

20 Remembering your last drunk

That's not a typographical error. The word is "drunk," not "drink," as you'll see.

"A drink" is a term which has awakened pleasurable echoes and anticipations in millions of people for centuries.

Depending on our age, and on the circumstances which surrounded our first experiences with alcohol, we all have various memories and hopes (sometimes, anxieties) aroused by the thought of a cool beer, a martini, a gin and tonic, a Scotch and soda, a sip of wine, or whatever.

Repeatedly, in the early drinking of most people, the anticipations were fully met by the desired drink. And if that happened often enough, we naturally learned to think of "a drink" as a satisfying event—whether it gratified our need to conform to a religious custom, quenched our thirst, graced a social occasion, relaxed us, stimulated us, or gave us any other kind of satisfaction we sought.

It is not difficult for a 55-year-old Finn, for example, when he hears someone suggest a drink, to recall the flush of warmth that a shot of vodka or aquavit brought on a cold day in his youth.

One young woman may instantly visualize an elegant crystal glass of champagne, glamorous surroundings, new clothes, a new lover. Another may think of a pull from a bagged bottle toted by the long-bearded youth in denim at her side while the music rocks, the strobe lights flash through the sweet smoke, and everybody screams in ecstasy.

One A.A. member says "a drink" makes him almost taste pizza with a brew. A 78-year-old widow among us is inevitably reminded of the sherry egg-nogs she began to like at bedtime in a nursing home.

Although perfectly natural, such mental images are now, for us, misleading. Those were the ways some of us *began* to drink, and if that had been the whole truth of our drinking history, it is unlikely that we could have developed much of a drinking problem.

A searching, fearless look at our complete drinking record, however, shows that in the last years and months our drinking never created those perfect, magic moments again, no matter how often we tried for them.

Instead, over and over, we wound up drinking more than that, and landed in some kind of trouble as a result. Maybe it was simply inner discontent, a sneaky feeling that we were drinking too much, but sometimes it was marital squabbles, job problems, serious illness or accidents, or legal or financial worries.

Therefore, when the suggestion of "a drink" comes to us, we now try to remember the *whole* train of consequences of starting with just "a

drink.” We think the drink all the way through, down to our last miserable drunk and hangover.

A friend who offers us a drink usually means simply that one sociable glass or two. But if we are careful to recall the full suffering of our last drinking episode, we are not deceived by our own long-ago notion of “a drink.” The blunt, physiological truth for us, as of today, is that a drink pretty surely means a drunk sooner or later, and that spells trouble.

Drinking *for us* no longer means music and gay laughter and flirtations. It means sickness and sorrow.

One A.A. member puts it this way: “I know now that stopping in for a drink will never again be—for me—simply killing a few minutes and leaving a buck on the bar. In exchange for that drink, what I would plunk down now is my bank account, my family, our home, our car, my job, my sanity, and probably my life. It’s too big a price, too big a risk.”

He remembers his last drunk, not his first drink.

21 Avoiding dangerous drugs and medications*

Mankind’s use of various chemicals to change moods and alter feelings is ancient and widespread. Ethyl alcohol was probably the first of such chemicals, and may have always been the most widely popular drug for this use.

Some drugs have legitimate value and are beneficial when administered by knowledgeable physicians if used solely as directed, and discontinued when they are no longer a medical necessity.

As A.A. members—not physicians—we are certainly not qualified to recommend any medications. Nor are we qualified to advise anyone not to take a prescribed medication.

What we can do responsibly is to offer only our personal experience.

Drinking became, for many of us, a sort of self-medication. We often drank to feel better and to feel less sick.

And thousands of us used other substances to “feel better,” too. We discovered stimulants that seemed to counteract the effects of a hangover or relieve our depression (until they let us down, too), sedatives and tranquilizers that could substitute for the alcohol and calm our nerves, prescription and over-the-counter medications and pain killers

*See also Appendix—excerpt from A.A. Conference-approved pamphlet, “The A.A. Member—Medications and Other Drugs.”

(many of which were called “nonaddictive” or “not habit-forming”) that helped us sleep or gave us extra energy or loosened our inhibitions or relieved our pain with an exquisite surge of bliss.

