

ABOUT A.A.

...a newsletter for professional men and women

Fall 1980

A.A.'s 45th Anniversary Celebrated at International Convention in New Orleans

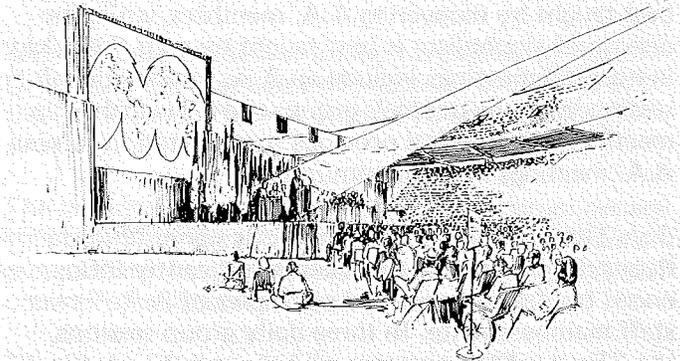
Were you there?

Saluting the 45th birthday of Alcoholics Anonymous, 22,500 A.A.'s, Al-Anons, Alateens, and friends from 40 nations registered for our Seventh International Convention, in New Orleans, La., July 3-6, 1980. Twenty-three nonalcoholic authorities on alcohol problems were guest speakers, and others came to help us "celebrate sobriety."

No A.A. "business" is conducted at these gatherings, held every five years since the first, in Cleveland, Ohio, in 1950. There, the late "Dr. Bob" (Robert H. Smith, M.D., Akron, Ohio) made his last public A.A. talk, after 15 years of sobriety. He died that year.

Three decades later, over 420 A.A.'s and nonalcoholics participated in panels, workshops, around-the-clock alkathons (marathon A.A. meetings), and other gatherings—a total of 120 scheduled sessions. The largest meetings were translated simultaneously into Spanish, French, and German, and an interpreter signed for the deaf. It was quite a contrast to the first "A.A. meeting," when a shaky Dr. Bob met alone with the other co-founder, Bill W. (William G. Wilson), a New York stockbroker, in May 1935 in Akron.

Mini-Mardi Gras balls and a variety show were also



featured. At one of the giant A.A. sessions in the Superdome, Lois W., widow of Bill W., was presented with the first copy of the book "Alcoholics Anonymous" in Italian, 11th tongue in which the basic A.A. text is now available.

Attendees employed in the field of alcoholism seemed especially enthusiastic about these segments of the A.A. program: Medical Profession; Alcoholism Agencies; Treatment Centers; Rehabilitation Programs; News Media; Prisons; How A.A. Cooperates With Professionals; Clergy; Court Programs; Hospitals; A.A. Cooperation With Medical and Nursing Schools; Industry; Armed Services; and, naturally, A.A.'s Employed in the Field of Alcoholism.

Uses of A.A. in Professional Treatment Described in Non-A.A. Publication

Examples of the use of A.A. ideas by professionally operated alcoholism rehabilitation centers are described by staff members of 13 such facilities in "Alcoholism Rehabilitation: Methods and Experiences of Private Rehabilitation Centers," a 138-page paperback manual edited by Vincent Groupe, Ph.D., and published jointly by the National Institute on Alcohol Abuse and Alcoholism and the Rutgers University Center of Alcohol Studies.

The methods described cover both inpatient and outpatient care.

A.A., of course, is not affiliated with any treatment facility or method whatsoever, and neither endorses nor opposes any facility method or any publication. This article simply relays information that may be found in the book, available from the Journal of Studies on Alcohol, Inc., P.O. Box 969, Piscataway, NJ 08854.

In the book's introduction, Dr. Max Weisman, recently retired as director of the Maryland Alcoholism Control Administration, notes that all 13 centers described "incorporate the program of Alcoholics Anonymous . . .

sometimes openly expressed, sometimes with exquisite subtlety . . . All the centers provide for aftercare by referring the patient to an A.A. group."

