  
new prospects could have sleeping quarters.

For the next thirteen years, 120 1/2 Main was the hub of AA  
activities in the  
state.  
The "Grapevine" characterized it as the "mother group of the  
southwest" because

so  
many new groups could trace their origin to someone who had carried  
the message  
after  
finding sobriety at 120 1/2 Main. The building was sold for  
remodeling in 1957.  
The  
group moved to the Glover Building for a short time followed by  
moves to: 14th  
and  
Scott, 9th and Scott, 2619 West 13th and today functions as the 120  
1/2 Club  
here at  
2725 West Twelfth Street.

In 1961 the expanding need for dormitory facilities at 120 1/2 could  
be better  
administered by a separate foundation and the Twenty-four Hour Club  
was  
established  
to operate in that capacity. Soon thereafter a detoxification unit  
started  
operation  
in Benton at the State Mental Hospital.

Hundreds of AA meetings are available each week in Arkansas for the  
fellowship  
of the  
program. In addition, dormitory-type facilities are operating in all  
areas of  
the  
state for both men and women suffering from alcoholism. It started  
with  
Sterling,  
Harlan and Bud sharing the principles of AA with whomever would be  
honest,  
open-minded and willing forty three years ago.

We owe a lot to our predecessors who trudged their road to happy  
destiny, but  
Sterling put everything in the proper perspective when he said, "The  
most  
important  
person in Alcoholics Anonymous is the last one to come in."

Thanks,  
Buddy S.  
July 25, 1983



the same attitudes that brought them into court in the first place. Of course, it would be a mistake to believe that a brief five-day period in a hospital, even under expert medical care, can do more than put the victim back on his feet. No doubt he is strengthened physically by the treatment, and is free from the acute symptoms of his disease. Whatever rehabilitation is to be accomplished must necessarily be done in the follow-up period. At St. Francis this supportive work will be rendered by Alcoholics Anonymous, who have accomplished a great deal of good along these lines."

Saugerties, N. Y., "Telegraph": "Results of establishing an Alcoholics Anonymous chapter at Wallkill Prison, Ulster County, have been so successful, according to State Commissioner John A. Lyons, that he favors extending A.A. to the rest of the prisons of the state. The Wallkill chapter was started more than two years ago at the suggestion of Dr. Walter M. Wallack, warden, formerly of Albany. With Commissioner Lyons' approval, Dr. Wallack asked the two prison chaplains to discuss with inmates the idea of forming the chapter. In the beginning about a dozen men attended the meetings regularly. Now there are 90, about a fifth of the prison population."

|||||

+++Message 1560. . . . . Grapevine Clip Sheet column, Nov. '47  
From: NMOlson@aol.com . . . . . 12/27/2003 2:29:00 AM

|||||

Grapevine, Nov. '47

The Clip Sheet

Excerpts from the Public Press

Altoona, Pa., "Mirror" -- "Dr. Roy W. Goshorn, superintendent of the State Mental Hospital at Hollidaysburg, at a public meeting early this week said, 'Alcoholism is a disease and of all the types of sick people in our society the alcoholic is understood the least, sympathized with the least and consequently, helped the least by other members of society.' It is commendable that Dr. Goshorn showed a willingness to take the lead among professional men to widen public knowledge of Alcoholics Anonymous. Any program which has as its goal sober, constructive living is certainly worthwhile."

Gastonia, N. C., "Gazette" -- "A small but growing group of Gastonia men assembles in a room in uptown Gastonia each Thursday in the interest of self help. It is a sober group, pursuing a sane and sober objective. It is a unit of Alcoholics Anonymous, an

organization of those suffering from the disease of alcoholism or near-alcoholism, and to reclaiming their lives for wholesome and productive living. That it is a stride forward in the interest of both the individual and society is evident from the thousands of lives reclaimed from stagnation and turned to constructive pursuits by A.A. already."