Potentially, this strong desire, almost a need, for such psychoactive (mind-affecting) mood-changers can be embedded root-deep in anybody who is much of a drinker.

Even if, technically, in pharmacological terms, a drug is not an addictive one, we can easily get habituated to it and dependent on it, we have repeatedly found. Some of us believe we have “addictive personalities,” and our experience gives reinforcing support to that concept.

So we go to great lengths to avoid all commonly abused drugs—such as marijuana, “meth,” barbiturates, “crack,” cocaine, oxycodone, Vicodin, “acid,” “tranks,” “Ectasy,” heroin, “poppers”—and even many over-the-counter remedies and herbal supplements.

Even to those of us who never got hooked on any of them, it is clear that they represent a real potential danger, for we have seen it demonstrated over and over and over again. Drugs will often reawaken the old craving for “oral magic,” or some kind of high, or peace. And if we get by with using them once or twice, it often seems ever so much easier to pick up a drink.

The Fellowship of Alcoholics Anonymous is not an antidrug or antimarijuana lobby. As a whole, we take no moral or legal position either for or against any other substance. (Every member of A.A., though, is entitled, like any other adult, to hold any opinion on these matters, and to take any action that seems right to him or to her.)

This is somewhat similar to A.A. members’ position—or probably “non-position” is more accurate—on booze and drinking. As a fellowship, we are not antialcohol or against drinking for the millions of people who can use it without causing any harm, either to themselves or to others.

Some (but not all) of us who have been sober a while are quite willing to serve drinks in our homes to our nonalcoholic guests. To drink or not is their right. Not to drink, or to drink if we choose, is equally our right, and we have no quarrel with what other people do. We have generally concluded, for ourselves only, that drinking is not good for us, and we have found ways of living without it which we much prefer to our drunken days.

Not all, but quite a few recovered alcoholics find that their body chemistry has become permanently tolerant to painkilling drugs, so they have to have extra large doses when an analgesic or anesthetic is required for medical purposes.

Some of us report adverse reactions to local anesthetics (such as Novocain) injected by a dentist. At the least, we leave the chair extremely nervous, and the condition may last quite a while, unless we

can lie down a bit to let it wear off. (The company of another recovered alcoholic is soothing at such times.)

Other recovered alcoholics report no such adverse reactions. No one has any idea how to predict in which instances such reactions will occur. Anyhow, it is surely wise to tell our doctor, dentist, and hospital anesthesiologist the whole truth about our former drinking (and pilltaking, if any), just as we make sure they know other facts about our health history.

The two following accounts seem to be typical of A.A. members' experiences with psychotropic (mind-affecting) drugs other than alcohol.

One of us, sober almost thirty years, decided he wanted to try pot, which he had never touched before. So he did. He enjoyed the effects and for months was able to use it on social occasions without any problem at all, he felt. Then someone said a small sip of wine made the effect even better, and he tried that, too, without even thinking about his bad history of alcoholism. After all, he was having only one sip of a very light wine.

Within a month, he was drinking heavily and realized he was again in the thrall of acute alcoholism.

We could put a hundred or so dittos under that tale, with only small modifications. It is a pleasure to report that this particular fellow sobered up, also gave up the weed, and has now been totally pot- and booze-free for two years. He is again a happy, active sober alcoholic, enjoying his A.A. life.

Not all who have similarly experimented with marijuana have made it back into sobriety. For some of these A.A. members, whose pot-smoking likewise led them to start drinking again, their original addiction progressed to the point of death.

The other story is that of a young woman, sober ten years, who was hospitalized for serious surgery. Her physician, who was an expert on alcoholism, told her it would be necessary after the surgery to give her a small dose of morphine once or twice for the pain, but he assured her she wouldn't need it any longer after that. This woman had never in her life used anything stronger than one aspirin tablet, for a rare headache.

The second night after the operation, she asked her doctor for one more dose of the morphine. She had already had the two. "Are you in pain?" he asked.

"No," she replied. Then she added in complete innocence, "But I might be later."

When he grinned at her, she realized what she had said, and what it apparently meant. Her mind and body in some way were already craving the drug.