1. In an Ohio clinic: "The treatment theory has borrowed heavily from A.A.," the clinic's founder writes. There are "daily group sessions including an A.A. meeting . . . and study sessions covering the elements of the Twelve Steps."

2. A clinic on the East Coast "decided that A.A. is best taught by recovering A.A. members, while the disease of alcoholism is best taught by staff." Weekly in-hospital meetings include an A.A. informational session, a young people's group, and a Twelfth Step meeting. The hospital provides transportation to nine A.A. meetings in the community.

3. The evolution of a therapeutic community in Pennsylvania "has always been significantly influenced by the concepts and principles of A.A.," two staff members write. In three daily group sessions, the "Twelve Step program of A.A. and the practical aspects of recovery are discussed in detail. Two A.A. meetings are held weekly, one by the patients and the other by an invited A.A. group."

4. A Tennessee rehab center uses A.A.'s Steps as the "backbone of a formal treatment program." Lectures based on the Twelve Steps are presented twice daily, with "greatest emphasis" on Step One. The patient meets with a counselor for the Fourth and Fifth Steps, and "A.A. becomes ongoing therapy for the discharged patients," according to two staff members.

5. "The alcoholic can have his first experience of celebrating life without alcohol," a staff member of another Pennsylvania center writes, when a center "uses programs growing out of the A.A. experience." The writer notes also that "the authors of the Twelve Steps were reflecting upon an experience that had occurred in themselves. . . . [The Steps] were not invented by a committee on how to become abstinent."

6. Officers of a Minnesota foundation report that its patients consider the daily lecture the most significant part of treatment. In every cycle of 20 lectures a week, each of the A.A. Steps is the subject of one lecture. Some staff members also tell of their own recovery.

7. In a general hospital in Illinois, treatment often begins in the emergency room, according to the physician who directs alcoholism services. Patients not admitted return to the hospital for introduction

to the outpatient program, including therapy sessions, lectures, films, counseling, and the three weekly A.A. meetings provided for inpatients.

8. The director of a resident facility in New Jersey writes, "Without continuing A.A. or comparable therapy and the guidance of people who have been down this path and are aware of the pitfalls, treatment is generally unsuccessful."

9. A Pennsylvania foundation bases its "multiple family therapy" on this statement in the book "Alcoholics Anonymous": "Cessation of drinking is but the first step away from the highly strained, abnormal condition. A doctor said to us, 'Years of living with an alcoholic [are] almost sure to make any wife or child neurotic. The entire family is, to some extent, ill.' Let families realize, as they start their journey, that all will not be fair weather" (page 122).

10. A.A., Al-Anon, and Alateen are introduced to patients at another Illinois general hospital. A.A. volunteers, literature, and meetings are used, and an active A.A. member is on each treatment team. Special meetings are held on A.A.'s Fourth and Fifth Steps, and former patients form a "bridge group" to discuss reentering the world outside the hospital. A.A. members visit patients daily, and provide transportation to nonhospital A.A. meetings.

11. During the comprehensive alcoholism program in a voluntary hospital in a large Eastern city, every patient is urged to join A.A. In a related residential facility, patients are led through the first five of the Twelve Steps.

12. A hospital for alcoholics in Texas was started by a physician and a lay person, both abstinent A.A. members. After detoxification, patients attend A.A. orientation sessions (13 weekly meetings), the doctor writes, and are helped to take the first five of the Twelve Steps. Individual study of the "Alcoholics Anonymous" text is part of the program. Upon release, patients are referred to A.A. groups near their homes.

13. A Georgia hospital asks patients to lay aside other interests for four weeks, concentrating on recovery—thus "practicing the A.A. slogan 'First Things First.'" Stress is placed, a staff member explains, on understanding the difference between "spiritual" and "religious." Agnostics who are leery of A.A. are asked: "Do you want to be a drunk agnostic or a sober agnostic?" There are four Step meetings each week, and daily playing of taped talks by A.A. and Al-Anon members. Twice weekly, patients are bused to "outside" A.A. meetings; and at one "inside" meeting,

they are urged to talk about themselves. Guest A.A. speakers visit once a week.