Salt Lake City, Utah, "Desert News" -- "One of the simplest and least expensive cures for what is now being called the disease of alcoholism -- a condition always heretofore known as confirmed drunkenness -- is that offered by the group known as Alcoholics Anonymous. Almost unbeknown to most people, this movement has now spread over the whole country and persons having a sincere desire to throw off the yoke of drink are being helped to do so."

Bloomington, Ill., "Pantograph" -- "Last night more than 200 men and women dined at the Illinois hotel and drank soft drink cocktails. Many were out-of-town members of Alcoholics Anonymous. Those who are members were once the worst of common drunkards. The fact that today they are respected, and more important, self-respecting, members of the community is because A.A. literally picked them out of the gutter. The organization succeeded in 75 percent of the cases. The cases they took on were only those that had been given up by social agencies, the church, the medical profession and in many instances, their own families. This record is A.A.'s own tribute. Few could name a more useful organization."

Clinton, S. C., "Chronicle" -- "Alcoholics Anonymous is one of the most remarkable organizations that has come into existence in many years. It recognizes alcoholism as a major problem and is doing a marvelous job for those who seek its help. We know some fine fellows who have been saved through the influence of this group. They have a new sparkle in their eyes. The more we learn of the organization and what it is accomplishing, the more fully we realize it is a blessing to humanity."

Saint Joseph, Mo., "News-Press" -- "St. Joseph A.A. has had a split. That organization dedicated to sobriety has gone the way of all flesh. The news stories do not say just exactly what happened. But a faction has drawn away from the 522 South Twelfth Street location and taken clubrooms in the King Hill building. All this goes to prove that the A.A.s are not creatures apart at all, at all. They're human beings just like the rest of us. As we say, we do not know what brings two A.A. bodies where there was only one. The St. Joseph A.A.s probably just got too big for the close knit, little family association that marked the early months of A.A. One thing may be taken for granted. The break did not come over whether or not the club should have a bar."



sections, for everyone. Thanks for any information you might pass on about this item. Charles from California

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+++Message 1563. . . . . Misconceptions About AA (1947)  
From: Lash, William (Bill) . . . . . 12/26/2003 10:32:00 AM

=====

Letters Help Clear Up Doubts  
From Old Greenwich, Conn. (April 1947 AA Grapevine)

I recently called on a "prospect" at one of our local sanatoria to spread the word. Only a little sank in, I am afraid. The prospect had considerable reservations about A.A. from a previous contact. He had, we thought, been bludgeoned too severely. Perhaps he needed it. In any event it was decided not to force the issue. To clear up some of his misconceptions, however, I decided to drop him a line.

Perhaps you can use a part of this:

Dear A.---

In the short period of our recent visit - not being much of an orator - I hardly had time to accomplish what I was aiming to do, namely, to give you my conception of A.A. This is, of course, a very personal conception; it is what A.A. means to me.

To begin with, if you will permit me to talk about myself, let's clear the deck and for the moment forget about A.A., psychiatry and all the rest of it. The most important thing to a man is his own personality, his own soul, if you will. About a year and a half ago I suddenly awoke to the realization that I had lost the direction of my own destiny and that there were forces over which I seemed to have no control, pulling me downward. This had been going on for some time, only I hadn't accepted it. I hadn't in fact looked myself in the face for years. When I did so I was terrified. Looking back - it seems ages ago - the expression of how I felt is pretty well summed up in a note I have still, a note written in a drunken scrawl, "What have you built?"

That was the beginning, although I didn't know it at the time, of a slow and painful journey back along the path of regaining control over my own soul. I am still on that journey, but by now am pretty well out of the wilderness. It was as our late, unlamented friend Adolph would have said, Mein Kamph - my battle - and remains so. It is necessary to keep this idea pretty clear in mind, I feel; no one can save me but myself. That is not to make light of either psychiatry or A.A. I don't know about the former except for a little amateurish delving. Where both these fit into the picture is that they are the means at our disposal. We do it. The soul either grows or atrophies and becomes deformed. You can put this in psychological

terms if you wish - any one of the 57 schools, or in religious terms - any one of the 5700 sects. It doesn't matter. My soul in its growth needed spiritual inspiration - soul stuff as it were - and got it through the fellowship of A.A. There are a lot of people in A.A. whom I don't care for - but I don't have to make my bed with any of them. I do have friends though who give me this inspiration. Among some 35,000 people who are all, in a measure, trying to look themselves in the face you are bound to find a rather high level of honesty, sincerity and square dealing.