She laughed and did without it, and has had no such desire since. Five years later, she is still sober and healthy. She occasionally tells

of the incident at A.A. meetings to illustrate her own belief that a permanent “addiction proneness” persists even during sobriety in anyone who has ever had a drinking problem.

So most of us try to make sure any physician or dentist who serves us understands our personal history accurately, and is sufficiently knowledgeable about alcoholism to understand our risk with medications.

And we are wary of what we take on our own; we steer away from cough syrups with alcohol, codeine, or bromides, and from all those assorted smokes, powders, synthetic painkillers, liquids, and vapors that are sometimes freely handed around by unauthorized pharmacists or amateur anesthesiologists.

Why take a chance?

It is not at all difficult, we find, to skip such risky brushes with disaster—purely on grounds of health, not of morality. Through Alcoholics Anonymous, we have found a drug-free way of life which, to us, is far more satisfying than any we ever experienced with mood-changing substances.

The chemical “magic” we felt from alcohol (or substitutes for it) was all locked within our own heads, anyhow. Nobody else could share the pleasant sensations inside us. Now, we enjoy sharing with one another in A.A.—or with anybody outside A.A.—our natural, undoped happiness.

In time, the nervous system becomes healthy and thoroughly conditioned to the absence of mood-changing drugs. When we feel more comfortable without them than we felt while we were using them, we come to accept and trust our normal feelings, whether high or low.

Then we have the strength to make healthful, independent decisions, relying less on impulse or the chemically triggered urge for immediate satisfaction. We can see and consider more aspects of a situation than before, can delay gratification for the sake of more enduring, long-term benefits, and can better weigh, not only our own welfare, but also that of others we care for.

Chemical substitutes for life simply do not interest us any more, now that we know what genuine living is.

22 Eliminating self-pity

This emotion is so ugly that no one in his or her right mind wants to admit feeling it. Even when sober, many of us remain clever at hiding from ourselves the fact that we are in a mess of self-pity. We do not like

at all being told that it shows, and we are quick to argue that we are experiencing some other emotion—not that loathsome poor-me-ism. Or we can, in a second, find a baker’s dozen of perfectly legitimate reasons for feeling somewhat sorry for ourselves.

Hanging over us long after detoxification is the comfortably familiar feeling of suffering. Self-pity is an enticing swamp. Sinking into it takes so much less effort than hope, or faith, or just plain moving.

Alcoholics are not unique in this. Everyone who can recall a childhood pain or illness can probably remember, too, the relief of crying over how bad we felt, and the somewhat perverse satisfaction of rejecting all comforting. Almost any human being, at times, can deeply empathize with the childish whine of “Leave me alone!”

One form self-pity takes in some of us when we first get sober is: “Poor me! Why can’t I drink like everybody else?” (*Everybody?*) “Why does this have to happen to *me*? Why do *I* have to be an alcoholic? Why *me*?”

Such thinking is a great ticket to a barroom, but that’s about all. Crying over that unanswerable question is like weeping because we were born in this era, not another, or on this planet, rather than in some other galaxy.

Of course, it isn’t just “me” at all, we discover when we begin to meet recovered alcoholics from all over the world.

Later on, we realize we have begun to make our peace with that question. When we really hit our stride in an enjoyable recovery, we may either find an answer or simply lose interest in the search. You’ll know when that happens to you. Many of us believe we have figured out the likely reasons for our own alcoholism. But even if we haven’t, there remains the much more important need to accept the fact that we cannot drink, and to act on it. Sitting in our own pool of tears is not a very effective action.

Some people show real zeal for pressing salt into their own wounds. A ferocious proficiency at that useless game often survives from our drinking days.

We can also display a weird flair for expanding a minor annoyance into a whole universe of gloom. When the mail brings a whopping telephone bill—just one—we bemoan our *constantly* being in debt, and declare it will never, *never* end. When a soufflé falls, we say it proves that we never could and never will do anything right. When the new car arrives, we say to somebody, “With my luck, it’ll be a . . .”

If you finished that statement with the name of a sour citrus, you’re in our club.

