When Non-A.A.'s Want to Start an A.A. Group

An increasing number of inquiries about starting an A.A. group are being received from professionals, treatment centers, halfway houses, and religious organizations. The customary response of the A.A. General Service Office to those wanting to set up a group is that they should call or write the nearest A.A. central or intergroup office or other appropriate A.A. committee in the area, to request the help of local A.A. members who have had experience of this kind or at least have had several years of sobriety in A.A.

Despite A.A.'s willingness to be of service, there are sometimes circumstances—the geographical isolation of a treatment center, for example—in which non-A.A.'s are called upon to set up a meeting. When this occurs, it is important that all concerned be aware of the difference between professional treatment and the nonprofessional self-help offered by A.A.

In the words of Dr. John M. Severinghaus, medical director of the Alcohol Rehabilitation Program at the V.A. Hospital in White River Junction, Vermont: "A.A. and hospitals are plainly very different species of beasts." Dr. Severinghaus made that point during his address at A.A.'s International Convention in New Orleans in 1980. He went on to say: "I think one of the best things professionals can do for alcoholic patients is to help them to use A.A. effectively for themselves. But there is a very important boundary here that has to be maintained, for the health of both A.A. and the hospitals.

"Both have their basic principles which are right for themselves but awfully wrong when mixed. The way to keep things from getting mixed, of course, is to have both sides clear on each other's roles.

"The A.A. program of recovery relies heavily on the fellowship and influence of the group, but places the ultimate burden of responsibility for recovery squarely (and appropriately) on the individual. There are no designated experts. A place that accepts money for treatment, on the other hand, is in the business of being expert. A hospital has to be organized; someone has to be in charge.

"Both A.A. and professionals have to be careful to learn about each other before rushing into business together, or there are bound to be problems. All sorts of partnerships seem to work better if people take time to get to know each other before signing the contract."

For non-A.A.'s in special situations that may necessitate their starting an A.A. group, we have developed the following suggestions:

- It is helpful, not only to attend as many open A.A. meetings as possible, but also to go to a variety of groups in different neighborhoods and of different socioeconomic composition, to see how A.A. works on all of those levels.

- Certain A.A. literature may be especially helpful, such as the pamphlet "The A.A. Group," containing everything you need to know about the setting up and functioning of an A.A. group. Other useful pamphlets are "A.A. in Your Community," "This Is A.A.," "44 Questions," and "The Twelve Traditions Illustrated."

- Experience shows that patient groups work better if they are run by someone other than a professional facility staff member. That leaves staff members free to function in their professional capacity and empha-
sizes to the patient that A.A. is separate, nonprofessional, and voluntary.

- It also seems best to give the meeting a name entirely different from that of the hospital, rehab center, or church where it is held, in order to make it clear that A.A. is not affiliated with the facility.

A.A.'s General Service Office will be happy to provide any additional information and support you may require.

### Helping Companies Help Alcoholic Employees

The new leaflet "Alcoholics Anonymous and Occupational Alcoholism Programs" offers information on ways A.A. can help companies, unions, and governmental agencies that are setting up programs for alcoholic employees. Emphasizing A.A.'s willingness to cooperate with all such organizations, the leaflet underlines the nonprofessional nature of A.A. and the fact that its sole concern is the personal recovery and continued sobriety of those alcoholics who turn to it for help.

While the A.A. Fellowship does not itself establish alcoholism programs, its members welcome the opportunity to share their experience as recovered alcoholics with the groups that do—by presenting public information meetings to describe the A.A. program to employees; by meeting informally with management, supervisors, personnel directors, and union leaders to discuss ways that A.A. can cooperate with them; and by escorting employees who want help to A.A. meetings in the community.

A copy of the leaflet is enclosed, and we will be happy to send up to ten more copies free, upon request. Additional copies beyond that are 5¢ each.

### Why Is A.A. Anonymous?

To answer the most common questions newcomers and others ask about anonymity, we are now publishing a rewritten and revised edition of the pamphlet "Understanding Anonymity." Although most people recognize that the word "anonymous" in A.A.'s name is a promise of privacy, there are several aspects of anonymity—especially at the media level—that seem to be puzzling to A.A. members as well as to nonmembers.

By providing a brief review of the Fellowship's experience with anonymity over the years, the pamphlet shows how we have arrived at the conclusion that anonymity is the greatest single protection A.A. can have for its continued existence and growth.

A question-and-answer section provides information on such specific topics as whether a newcomer should tell friends and business associates about membership in A.A., why A.A. continues to maintain the Tradition of anonymity for celebrities and other members in print and in other media, and why it is an anonymity break if a newspaper or TV show uses a member's photograph but not his or her full name.

The enclosed copy is for your information. If you would like more, we will be happy to send up to ten copies free. Additional copies are priced at 15¢ apiece.

### Getting A.A. Information to the Deaf

Experts from the National Association for the Deaf have rewritten "A Brief Guide to A.A." in language that can be better understood by deaf persons with limited reading skills. A study showed that some hearing-impaired readers had difficulty absorbing the material as it was originally written. Because that particular leaflet is such an informative introduction to A.A., it was the first to be chosen for rewriting.

Presented in extra large type and written in a simple style, the paper "A Brief Guide to A.A." would also be valuable for use with older alcoholics who cannot read small print and with many people who have reading problems. Limited numbers of copies are available free upon request. You may also wish to Xerox copies for your use, since this particular material does not have a copyright and may be reproduced without permission.