There are a number of false conceptions about A.A.:

1 - They lean on each other. Bah! There is no leaning in A.A. The guy who leans ends up in his own personal gutter again.

2 - One drunk grabs another, sits on his chest and pokes pamphlets down his throat. If you don't want access to it as a source of inspiration, that is your own business. A.A. does not (properly) force itself on anyone.

3 - One goes to meetings according to a physician's prescription and sits, listening to lectures. This affects the ear drums in some mysterious fashion or seeps through the skin gradually so that somehow one loses the desire to drink. The idea of A.A. as something to be taken like a pill is perhaps the most pernicious misconception of all.

4 - A.A. is a cloistered group of misfits who couldn't make the grade in modern life and have bonded themselves together to create their own little monastery, safe from the rigors of the rest of the world. It is true that some of us move about too exclusively in A.A. circles, but this is generally due not to fear of the "outside" world but to an excess of enthusiasm at having found at last an atmosphere of sincerity and spiritual inspiration. One feels as though he had come home at last. It feels almost universal that the A.A. contact helps one to better become a part of the "outside" world, domestically, socially, economically.

5 - A.A.s run around like mad, doing 12th Step work and if they run out of drunks to work on - bingo! - they are dead pigeons, drunk again. This misconception derives from the shallow notion that A.A. is a formula or ritual. 12th Step work is actually only the natural expression of a person who has regained control over his own soul, saying in the fullness of his happiness - this is the way I did it. Well, there it is, as I see it. I don't ask you to accept my ideas or those of any one else in A.A. It is a hell of a lot better for you to think things out for yourself. The important thing is that you do your thinking honestly. - Howard H.



+++Message 1564. . . . . Earliest US Marine in AA?  
From: leomax . . . . . 12/27/2003 4:53:00 PM



As far as your getting sober in 1963 and the possibility of your being first member in US Marines ... I'll paste a couple Grapevine columns below. The first is the initial column of a series started for Service Members during WW II, and includes a quick count of known AA members from the NY metro area in various branches of the service. The other is the first of those columns that has a letter from a Marine.

-----  
Grapevine, June 44

Mail Call for All A.A.'s in the Armed Forces

When the idea of bringing out a New York Metropolitan A. A. paper was conceived, one of the first thoughts was that it might prove particularly helpful to our members in the Service. If anyone doubts what such a paper can mean to these men, here, we think, is the answer. Corporal Hugh B., now in England, had no knowledge of our project when he wrote one of us recently: "Your letter of ten days ago was much appreciated and was one of, if not the, most newsy A. A. letters I have received. Certainly was interesting to hear about the boys and gals all over the world. Made me think that we should have a monthly publication. --Think it over!" The records kept by our Central Office show approximately 300 A. A. members now in Service, with some 40 coming from the New York area and belonging to various Metropolitan Groups. These figures, due to constant changes, are probably not

complete. Of the New York crowd, the files indicate 26 are in the Army, 9 in the Navy, and 5 scattered between the Merchant Marine and other auxiliary services.

Eleven are known to be commissioned officers and the remainder are serving in the ranks.

These men, and in a few cases, women, are as a rule cut off rather abruptly from any direct contacts with the Groups and are often subject to disturbing new influences

and unusual temptations to take that fatal first drink. They, it would seem,

face a harder battle in their recovery than most of us, benefiting, as many of us do, from

almost daily association with our fellow members. Yet frequently they come through

unscathed! We would like to give you a few examples of their clear thinking along A.