It’s as if we carried on our back a large duffel bag stuffed with unpleasant memories, such as childhood hurts and rejections. Twenty,

even forty years later, there occurs a small setback only slightly similar to an old one in the bag. That is our cue to sit down, unshoulder the bag, and pull out and lovingly caress, one at a time, every old hurt and putdown of the past. With total emotional recall, we then relive each of them vividly, flushing with shame at childhood embarrassments, grinding our teeth on old angers, rewording old quarrels, shivering with nearly forgotten fear, or maybe blinking away a tear or two over a longgone disappointment in love.

Those are fairly extreme cases of unadulterated self-pity, but not beyond recognition by anybody who has ever had, seen, or wanted to go on a crying jag. Its essence is total self-absorption. We can get so stridently concerned about me-me-me that we lose touch with virtually everyone else. It's not easy to put up with anyone who acts that way, except a sick infant. So when we get into the poor-me bog, we try to hide it, particularly from ourselves. But that's no way to get out of it.

Instead, we need to pull out of our self-absorption, stand back, and take a good, honest look at ourselves. Once we recognize self-pity for what it is, we can start to do something about it other than drink.

Friends can be a great help if they're close enough that we can talk openly with each other. They can hear the false note in our song of sorrow and call us on it. Or we ourselves may hear it; we begin to get our true feelings sorted out by the simple means of expressing them aloud.

Another excellent weapon is humor. Some of the biggest belly laughs at A.A. meetings erupt when a member describes his or her own latest orgy of self-pity, and we listeners find ourselves looking into a fun-house mirror. There we are—grown men and women tangled up in the emotional diaper of an infant. It may be a shock, but the shared laughter takes a lot of the pain out of it, and the final effect is salutary.

When we catch self-pity starting, we also can take action against it with instant bookkeeping. For every entry of misery on the debit side, we find a blessing we can mark on the credit side. What health we have, what illnesses we don't have, what friends we have loved, the sunny weather, a good meal a-coming, limbs intact, kindnesses shown and received, a sober 24 hours, a good hour's work, a good book to read, and many other items can be totaled up to outbalance the debit entries that cause self-pity.

We can use the same method to combat the holiday blues, which are sung not only by alcoholics. Christmas and New Year's, birthdays, and anniversaries throw many other people into the morass of self-pity. In A.A., we can learn to recognize the old inclination to concentrate on nostalgic sadness, or to keep up a litany of who is gone,

who neglects us now, and how little we can give in comparison to rich people. Instead, we add up the other side of the ledger, in gratitude for health, for loved ones who *are* around, and for our ability to give love, now that we live in sobriety. And again, the balance comes out on the credit side.

23 Seeking professional help

Probably every recovered alcoholic has needed and sought professional help of the sort A.A. does not provide. For instance, the first two A.A. members, its co-founders, needed and got help from physicians, hospitals, and clergymen.

Once we have started staying sober, a lot of our problems seem to disappear. But certain matters remain, or arise, which do require expert professional attention, such as that of an obstetrician, a podiatrist, a lawyer, a pulmonologist, a dentist, a dermatologist, or a psychological counselor of some kind.

Since A.A. does not furnish such services, we rely on the professional community for job-getting or vocational guidance, advice on domestic relations, counseling on psychiatric problems, and many other needs. A.A. does not give financial assistance, food, clothing, or shelter to problem drinkers. But there are good professional agencies and facilities particularly happy to help out an alcoholic who is sincerely trying to stay sober.

One's need for a helping hand is no sign of weakness and no cause for shame. "Pride" that prevents one's taking an encouraging boost from a professional helper is phony. It is nothing but vanity, and an obstacle to recovery. The more mature one becomes, the more willing one is to use the best possible advice and help.

Examining "case histories" of recovered alcoholics, we can see clearly that all of us have profited, at one time or another, from the specialized services of psychiatrists and other physicians, nurses, counselors, social workers, lawyers, clergymen, or other professional people. The basic A.A. textbook, *Alcoholics Anonymous*, specifically recommends (on page 72) seeking out such help. Fortunately, we have found no conflict between A.A. ideas and the good advice of a professional with expert understanding of alcoholism.

