

About AA

Myths and Misconceptions About Alcoholics Anonymous—An Alcoholism Counselor's View

Alcoholics Anonymous' Sixth Tradition states: *An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.* In the spirit of this Tradition of "cooperation but not affiliation," A.A. members often take A.A. meetings into alcoholism treatment centers. There are no "A.A. treatment facilities"—but many hospitals and rehabilitation centers use A.A.'s Twelve Steps as the basis of their treatment plan, and welcome A.A. members who bring A.A.'s program of recovery to the patients. For this issue we have asked John Wallace, Ph.D., an alcoholism counselor who is director of an alcoholism treatment and rehabilitation center in New England, to share his views on the Fellowship. Many people know of A.A. and its record of recovery from alcoholism, yet there is still a shroud of mystery around how it works, if it is or is not a religious organization, what it costs and so forth. Dr. Wallace answers some of these questions, clears up many misconceptions, and sheds light on the A.A. program from the viewpoint of a professional working in the field of alcoholism.

It has been nearly fifty years since the Fellowship of Alcoholics Anonymous had its quiet beginnings in Akron, Ohio. But, despite its presence on the alcoholism scene for nearly a half century, A.A. is still often misunderstood by many. Without careful and thorough reading of A.A. literature or direct experience in the Fellowship for lengthy periods, it is not easy to grasp the purposes, processes, concepts, and activities of this critically important social movement.

Myths about A.A. and misconceptions of its concepts and approaches abound. It is imperative that we identify these myths and misconceptions so that open, knowledgeable, and sensitive communication can take place.

First, despite opinion to the contrary, A.A. is not a prohibitionistic organization. A.A. does not condemn the social use of alcoholic beverages by all persons. The Fellowship emphasizes abstinence for its members since alcoholics have proven time and time again that they cannot consistently manage either their drinking and/or their behavior while drinking.

While abstinence from alcoholic beverages is a critical first step for the newcomer to the Fellowship, A.A.'s program of growth does not stop with the end of drinking. A.A. members distinguish between being merely "dry" and being "sober." To be dry and dry alone is not a very satisfactory condition. For the alcoholic, it is misery. At best, dryness is a traditional step, a "bridge" to the more complex state of sobriety. Whereas dryness refers only to not drinking alcohol, sobriety refers to major changes in the recovering person's approach to physical health, emotional well-being, mental clarity, social relations, family life, work, love, and spirituality. Only the First Step of A.A.'s Twelve Step program of recovery deals with alcohol: *We admitted we were powerless over alcohol—that our lives had become unmanageable.* The remaining eleven Steps deal with learning how to live comfortably (and with fulfillment) with oneself, with others, and with one's Higher Power.

Because of the central role of spiritual development in A.A., many people confuse the Fellowship with organized religions. A.A. is not a religious organization, but it is a spiritually-centered organization. The Fellowship is not an organized religion since it does not require members to accept a single conception of a deity, has no religious ritual, and enforces no single body of religious beliefs. The Steps to recovery do suggest that belief in a higher power, as each member understands that concept, is of great value in the restoration of sanity and in finding a life of personal satisfaction and fulfillment without alcohol. But it is important to note that the A.A. higher power concept is an entirely open and free concept. The member may believe exactly what he or she chooses to believe and nobody in A.A. can tell them to believe otherwise.

A further misconception of Alcoholics Anonymous is that it endorses a simple and naive disease concept of alcoholism. This is a difficult misconception to understand since A.A., from its very beginning, embraced a subtle, complex, and multi-dimensional concept of the disease. By attending to the physical, mental, emotional, and spiritual aspects of alcoholism, A.A. anticipated very recent developments in modern medicine, psychiatry, and psychology—not only for the disease of alcoholism but for many other diseases as well. The emerging discipline of behavioral medicine is one notable recent attempt to wed psychology and medicine in efforts to deal with many diseases; A.A., in 1935, was already embracing a psychosomatic view in which body (allergy to alcohol) and mind (obsession with alcohol) were joined to explain the origins and maintenance of the disease. Over the years, several disciplines have brought to bear many of the magnificent achievements of modern 20th-century biological sciences on the problem of alcoholism. These scientific advances in neurochemistry, neuropharmacology, neuroanatomy, and behavior are welcomed since they are entirely consistent with A.A.'s early emphasis upon psychosomatic relationships. Moreover, these

scientific achievements promise to shed new light on alcoholism as they have on many other diseases from which humankind suffers.