A. principles:

\* \* \*

A Navy lieutenant (j. g. ) who joined A. A. over two years ago, wrote us recently from a South Pacific Island -- "Your mention of John N. -- (an A. A. of even

longer standing, now a lieutenant in the Army. Ed. ) "caused me to investigate--He was evacuated for stomach trouble two days before I looked him up and for four months he had been only half a mile from my camp. Such is life!" (Both these men have had fine

records of sobriety with A. A. and have now seen considerable service at an advanced base. What an A.A. meeting that would have been. Ed. )

\* \* \*

In December, John N. -- the Army lieutenant, had written--"We have arrived at a New Island and are set up in a coconut grove. Your letter was most welcome. How often these days I think of the fine times I had in A. A. and the wonderful people I have met. The whole thing means an awful lot to me and I thank God for being allowed to be a part of it - - - My work is interesting but hectic but I have really improved on the 'Easy Does It' department. I know who to thank for that too. --So Flushing has a separate group now--That is wonderful!"

\* \* \*

Again we quote our naval correspondent--"I should like to address an A. A. gathering now, as I have a perspective that few get the opportunity to enjoy, having been completely apart from the Group for nearly a year, and it is easy to see the fundamentals closely, and determine the main factors--I think even more closely than when one is steeped in A. A. work with daily contact. It is easier to see how the program works into every day normal life too. "

\* \* \*

Once more, from Bob H., now an Army sergeant overseas, written last Thanksgiving Day--"When I think of myself just eighteen months ago, I realize, too, just how much I have to be thankful for. I've been more fortunate than most--maybe some day I'll feel I've earned my breaks. --I should hate to have anything happen to me now, before I have a chance to do something, however small, worth-while with my

life. " (This  
man  
had worried about not getting the spiritual side. of the program.  
Ed. )  
\* \* \*

## THE WORDS OF A DANGLING MAN

"Off Again, On Again Finnegan" has a new lot of loyal rooters: the  
"You're  
In--You're  
Out" selective service inductees, aged twenty-six to thirty-eight.  
For the past six months, on alternate Tuesdays, the Home Editions of  
the paper  
you  
read had us in the Army or Navy "within a month", but by Seven Star  
Final time,  
one  
of the two Washington authorities (the one who hadn't had a press  
interview  
earlier  
in the day) was quoted as saying that men over twenty-six would  
probably not be  
called "until later in the year. " And so it goes, and so we  
go--crazy!  
But wait: Easy Does It. How thankful I've been for having that  
little  
"punch-line"  
pounded into my daily living. To me, that's a first "first step. "  
It keeps me  
from  
jumping at conclusions, making snap judgments, becoming excited or  
irritated  
over the  
way things "seem" to be. It cautions me to cut my pace, mentally,  
and make  
certain  
things are as they may seem.  
It permits, above all, the serenity that comes, with reflection, as  
I repeat  
the  
process of turning my will and my life over to the care of My Higher  
Power.  
Does that sound simple? Or do you think I'm putting down one little  
word after  
another  
here because that's what our program tells me I should do? Well,  
I'll tell you,

if,  
twelve months ago, I had been riding the Selective Service  
Merry-go-round  
(without A.  
A. ) two things would have happened: (1) My wife would have been  
relieved at the  
prospect of my being in service, preferably in Timbuktu (if that's  
at the other  
end  
of the world); and (2) I would have been a rip-roaring, hell - bent-  
for -  
another -  
drink, psychoneurotic alcoholic.  
Today, I'm sober and not in service.  
Tomorrow, I may be in service, I don't know. But I do know that  
tomorrow I'll  
be  
sober, through the Grace of God and Alcoholics Anonymous. David R.

---

Grapevine, July 45

Mail Call for All A. A. s in the Armed Forces

Some months ago we suggested on this page that perhaps A. A. s in  
service  
often  
worked out their not inconsiderable problems more realistically than  
their  
civilian  
brethren and that, almost certainly, they had to place greater  
dependence on the  
spiritual aspects of the program. The quotation below is part of a  
recent letter  
from  
a soldier stationed in France:  
"In the old days (and it's a wonderful thing to think of them as  
'old  
days')  
most of us didn't face these conflicts, but they must be faced now,  
and faced  
squarely. So for me there's only one answer and that is our 3rd  
Step. That is  
the  
answer to so many things if we only be mindful of it. However, like  
everything  
else,

now and then we forget. I was feeling particularly low and in need of help. I got just the lift I needed from my old friend Chet through his piece on the 3rd Step in the March Grapevine. "This has been a very personal letter. However, isn't that what this is all about-- getting the right slant on the things that bother us?"