We do not deny that alcoholics have had many unfortunate expe-

riences with some professional men and women. But nonalcoholics, since there are more of them, have had even more such experiences. The absolutely perfect doctor, pastor, or lawyer, who never makes a mistake, has not come along yet. And as long as there are sick people in the world, it is likely that the time will never come when no errors are ever committed in dealing with illness.

In fairness, we have to confess that problem drinkers are not exactly the easiest people to help. We sometimes lie. We disobey instructions. And when we get well, we blame the doctor for not undoing sooner the damage we spent weeks, months, or years wreaking on ourselves. Not all of us paid our bills promptly. And, time after time, we did our best to sabotage good care and advice, to put the professional person “in the wrong.” It was a cheap, false win, since in the end it was we who suffered the consequences.

Some of us are now aware that our behavior prevented our getting the good advice or care we really needed. One way of explaining our contrary conduct is to say that it was dictated by our illness. Alcohol is cunning and baffling. It can force anyone in its chains to behave in a self-destructive manner, against his or her own better judgment and true desires. We did not plan willfully to foul up our own health; our addiction to alcohol was simply protecting itself against any inroads by health agents.

If we now find ourselves sober but still trying to second-guess the really expert professionals, it can be taken as a warning signal. Is active alcoholism trying to sneak its way back into us?

In some instances, the conflicting opinions and recommendations of other recovering alcoholics can make it hard for a newcomer seeking good professional help. Just as nearly every person has a favorite antidote for a hangover or remedy for the common cold, so nearly everyone we know has favorite and unfavorable doctors.

Of course, it is wise to draw on the large bank of accumulated wisdom of alcoholics already well along in recovery. But what works for others isn't always necessarily what will work for you. Each of us has to accept final responsibility for his or her own action or inaction. It is up to each individual.

After you have examined the various possibilities, consulted with friends, and considered the pros and cons, the decision to get and use professional help is ultimately your own. To take or not to take disulfiram (Antabuse), to go into psychotherapy, to go back to school or change jobs, to have an operation, to go on a diet, to quit smoking, to take or disregard your lawyer's advice about your taxes—these are all your own decisions. We respect your right to make them—and to

change your mind when developments so warrant.

Naturally, not all medical, psychological, or other scientific experts see exactly eye-to-eye with us on everything in this booklet. That's perfectly okay. How could they? They have not had the personal, firsthand experience we have had with alcoholism, and very few of them see as many problem drinkers for as long as we do. Nor have we had the professional education and discipline which prepared them for their duties.

This is not to say that they are right and we are wrong, or vice versa. We and they have entirely different roles and responsibilities in helping problem drinkers.

May you have the same good fortune in these regards that so many of us have had. Hundreds of thousands of us are deeply grateful to the countless professional men and women who helped us, or tried to.

24 Steering clear of emotional entanglements

Falling in love with your doctor or nurse or a fellow patient is an old romantic story. Recovering alcoholics are susceptible to the same fever. In fact, alcoholism does not seem to bring immunity from any known human condition.

Sorrow is born in the hasty heart, an old saw goes. Other troubles, including an alcoholic bout, can be, too.

During our days of bottles, cans, and glasses, many of us spent a lot of time concerned about intimate personal ties. Whether we wanted temporary partnerships or a long-term "meaningful relationship," we were often preoccupied with our deep involvement—or noninvolvement—with other people.

A great many of us blamed our drinking on lack of affection, saw ourselves as constantly in search of love, drinking as we prowled from bar to party. Others of us apparently had all the emotional ties we needed or wanted, but drank anyhow. Either way, alcohol certainly did not ripen our comprehension of mature love, nor our ability to enter into and handle it if it did come our way. Rather, our drinking lives left our emotional selves pinched, scraped, bent, and bruised, if not pretty firmly warped.

So, as our experience shows, the first nondrinking days are likely to be periods of great emotional vulnerability. Is this an extended pharmacological effect of the drinking? Is it a natural state for anyone recuperating from a long and severe illness? Or does it indicate

a deep flaw in the personality? The answer doesn't matter at first. Whatever the cause, the condition is one we have to watch out for, because it can tempt us to drink faster than the eye, head, or heart can realize.

