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DOCTORS IN AA

*Another in the series
of articles about special
meetings*

WHAT can we AA members do to help the millions of our suffering brother and sister alcoholics who have not yet profited from our program of recovery?

That question was put to guest speaker Dr. E. M. Jellinek, non-alcoholic dean of the world's alcoholism scientists and a long-time friend of AA, at the twelfth annual meeting of "International Doctors in AA" in Toronto, Canada.

Dr. Jellinek had two specific suggestions: "Remain flexible," he said "and develop new *sets* of language in which to express your unchanging principles—terms which are understandable to other alcoholics. It's a matter of communication."

Dr. Jellinek also said he foresaw a brilliant future for AA, so long as it continues to adapt itself and develop new techniques to meet the ever-changing present. He pointed out that the concepts and ideology of early-day AA seemed to be most effective with "last gasp" alcoholics, but as time has passed the AA terminology has evolved to attract both the "high

bottom" and the young alcoholic. If AA's framework of ideas can be put into new terms which awaken therapeutic, healing echoes in those alcoholics who cannot respond to AA as it is now generally presented, they too might be helped, Dr. Jellinek suggested. He said the alcoholic population so far not reached by AA may be as large as 99.5 per cent of the *world's* alcoholics. AA seems to be now effective with between one-half and five per cent of the alcoholics in any given North American, British or Scandinavian culture.

The annual AA doctors' assembly is a good example of a specialized, highly developed communication technique which reaches alcoholics otherwise not touched by AA. Their meetings reveal a way of "carrying the message" uniquely effective with doctors who suffer from alcoholism, men who might never have found AA in the ordinary way.

I asked the doctor who started the "International Doctors in AA" if alcoholic doctors have a harder time with the AA program than some

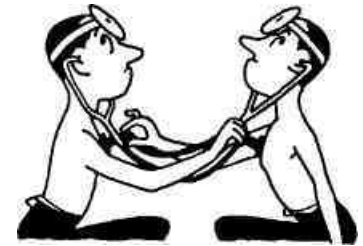
members, and if special doctors' meetings help. He has been sober more than fifteen years, and has attended all the AA doctors' special meetings.

Here's what he said: "As my drinking got worse and worse, three psychological obstacles held me back from AA: What will my beloved profession think of me and will I be barred from practice for being an alcoholic, or for admitting it, or for seeking help from laymen; if I went to AA and it became known, would I have a medical practice and be able to make a living for my family; what would my friends think if I went to AA?"

All three drawbacks were thrown off one bitter day when he felt so desperate he declared aloud, to himself, "I don't give a damn what anyone thinks; I want to get well!" And so the drinking doc finally found AA and sobered up. Now he has answers for each of those doubts which once kept him from AA.

A few years ago his county medical society honored this man with a special "award of merit" because of his work with alcoholics. His private practice so flourished that it got out of hand and he finally had to give it up and retire to a less strenuous public health post in another state. He lost only one friendship because of his sobriety, and that was with a man who seems to have a drinking problem.

After several happy years of sobriety, this doctor began to wish he



could talk over AA with fellows who were not only AA members, but also members of his profession. "A doctor is trained to use self-assurance as a useful treatment device," he said. "It comforts patients, and an MD learns to admit his doubts only to another MD; not even his wife. I wasn't discontented with laymen's AA, but I thought it would be even nicer to have a fellow alky medic around."

Another idea grew at the same time. "One sober doctor in AA could have little effect on the medical profession," he said, "but an organized group of respected physicians, all of them good, sober AA members, might be a real help to my profession in its attempts to understand alcoholism and its treatment."

He discussed his idea with many sympathetic medical men, as well as the AA General Service people. Then with their advice and encouragement the July, 1949, issue of the Grapevine carried a short note, headed, "CALLING AA DOCTORS!" It announced the plan, purpose and place of the first "International Doctors in AA" assembly.

Twenty-five medics showed up for that session, and there have never



been fewer at any of the succeeding meetings. More than 180 MD members of AA have attended the meetings over the years. One, a Briton, came over from India. Many others from many countries have corresponded; forty-three doctors were present at the 1961 meeting. Doctors came to Toronto from two Canadian provinces and seventeen states of the U.S.A., and most brought their wives and children. Five of them were psychiatrists, several of whom specialize in treating alcoholics. Almost every other known branch of medical science was represented.

Many of those present are eminent in medical circles, some are even internationally distinguished. All are respected, licensed practitioners in good standing, and all belong to their appropriate professional societies. Many of them serve on committees or commissions dealing with alcoholism. Obviously, this comparatively small group of AA members wields a far greater influence on the alcoholic problem than some other AA groups can.

One of the most vital services they have performed is twelfth-stepping other doctors who need help but hesitate to approach AA. As one doctor told me, "I knew I was having booze trouble, and I secretly sus-

pected only AA could help me, but I simply couldn't bring myself to trust laymen for treatment." He was one of several doctors present who said that in their case a narrowly literal adherence to the words of AA's Tradition of "attraction rather than promotion" would have condemned them to death. They were saved when other AA doctors refused to wait for them to become "attracted" to AA. The sober doctors simply went to their drinking colleagues, broke their personal anonymity privately, and laid the facts about alcoholism and AA on the table. Coming from another doctor, this unsolicited sharing of knowledge and experience has worked for many drinking doctors. Perhaps this Twelfth Step technique is an example of a different kind of carrying the message, or communication, which works with some otherwise unreachable alcoholics.

Virtually all of the AA doctors at the Toronto meeting are active in local AA groups, and many reported serving on local and General Service committees. They seemed to have an unusual respect for AA's Traditions—especially those regarding anonymity and co-operation with other agencies.

The experience reported by a chest disease specialist, sober since 1948, is typical. When he saw the 1949 Grapevine notice about doctors in AA, he longed to go and was relieved to learn he wasn't the only "peculiar" doctor. He got to the second international doctors' session, and "Life

hasn't been the same since," he said. "As AA gave me the courage to hold up my head as an alcoholic, these meetings gave me the courage to hold up my head as a doctor. When I met all these fine doctors in AA, it was the greatest thing that ever happened to me professionally. Association with them has enabled me to assume my real responsibilities within the medical profession."

He stopped hiding from other AA members the fact that he is a doctor. He has made his own case history known to the secretary of the county medical society. "Look at all the good just one AA doctor can do in his community," he pointed out. He said he not only twelfth-steps his patients in his practice, freely discarding his anonymity if he thinks it will do some good, but is called in to help other doctors in trouble. He speaks fre-

quently about alcoholism and AA—both as a doctor and as an AA member—to all kinds of groups, both lay and professional.

"At the annual meeting of International Doctors in AA we get association with men of our own profession in an AA spirit," he said. "It is an addition to our AA lives, not a substitute for anything else."

That pretty well sums up how this grateful non-medical AA guest felt. It delighted my heart to hear in the over-coffee bull sessions far more talk about the spiritual values in our program than there was about drug therapy for alcoholics. And furthermore, I came away convinced I had been present at a meeting pointing to some of AA's future growth along exactly the lines Dr. Jellinek had indicated—new channels of communication. *B. L., New York City*