\* \* \*

#### A Marine Tells Us

The following is our first letter from an A. A. who is also a member of the Marine Corps. It is from a sergeant with a Marine fighter squadron now in the Pacific, and was written to a friend in the Buffalo group. We think it bears out our comment at the beginning of this page. "It was pretty rough most of the way over, but after leaving Honolulu most of us were pretty good sailors but our only wish was to set foot on terra firma once again. Had my fill of the deep blue sea -- it really is blue and at night when there is no moon one would think that there was some sort of indirect lighting due to the phosphorus in the water glowing as the prow of the boat would churn it up. "We were able to pitch a one-day liberty in Honolulu and I really took in the sights--saw the famous beach at Waikiki and also stopped in a quaint little church and thanked Him for keeping me "dry" and asked Him to help all of us in our struggle with alcohol. He has been very good to me, John. "We finally arrived on this little rock of coral and sand where the

Navy  
and  
Marines left a tree or two standing when they knocked the little  
monkeys out of  
here  
some time back.  
"Each day gets hotter and, although the nights cool off, even they  
are  
starting  
to get a bit warmer. We used to have our choice of either two  
bottles of cold  
brew or  
two cokes every other night but now they are out of cokes so I'm  
drinking warm  
water  
out of Lyster bags. Yes, I know just what two beers would do to me--  
even out  
here--and  
I don't care to experiment. I'll wait until medical science can find  
a remedy.

This  
is all I'm allowed to write. It is lonesome here and I'd sure enjoy  
hearing from  
some  
of the boys. "

Dick F. M., Sgt. V. S. Marines, April 8

\* \* \*

Our most faithful correspondent in the Pacific seems to have gotten  
into  
the  
thick of things again, but is still calling on his A.A. philosophy  
whenever the  
going  
gets tough:  
"I have really been busy. Am receiving Grapevine and enjoy it so  
much. M  
is  
sending September Remember which I look forward to enthusiastically.  
Y. (a naval  
lieutenant) wrote from Boston. He must have been very active. He is  
a grand  
fellow  
and the new A.A. member should be helped by people like him. We are  
getting well  
set  
up now. Had my first shower in six weeks yesterday and you would be  
surprised  
how one



Hi Charles

You have a nice  
Archives gem and can find background information on the pamphlet in:

AA Comes of Age (AACOA) pgs 212-217

Dr Bob and the Good Old-timers  
(DBGO) pg 325

Pass It On (PIO)  
pgs 342-347

A brief timeline of  
1950:

Early (?) Leonard  
Harrison and Bernard B Smith resolved a 5-year conflict between Bill  
W and the  
Alcoholic Foundation Board on having a General Service Conference.  
Harrison  
appointed Smith to chair a Trustee's committee on the proposed  
Conference. The committee later (in the Fall) unanimously  
recommended giving  
the Conference a try. (AACOA 209-212, PIO 344)

Aug (?) (PIO says  
November) Bill W visited Dr Bob for their last visit. Bill advised  
Dr. Bob that  
the board would likely give its consent to the Conference. Dr. Bob  
gave Bill  
his endorsement for the Conference. (AACOA 213-215, DBGO 325, 342,  
PIO 342)

Oct., in behalf of  
himself and Dr Bob, Bill W issued a preliminary document titled  
\_Your Third Legacy - Will You Accept This\_. Bill  
proposed the General Service Conference.

Nov. 16, Dr. Bob (age  
70) died of cancer.