We have seen such relapses happen in several ways. In the early relief and delight of getting well, we can whip up enormous crushes on new people we meet, both in A.A. and outside it, especially when they show genuine interest in us, or seem to gaze up at us in admiration. The giddy rapture this can bring makes us highly susceptible to a drink.

An emotional opposite can also be the case. We may seem so numb both physically and emotionally that we are almost immune to affection for a while after stopping drinking. (Physically, clinicians tell us it is common for people to have little interest or ability regarding sex for many months after stopping drinking—a problem that is often alleviated as overall health returns.) Until we are assured that the numbness will pass, however, going back to drinking can appear an attractive “remedy,” which leads to even worse trouble.

Our shaky emotional condition also affects our feelings toward old friends and family. For many of us, these relationships seem to heal promptly as we pursue recovery. For others, there arrives a period of touchiness at home; now that we're sober, we have to sort out how we actually feel about spouse, children, siblings, parents, or neighbors, then reexamine our behavior. Fellow workers, clients, employees, or employers also require such attention.

(Often, our drinking has had a severe emotional impact on those closest to us, and they, too, may need help in recovering. They may turn to Al-Anon Family Groups and Alateen [see your telephone directory]. Although these fellowships are not officially connected with A.A., they are very similar, and they help nonalcoholic relatives and friends to live more comfortably with knowledge about us and our condition.)

Over the years, we have become strongly convinced that almost no important decisions should be arrived at early in our sobriety, unless they cannot possibly be delayed. This caution particularly applies to decisions about people, decisions with high emotional potential. The first, uncertain weeks of sobriety are no time to rush into major life changes.

Another caution: Tying our sobriety to someone we are emotionally involved with proves flatly disastrous. “I'll stay sober if so-and-so does this or that” puts an unhealthy condition on our recovery. We have to stay sober for ourselves, no matter what other people do or fail to do.

We should remember, too, that intense dislike also is an emotional entanglement, often a reversal of past love. We need to cool *any* overboard feeling, lest it flip us back into the drink.

It is easy to consider yourself an exception to this generalization.

Newly sober, you may earnestly believe that you have at long last found *real* love—or that your present attitude of dislike, persisting even into sobriety, means there always was something fundamentally wrong about the relationship. In either instance, you *may* be right—but just now, it's wise to wait and see whether your attitude will change.

Again and again, we have seen such feelings change dramatically in only a few months of sobriety. So, using “First Things First,” we have found it helpful to concentrate first on sobriety alone, steering clear of *any* risky emotional entanglements.

Immature or premature liaisons are crippling to recovery. Only after we have had time to mature somewhat beyond merely not drinking are we equipped to relate maturely to other people.

When our sobriety has a foundation firm enough to withstand stress, *then* we are ready to work through and straighten out other aspects of our lives.

25 Getting out of the ‘if’ trap

Emotional entanglements with people are not the only way we can get our sobriety dangerously hooked to something extraneous. Some of us have a tendency to put other conditions on our sobriety, without intending to.

One A.A. member says, “We drunks* are very ‘iffy’ people. During our drinking days, we were often full of ifs, as well as liquor. A lot of our daydreams started out, ‘If only ...’ And we were continually saying to ourselves that we wouldn’t have gotten drunk *if* something or other hadn’t happened, or that we wouldn’t have any drinking problem at all *if* only ...”

We all followed up that last “if” with our own explanations (excuses?) for our drinking. Each of us thought: I wouldn’t be drinking this way...

If it wasn’t for my wife (or husband or lover)...if I just had more money and not so many debts...if it wasn’t for all these family problems...if I wasn’t under so much pressure...if I had a better job or a better place to live...if people understood me...if the state of the world wasn’t so lousy...if human beings were kinder, more considerate,

*Some of us A.A.’s refer to ourselves as “drunks,” no matter how long we have been sober. Others prefer “alcoholics.” There are good reasons for both terms. “Drunks” is lighthearted, tends to keep the ego down to size, and reminds us of our proneness to drinking. “Alcoholics” is equally honest, but more dignified and more in keeping with the now widely accepted idea that alcoholism is a perfectly respectable illness, not just willful self-indulgence.

more honest...if everybody else didn't expect me to drink...if it wasn't for the war (any war)...and on and on and on.