The belief that A. A. is hostile to psychological and psychiatric knowledge is unfortunate. Some A. A. members may have received inadequate treatment in the hands of poorly trained and inadequately educated professionals in the past. However, this unhappy situation is changing rapidly as the curricula of professional and graduate schools reflect the realities of the disease of alcoholism and more and more professionals are achieving accurate and sensitive understanding. A. A., despite strong opinion to the contrary, is a psychologically very sophisticated Fellowship. Many of its concepts and procedures are psychology in action at its very best.

In A. A., members recognize the importance of psychological matters such as resentments, self-pity, egotism, unrealistically high expectations, frustration, stress, sexual and love relationships, self-esteem, fear, anxiety, guilt, grandiosity, self-will, melancholy, depression, security needs, envy, power over others, control and domination of others, and fear of financial failure. For an organization that presumably does not feel that psychological factors are important, the list is long indeed! Not only does A. A. involve itself with psychological matters, its activities are clearly and intelligently planned psychological processes. The A. A. group meeting, for example, could be a textbook example of the social psychological processes that characterize healthy, strong, and positive human relationships: open, honest, and trusting communication; caring, respect, and consideration for others; commitment to the growth and well-being of self and others; and empathy for and identification with others. Many of A. A.'s other processes and Steps either implicitly or explicitly recognize the importance of both individual and interpersonal psychological processes in the recovery from alcoholism.

Some people hold the misconception that A. A. forces people to admit that they are alcoholics and public confession of one's alcoholism must be made. Aside from the fact that A. A. does not require anybody to do anything, this misconception is off the mark because A. A. does not diagnose anything. Professionals diagnose diseases. A. A. members help each other to stay sober. The A. A. Preamble states: "The only requirement for membership is a desire to stop drinking." Many A. A. members, perhaps most, eventually choose to call themselves alcoholics, but this is not a condition for belonging. The very First Step of the A. A. program of recovery is to admit to being powerless over alcohol. Even here, however, this is a suggested step to recovery and not an order. Moreover, the Step does not say that one must diagnose oneself as an alcoholic, nor does it require one to accept such a diagnosis from somebody else.

Finally, it is sometimes believed by certain people that A. A.'s position on the necessity for abstinence if alcoholics are to recover from alcoholism is purely an ideological position with no empirical basis. Moreover, these persons believe that modern science has proved A. A. wrong on this point and that alcoholics can be taught normal, controlled, or nonproblem

drinking. Of all myths and misconceptions, this one is potentially the most dangerous since sufferers from the disease of alcoholism will place themselves at risk for grave and even tragic consequences if they embrace this myth.

The A. A. belief in abstinence for alcoholics did not just appear out of the blue in a burst of ideological inspiration. It grew out of empirical observation in the real world. It grew out of direct observation of suffering too painful to bear, of tragedy and shattered dreams, of broken bodies, alcohol-related diseases, ended careers, and destroyed families. A. A. recognized early that a relationship existed between the continued ingestion of alcohol by alcoholics and the eventual but inevitable negative consequences of an active alcoholic life. In effect, A. A.'s beliefs have come from literally hundreds of thousands of direct observations of men and women in the real worlds of small towns, cities, the suburbs, ghettos, and megalopolises. A. A.'s have had plenty of direct experience with drinking alcoholics and with sober alcoholics. They don't report seeing much controlled or nonproblem drinking at all. What they do report is that life for countless alcoholics and their families improves beyond imagination when they get the message, stop drinking, and begin to work a Twelve Step program of recovery.

The scientific evidence against abstinence, when viewed objectively, is unimpressive. The numbers are simply too small for any responsible and ethical professional to announce to the world that a cure for alcoholism has been achieved.

It is time for the many myths and misconceptions of A. A. to be exposed and discarded. A. A. needs open, trusting, and distortion-free channels to the professional communities that are, in some way or another, involved with the alcoholic. Moreover, these professional communities need the same kind of communication channels to Alcoholics Anonymous. Even though opening such channels may be painful to some, our mission is too critically important to fail to do so. In the final analysis, it is the suffering alcoholic and his or her family who will be helped ultimately from clear, sensitive, and accurate communication between A. A. and the professional communities.

It is important for members of the professional communities to try to understand A. A. more accurately, but it is equally important for members of A. A. to try to communicate concepts, approaches, and activities clearly and effectively. A professional who has very limited experience with A. A. doesn't know what "turn it over" means. Nor could such a professional possibly understand "First Things First" or concepts such as the "dry drunk." A. A.'s spend a lot of time talking to other A. A.'s and rarely have to explain what they mean by the slogans and Steps. In talking to nonmembers, A. A.'s need to keep in mind that it takes a lot of meetings before the ideas in the Fellowship really make sense.

In a nutshell, communication is everybody's business in reaching out to the still-suffering alcoholic. If we all strive to understand each other better, we will see each other more clearly and realistically. This cannot help but benefit alcoholics everywhere.