Nov., 50,000 copies  
of a preliminary pamphlet titled \_The Third  
Legacy\_ were distributed by the NY office. It explained the  
preliminary organization and implementation of the General Service  
Conference.  
For the next several months, Bill W stumped the country and attended

more than  
two dozen Assemblies electing Area Committees and Conference  
Delegates. (AACOA  
216-217, PIO 347)

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You appear to have  
a copy of the preliminary document. I have an MS Word transcription  
but it  
shows a date of October 1950. The document later became the Third  
Legacy Manual  
(1951) and then went on to evolve into the AA Service Manual (1969).

I'd love to  
receive a copy of the scanned document you made. I'd like to place  
it in  
our Area Archives (Area 65). I hope to create a digital archive of  
all our Area  
documents and photos in 2004. I can send you an MS Word copy of the  
October  
1950 transcription I have for comparison to the November 1950  
pamphlet. I'm  
curious to see if they are the same.

Cheers

Arthur

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\*From:\*  
cdknapp@pacbell.net [mailto:cdknapp@pacbell.net]

\*Sent:\* Saturday, December 27, 2003  
6:57 PM

\*To:\*  
AAHistoryLovers@yahoogroups.com

\*Subject:\* [AAHistoryLovers] Odd  
Pamphlet

12.0pt;">

[http://briefcase.yahoo.com/charles\\_knapp](http://briefcase.yahoo.com/charles_knapp)

I am looking for any information on an item that I

found in our

Archives. I found a Xerox copy of a 3.5" X  
8.5" - 28-page pamphlet

entitled

THE GENERAL SERVICE CONFERENCE

OF

ALCOHOLICS ANONYMOUS

YOUR THIRD LEGACY

WILL YOU ACCEPT IT?

BY DR. BOB AND BILL

NOVEMBER---1950

This pamphlet talks in detail about structure of  
the newly formed

General Service Conference. Dr. Bob passed away in  
November 1950, but

this pamphlet talks as if Dr Bob is still alive. I  
know from history

after the 1950 Convention, Bill traveled helping  
different areas of

the country elect delegates to the General Service  
Conference. He

came to Los Angeles in March 1951 and helped AA  
Groups here elect

Cliff W. the first delegate from Southern  
California. Cliff would go

on to become the first Pacific Region Trustee. I  
have scanned this

pamphlet into a word document and is stored in my  
Yahoo briefcase if

anyone would like a copy or maybe Nancy will post it, in shorter

sections, for everyone. Thanks for any information you might pass on

about this item. Charles from California

|||||

+++Message 1567. . . . . Re: AA recovery rate.  
From: Arthur Sheehan . . . . . 12/28/2003 12:08:00 PM

|||||

Hi

This topic has been addressed previously and I'd like to resubmit the same reply I did last time.

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Pinning down success rates is not a trivial proposition. Sometimes things written in the Big Book or other AA literature are placed in the same vein as scripture and elevated to holy writ (i.e. their reinforcement is far more a function of belief and repeated recitation as opposed to fact).

My concerns relate to the statistical validity of the sampling method that goes into the construction of quoted rates and whether it rises to a level that yields statistical confidence in the numbers produced. Even today with the membership surveys that are conducted by AA, I have concerns with the sampling method used.

The deadly characteristic of alcoholism is the inclination of the alcoholic to repeatedly return to drinking even in the face of compelling evidence that shows they have no business taking a drink (the jay walker analogy in the literature is right on).

A fair number of alcoholics will fall into the "unsuccessful" tally a number of times, hit bottom, and then move into the "success" tally. All too often an underlying presumption exists that if somebody doesn't participate in AA any longer then they are likely to have returned to drinking. That is just flat out wrong. There are many paths to spiritual living and being helpful to others. I think the Achilles heel of quoted rates lies not in the determination of the number of folks who are around and sober, but in pinning down the number of folks who are not around and have returned to

drinking.

Those who stay sober in AA are clearly 100% successful and that population can be approximately determined. As for the determination of the number of those who have come to check out AA and then departed to drink again, each member will have their anecdotal account but in terms of coming up with a statistically valid census, I really have my doubts if it can be done.