Looking back at this kind of thinking and our resultant behavior, we see now that we were really letting circumstances outside ourselves control much of our lives.

When we first stop drinking, a lot of those circumstances recede to their proper places in our minds. At the personal level, many of them really clear up as soon as we start staying sober, and we begin to see what we may be able to do about the others some day. Meanwhile, our life is much, much better sober, no matter what else may be going on.

But then, after a sober while, for some of us there comes a time when—plop!—a new discovery slaps us in the face. That same old “iffy” thinking habit of our drinking days has, without our seeing it, attached itself to not drinking. Unconsciously, we have placed conditions on our sobriety. We have begun to think sobriety is just fine—if everything goes well, or *if* nothing goes wrong.

In effect, we are ignoring the biochemical, unchangeable nature of our ailment. Alcoholism respects no ifs. It does not go away, not for a week, for a day, or even for an hour, leaving us nonalcoholic and able to drink again on some special occasion or for some extraordinary reason—not even if it is a once-in-a-lifetime celebration, or if a big sorrow hits us, or if it rains in Spain or the stars fall on Alabama. Alcoholism is for us unconditional, with no dispensations available at any price.

It may take a little while to get that knowledge into the marrow of our bones. And we sometimes do not recognize the conditions we have unconsciously attached to our recovery until something goes wrong through no fault of ours. Then—whammy!—there it is. We had not counted on *this* happening.

The thought of a drink is natural in the face of a shocking disappointment. If we don't get the raise, promotion, or job we counted on, or if our love life goes awry, or if somebody mistreats us, then we can see that maybe all along we have been banking on circumstances to help us want to stay sober.

Somewhere, buried in a hidden convolution of our gray matter, we had a tiny reservation—a condition on our sobriety. And it was just waiting to pounce. We were going along thinking, “Yep, sobriety is great, and I intend to keep at it.” We didn't even hear the whispered reservation: “That is, *if* everything goes my way.”

Those ifs we cannot afford. We have to stay sober no matter how life treats us, no matter whether nonalcoholics appreciate our sobriety or not. We have to keep our sobriety independent of everything else, not entangled with any people, and not hedged in by any possible cop-outs or conditions.

Over and over, we have found we cannot stay sober long just for the sake of wife, husband, children, lover, parents, other relative, or friend, nor for the sake of a job, nor to please a boss (or doctor or judge or creditor)—not for *anyone* other than ourselves.

Tying up our sobriety to *any* person (even another recovered alcoholic) or to *any* circumstance is foolish and dangerous. When we think, “I’ll stay sober *if*—” or “I won’t drink because of—” (fill in any circumstance other than our own desire to be well, for health’s own sake), we unwittingly set ourselves up to drink when the condition or person or circumstance changes. And any of these may change at any moment.

Independent, unaffiliated with anything else, our sobriety can grow strong enough to enable us to cope with anything—and everybody. And, as you’ll see, we start liking *that* feeling, too.

26 Being wary of drinking occasions

We have worked out many ways of handling occasions when other people are drinking, so that we may enjoy these occasions without drinking.

Back on page 21, we talked about whether to keep liquor or other alcoholic beverages in the house when we decide to stop drinking. In that discussion, we acknowledged that we live in a society where most people drink, and we cannot realistically expect that fact to change. Throughout the rest of our lives, there will be drinking occasions. Chances are, every day we will see people drinking, see drinking places, see and hear dozens of advertisements urging us to drink.

We cannot insulate ourselves against all such suggestions, and it is futile to bemoan that fact. Nor do we have any need or wish to deprive other people of drinking. We have also found that we do not have to forgo the pleasure of being with companions who drink. Although it makes sense to spend more time with nondrinkers than with drinkers when we *first* start staying sober, we have no wish to withdraw from the world forever just because so many people drink. Those who cannot eat fish or nuts or pork or strawberries don’t crawl into caves. Why should we?

Do we go into bars, or into restaurants or clubs where liquor is served?

Yes—after a few weeks or months, when we have a *legitimate* reason to be there. If we have time to kill while waiting for friends, we do not choose to spend it perched on a barstool, swilling a cola. But if a busi-