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" . . . many streams of influence and many people,  
some of them nonalcoholics, had helped,  
by the Grace of God, to achieve  
AA'S purpose." Bill W. in *AA Comes of Age*

*"The incomparable  
Sister Ignatia,"*

Dr. Bob's partner  
in pioneering the  
hospitalization of  
prospective AA  
members. Her  
ministry at  
St. Thomas Hospital  
in Akron set a  
shining example  
for the practice of  
AA's Twelfth Step



## Care and Treatment of Alcoholics

By Sister Ignatia

An interview delivered in a panel discussion  
before the Catholic Hospital Association of the United  
States and Canada at Philadelphia in 1951

*This  
manuscript  
was sent to the  
Grapevine by Pete W.,  
a long-time contributor,  
who found it among  
the papers of an  
old-timer who has  
left us*

**N**EARLY twelve years ago, one of  
the co-founders of Alcoholics  
Anonymous, Dr. Bob, was on our  
staff. He volunteered the informa-  
tion that he had a drinking problem.  
Dr. Bob had often discussed the  
problem of alcoholism with us, with  
regard to auto accidents and other  
tragedies caused by excessive drink-  
ing. Many of these cases had to be  
admitted to the hospital even though  
they were intoxicated. After talking  
with the families of these compulsive  
drinkers and realizing the misery,  
suffering, and sorrow brought  
into their homes and lives because  
of drinking, we became deeply in-

terested as Dr. Bob unfolded a plan 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.

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 and very timidly 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 AA 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-bed room, and later a six-bed ward. Today our AA ward has eight beds. It is simply a large room with accommodations in one end for the beds. At the opposite end of the room is a small lounge with comfortable chairs, a

davenport, a "bar," a coffee urn, and an icebox. To the rear of this ward lounge is a room with a lavatory and shower; the new man is brought there for admission to the ward.

An important point is that the new man is gotten out of his street clothes and into hospital attire *by other patients in the ward*. From the first, he is in the care of understanding friends. The advantage for the older patients who help him is that they see themselves again as they were upon admission.

Directly across the hall from our lounge is the choir loft of our chapel, which permits AA patients to make visits in hospital attire if and when they so desire, all in complete seclusion. Bearing in mind that the alcoholic is a person who is sick spiritually as well as physically, we believe that the ready access to spiritual healing may be a strong factor in his recovery.

The ward is almost wholly self-operating. A nurses' aide comes in to make beds, and an AA employee does the heavier cleaning; but the cleaning of ashtrays, the making of coffee (the coffee urn is in operation twenty-four hours each day), and the washing of coffee cups are all done by the patients themselves. Activity helps to eliminate 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 AA visitors and listen

to informal talks. A secondary value, but a most important one to the *former* patient, is that by visiting current AA patients the former patient helps to perpetuate his own sobriety.

The icebox is kept stocked with food and particularly with milk and citrus juices, for the alcoholic is frequently undernourished. The patients are encouraged to eat at will. The coffee urn and "bar" are the AA equivalents for the brass rail and bottles of drinking days.

#### **First day—reality begins**

*Reality* for the alcoholic is drinking. It is most important that the approach be made through another alcoholic; namely, 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 should rely upon the judgment of the sponsor as to when the patient is ready for the program, for the AA ward does not accept repeaters. Sponsors know this, hence they are very careful before bringing the patient to the hospital. Above all, he must have a *desire to stop drinking*. Wives, relatives, friends, and 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 tries to appease an exasperated wife; he talks with the employer, the landlord, the creditors, and others. He explains that this is not simply another sobering-up process. The sponsor assures them that with their cooperation and the help of his fellow AAs, his charge will be given a real opportunity to make a complete recovery.

After registration, the sponsor escorts his patient to the AA ward. Two or three of the senior patients in the ward take over and welcome the new patient. Nothing is left undone to make him feel at home, and this reception inspires hope in his heart.

#### **Second day—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 incentive 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. This may be the first time the patient has admitted the fact that he is powerless to help himself.

The next step is to humbly turn to God. "Ask and you shall receive." Patients have often said that this is the first time they have sincerely prayed. The "Our Father" takes on a new meaning at this point. They feel that they really *belong*.

### **Third day—moral inventory**

The patient makes a searching and fearless moral inventory of himself. He faces the past honestly, admits to God, to himself, and to another human being the exact nature of his wrongs. He has done 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 fellowman.

### **Fourth day—resolution**

"Give us this day our daily bread." This is interpreted by the alcoholic to mean, "I surely can stay sober today." The past is finished. Now, with God's help and the help of his fellow AAs, 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 paved by the sponsor. The future is in God's hands. He has learned to say, "O 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." He is urged to guard against pride, self-pity, resentment, intolerance, and criticism; to attend meetings, to do Twelfth Step work.

We have hospitalized well over 4,000 AA patients at St. Thomas. They have come to Akron from Alabama, South Carolina, Michigan, Maryland, Texas, and many other distant places. They would not have had to travel so far if their local hospitals had made it possible for them to receive the program nearer home.

In conclusion, may God's grace give to my weak words influence and strength that they may penetrate the hearts of those who have it within their power to urge the establishment of this great apostolate in their respective hospitals.