Other things that increasingly cloud today's figures are "chemical dependency" folks that enter AA with no drinking history who undergo a metamorphosis into an alcoholic (usually because that don't want to attend NA and want to go to AA instead). There also is an emerging fundamentalist element that likes to toss around "old time" success rates in claims of asserting that they have something to offer other than the opportunity to spend dollars on their retail recovery products.

On the plus side, it provides a really good discussion item.

Cheers  
Arthur

----- Original Message -----

From: bigalofbarking  
To: AAHistoryLovers@yahoogroups.com  
Sent: Sunday, December 28, 2003 7:11 AM  
Subject: [AAHistoryLovers] AA recovery rate.

I wonder if you could tell me the recovery rate in AA in 2003 or the latest figures you have available. In my local groups the figure of 3% has been talked about, it seems a long way off the 75% that the BB enjoyed in the early years. I have checked the archives of this site without success so your help with this issue would be greatly appreciated. Thanks history lovers.

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+++Message 1568. . . . . Re: AA recovery rate.  
From: Ace . . . . . 12/28/2003 12:23:00 PM

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- > YOUR THIRD LEGACY
- > WILL YOU ACCEPT IT?
- >
- > BY DR. BOB AND BILL
- >
- > NOVEMBER---1950
- >
- >
- > This pamphlet talks in detail about structure of the newly formed
- > General Service Conference. Dr. Bob passed away in November 1950,
- but
- > this pamphlet talks as if Dr Bob is still alive. I know from
- history
- > after the 1950 Convention, Bill traveled helping different areas
- of
- > the country elect delegates to the General Service Conference. He
- > came to Los Angeles in March 1951 and helped AA Groups here elect
- > Cliff W. the first delegate from Southern California. Cliff would
- go
- > on to become the first Pacific Region Trustee. I have scanned this
- > pamphlet into a word document and is stored in my Yahoo briefcase
- if
- > anyone would like a copy or maybe Nancy will post it, in shorter
- > sections, for everyone. Thanks for any information you might pass
- on
- > about this item. Charles from California

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+++Message 1570. . . . . Re: Odd Pamphlet  
From: ricktompkins@sbcglobal.net> . . . . . 12/28/2003 11:30:00 AM

=====

Hi Charles, the "odd pamphlet" you found is a pivotal one of AA history and our current Service structure. The Alcoholic Foundation office, obviously through Bill's leadership, mailed 50,000 copies of the pamphlet in November 1950 to 6,249 groups and 96,475 members. The pamphlet was printed immediately after Bill and Bob met for the last time (October?), when Bob gave his full approval for the General Service Conference idea. Until then, and from 1946 forward, the AF Trustees were not in full

agreement to proceed. Bill presented the GSC ideas for discussion to many AAs, and one visit to Chicago in 1948 comes to mind---not a formal speaking engagement but a roundtable discussion at a member's home. Chicago 'leaders' participated, explaining Chicago AA structure to that point. "Delegates" were proportionally selected from AA populations in the existing Districts and served on a Rotating Committee, the precursor to an Area Assembly. Chicago also had a Policy Committee serving in a leadership role for the Rotating Committee. It is not well-known that Chicago AA structure served as Bill's effective model on how a General Service Conference would proceed and have representation. On AA population alone, Illinois was sectioned into three Areas. California would also have had more than one, and checking Final Reports for 1951 and 1952 would show the Delegate rosters on how many Areas elected their first Conferences' Delegates. Anyway, Bill was on the road from January through April. He spoke and observed the election of Chicago's Panel 1 Delegate on Tuesday, February 13, 1951 at the Palmer House in Chicago. Earl T., Chicago AA "founder" also serving as a new AF Trustee, chaired the election meeting. Luke H. of Evanston was elected, and visitors from the "Downstate Illinois Conference" attended, following their election of Springfield's Ward M. as a Panel 1 Delegate the night before, with Decatur's George M. as Alternate (and 1952's Panel 2 Delegate for the northern Area). Bill's road trip appeared as a barnstorming type of tour, with the pamphlet's mailing sent in all due haste, after his getting the "green light" from Bob and subsequently from the AF Board of Trustees. Researching (at GSO Archives) through the monthly Minutes of the 1940s Alcoholic Foundation Board of Trustees is fascinating! At many





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+++Message 1573. . . . . Re: Question On When Districts Started  
From: Jim Blair . . . . . 12/30/2003 2:41:00 PM

|||||

Arthur wrote: Can anyone help me pin down the year that Districts started and the General Service Structure position of District Committee Member (DCM) was established?