The last chapter in the book is by John L. Norris, M.D., New London, N.H., formerly chairperson (nonalcoholic) of the A.A. General Service Board, and one of the pioneers in bringing alcoholism treatment into the field of industrial medicine. Dr. Norris uses his long association with A.A. to present an examination of the Fellowship's history and principles. He advises professionals who wish to work with A.A. to get an A.A. "sponsor," attend meetings, and become familiar with A.A. literature. "The advice 'Go to A.A.' will rarely be followed," Dr. Norris writes. "'Come with me' will almost always be accepted."

Conference Encourages A.A.'s To Cooperate With Professionals

A.A. members everywhere have been urged to "devote effort toward cooperation with the professional community." The recommendation came from this year's meeting of the A.A. General Service Conference, a representative assembly that oversees A.A.'s world services. The Conference, which includes delegates from 91 areas of the U.S. and Canada, has no enforcement or legal power, but tries to reflect the "group conscience" of A.A. as a whole.

It also recommended that members make in-person A.A. talks rather than videotapes; and that our anonymity Traditions be respected when talks *are* videotaped (as they occasionally are for use in treatment facilities).

Conference members, gathered at the Hotel Roosevelt in New York in April, met in small workshops on "Reaching the Alcoholic by Working With Nonalcoholics and A.A. Members in the Alcoholism Field." They shared extensive experience in cooperating with non-A.A. agencies. Particularly, they stressed the need for A.A. members' becoming better informed about our Fellowship's Traditions. They also emphasized the importance of continual communication efforts, because both A.A. leaders and professional personnel rotate into and out of their positions. They agreed that committees, rather than individual A.A. members, should handle responsibilities (to the professional community).

Recognizing that A.A. is experiencing a rapid influx of new members, the Conference, in one of its "Advisory Actions," recommended that "A.A. groups remember their primary purpose of carrying the message to the alcoholic by: (1) providing greeters to welcome

new members and visitors; (2) emphasizing and accepting the responsibilities of sponsorship; and (3) taking group inventories periodically to determine if the group is fulfilling its primary purpose."

"Dr. Bob" Biography Available

"Dr. Bob and the Good Oldtimers," described as "a biography, with recollections of early A.A. in the Midwest," is A.A.'s latest publication.

The 373-page hardcover book, introduced in New Orleans, is the first extensive account of the life of the late A.A. co-founder Robert H. Smith, M.D., Akron, Ohio.

The origins of many contemporary A.A. practices are seen clearly in the experiences of Akron and Cleveland groups. The first A.A. cooperation with hospitals and other professional institutions is recorded.

Thoroughly documented and indexed, "Dr. Bob and the Good Oldtimers" also contains a list of dates and events important in A.A. history, and 26 photographs of significant places and people—but none of living A.A. members. It is available from this office. Price: \$5.50.

We Salute Marty M., Pioneer Woman A.A.

The sudden death on July 22 of Marty Mann, founder of the National Council on Alcoholism (N.C.A.), closes a crucial era in the modern alcoholism movement. Her last public appearance was at our 45th Anniversary International Convention in New Orleans.

Marty's experience was very important in A.A. history. She had her last drink in 1939. (Her story is on page 222 of the book "Alcoholics Anonymous.")

In 1943, she attended the Summer School of Alcohol Studies at Yale University (now at Rutgers) and determined to mount a public education campaign against alcoholism. When she started N.C.A., members of her original committee included, not only E. M. Jellinek and Howard W. Haggard of Yale, but also Bill W. and Dr. Bob, A.A. co-founders, whose enthusiastic support had much to do with A.A. friendliness toward the fledgling N.C.A. For many years, N.C.A. was the only organization concerned exclusively with alcoholism and alcoholics.

A.A.'s founders urged Marty to identify herself in public appearances as an alcoholic recovering in A.A.

She did so for one year. Then, she, Bill, and Dr. Bob agreed it had not been a good idea. The virtues of anonymity in broadcast and print media were just becoming apparent. N.C.A. needed to raise funds publicly, but A.A. needed to be self-supporting—to decline outside contributions. And it was obvious that N.C.A. and A.A. performed entirely different functions and therefore should continue to be completely independent of each other.

Marty never again identified herself as an A.A. member when speaking or being interviewed as the N.C.A. head. And when she spoke as an A.A. member at A.A. meetings, she talked only about her own personal experience with alcoholism and her A.A. recovery.

Marty delivered from 200 to 350 lectures a year in the United States, Canada, Europe, and Asia. Her writings were published in five languages. She played a key role in national alcoholism efforts. At the time of her death, she was a special consultant to the director of the National Institute on Alcohol Abuse and Alcoholism.

A.A. Groups Evolve to Meet Treatment Center Needs

Two kinds of A.A. groups in alcoholism treatment facilities seem to be practical, simple ways of introducing patients to A.A. while they are still in these institutions. Apparently, local conditions determine which type is better for patients in a given treatment center.

“Regular” A.A. groups are often preferable, and they have proliferated in the last year. These groups simply use treatment center space for meetings. The meetings are open both to patients of the facility and to any A.A. members in the community. Such groups run their own meetings and are completely responsible for their own affairs (see the pamphlet “The A.A. Group”). They are listed in our regular A.A. directories and meeting lists along with groups that meet in parish halls, school cafeterias, clubhouses, and other places.

Groups meeting in facilities have found it is best *not* to use the treatment center’s name as the group’s name. This would give the misleading impression that A.A. “runs” the center, or that the A.A. group is operated by the center.

The other kind of A.A. group has become known as a “treatment center group,” and it occupies a separate status in A.A., different from that of “regular” groups. It is an A.A. meeting that is held for patients/residents, and it is *not* open to all A.A.’s in the community. Certain A.A. members are usually invited by center officials to arrange the meetings for patients, and these

members often bring in one or two others as speakers. Sometimes, such meetings are the responsibility of a local A.A. institution (or treatment center or hospital) committee. These groups are *not* listed in our regular A.A. directories.

Often, these special groups—like those that meet in correctional facilities, detox centers, and courthouses—are unable to function fully the way an autonomous “regular” group does. For example, they may be unable to be completely self-supporting, and thus are somewhat dependent on the facility, not only for space, but also for A.A. literature and refreshments.

If your treatment center has any question about either type of A.A. group, please write or call our A.A. General Service Office (G.S.O.) in New York, directing your query to the secretary of our trustees’ Committee on Treatment Facilities. We’ll be glad to answer any queries and offer other help, too.

Of course, developing a face-to-face working relationship with A.A. in your own community is what really counts, if you want A.A. help with your patients. All A.A. groups, committees, offices, even members, are autonomous. We here at G.S.O. have no authority over local A.A. entities, but we can usually put you in touch with local A.A.’s eager to be helpful.

About the Pamphlet Enclosed

Some members of our trustees’ Committee on Cooperation with the Professional Community (C.P.C.) were reluctant to mail you an unasked-for copy of our new pamphlet “A.A. in Treatment Centers” when it was first suggested.

After all, it is written specifically for A.A. members—to encourage them to cooperate with professional treatment centers by “carrying the A.A. message” to alcoholic patients. The new pamphlet, a replacement for “A.A. in Hospitals,” is not aimed at the professionals or others on the staffs of such facilities.

However, Milton A. Maxwell, Ph.D., nonalcoholic chairperson of our General Service Board, has convinced us that the personnel of many treatment institutions will find “A.A. in Treatment Centers” really useful, interesting, even eye-opening. (Of course, many who work in such places are also A.A. members.)

If you would like more copies—either for your staff or for A.A. visitors—please let us know. Write to Secretary, C.P.C., Box 459, New York, NY 10163.