I have some old papers from the Montreal Intergroup from the late 40"s and they formed districts b/c of the telephone costs. By districting they had person from within the district respond to calls from that district and thus reduce telephone costs. BTW, the district boundries are pretty much the same today. Jim

|||||

+++Message 1574. . . . . Re: AA recovery rate.  
From: Arthur Sheehan . . . . . 12/30/2003 9:07:00 AM

|||||

Hi Theron

My understanding of a "sponsor" in the early days was someone who vouched that the prospect was a hard case alcoholic and had already "surrendered." In other words the prospect had hit bottom and was in a frame of mind of being willing to do whatever they had to do to stay sober.

I also get a sense that the search for "low bottom" (or hard case) drunks was very deliberate. If a way could be found that brought recovery to those who had been written off as hopeless, then that program of recovery would certainly work for those who hadn't yet reached that point. This seems to be reinforced by Bill's historical recording of his November 1937 meeting with Dr Bob where they "compared notes" to reveal "40 cases were sober (more than 20 for over a year) all once diagnosed as hopeless." This historic meeting gave birth to the Big Book.

As for "court ordered" folks, Ebby came from the courts. He was about to be put away in 1934 when rescued by Cebra G and Rowland H. It was rather nice that the judge in the case was Cebra's father. Only a few months later Ebby had his historic contact with Bill W. Think about what we owe to a kindly Vermont judge.

"Recovery rates" always have been, and likely always will be, a very elusive figure. I still have a sense that far more alcoholics die from alcoholism than are rescued from it. Why some are blessed and other aren't can be debated endlessly.

Our job is to try to bring (or carry) the blessings of recovery to as many as we can. Although there is always room for improvement, I think AA has been doing a rather good job of it. There are well over 2 million members today. That's quite a leap from 2 founding members in June 1935. Going back to 1935, up to today, try to estimate the many millions that AA has rescued from the downward spiral of alcoholism. That, perhaps, is the number that deserves some reflection.

Cheers

Arthur

----- Original Message -----

From: Theron Brayman

To: AAHistoryLovers@yahoogroups.com

Sent: Monday, December 29, 2003 4:34 PM

Subject: Re: [AAHistoryLovers] AA recovery rate.

I have no information on current recovery rates and I'm very suspicious of the supposed 75% rate deduced from statements in the Big Book. Keep in mind that the way newcomers were introduced to AA was very different in the early days of the fellowship.

As I understand the process as practiced in Akron, a man had to detox in St. Thomas Hospital first, where he was visited daily by local members. They and Dr. Bob would make a determination as to whether the man was "serious" and a likely prospect for the program and he had to have a sponsor to go to his first meeting. As another commenter said, these were mostly low bottom drunks but even so, not all were judged to be worthwhile prospects.

This prequalification process meant that the newcomers who were accepted arguably had a much higher chance of recovery than today's newcomer who is often court ordered to AA and is much younger. I'm not looking down my nose at these -- I was court ordered, too, and I'm grateful for it. I was older, though, and I can certainly understand young people who haven't been through the wringer as badly not being interested in doing the work required for recovery.

Theron

--- bigalofbarking <BIGALOFBARKING@AOL.COM> wrote:

I wonder if you could tell me the recovery rate in AA in 2003 or the latest figures you have available. In my local groups the figure of 3% has been talked about, it seems a long way off the 75% that the BB enjoyed in the early years. I have checked the archives of this site without success so your help with this issue would be greatly appreciated. Thanks history lovers.

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