

About AA

Two Psychiatrists View A.A. — 50 Years Apart

... let me reaffirm my proxy membership in A.A. I have been in on its glowing start and I have shared in its growing pains. And now I have reached the state of deep conviction in the soundness of the A.A. process, including its miracle aspects. I have tried to convey to you some of my observations on the nature of that process. I hope they will help in making the A.A. experience not just a miracle but a way of life which is filled with eternal value. A.A. has, I can assure you, done just that for me.

A.A. Comes of Age, p. 251

The above quote is from a talk given by Harry M. Tiebout, M.D., at A.A.'s 1955 International Convention in St. Louis, Missouri. Dr. Tiebout, a psychiatrist, first became interested in A.A. in 1939, when two of his patients made unexpected and remarkable recoveries after exposure to the A.A. program. Dr. Tiebout, who served on A.A.'s General Service Board as a Class A (nonalcoholic) trustee, 1957-1966, became one of A.A.'s strongest supporters, endorsing the Fellowship and its work to psychiatric professionals. He was the author of many articles on alcoholism, including the well-known paper "The Ego Factor in the Surrender of Alcoholism."

Some 50 years later, John N. Chappel, M.D., professor of psychiatry and medical director of Alcohol and Drug Programs, Truckee Meadows Hospital, Reno, Nevada, echoes many of Dr. Tiebout's early observations.

One of Dr. Chappel's concerns is that "Psychiatry does not know enough about the efficacy of Alcoholics Anonymous and other twelve-step programs that have developed from it." Dr. Chappel, who has served as a nonalcoholic trustee since 1989, goes on to state that "current psychiatric training, which requires the inclusion of some training in working with twelve-step programs, will improve this situation of relative ignorance." Stressing that "my opinions are my own; I do not speak for A.A.," he further suggests that familiarity with A.A.'s long-term success will help to dispel the "pessimism surrounding the treatment of alcoholism that has permeated medicine for decades because of our recurring experience with alcoholics who do not change their behavior as a result of our medical or psychiatric treatment."

To understand A.A., Dr. Chappel says, "one needs to go back almost 61 years in time to December 1934: Bill W., a Wall Street broker and 'hopeless' alcoholic had just sobered up for the fourth time in New York City's Towns Hospital—only this time he had a dramatic spiritual experience that arose from his despair and depression. Following discharge he attempted to help other alcoholics; after several failures he shared his frustration with his physician, Dr. William D. Silkworth, who held a medical degree from the New York University-Bellevue Medical School, with a specialization in neurology. Said Dr. Silkworth: 'For God's sake, stop preaching. Tell them about the

obsession and the physical sensitivity they are developing—say it's as lethal as cancer. A drunk must be led, not pushed."

Spiritual, Not Religious

"Recognizing his own need to talk to another alcoholic, Bill persevered and, in May 1935, he met Dr. Bob S., an Akron, Ohio, surgeon. The two would become co-founders of A.A., which at first leaned heavily on the precepts of the then viable Oxford Group but later separated from that group and any association with formal religion. Almost from the start, the spiritual nature of the A.A. program has been so personal and accepting of any or no religious experience that atheists and agnostics easily participate.

"Soon more 'alcoholic prospects' were found, and they became part of the growing Fellowship. It took more than four years of shared experience to develop the Big Book, *Alcoholics Anonymous*, and the Twelve Steps of recovery, which have since been emulated by scores of twelve-step programs.

"It is often said that what the Twelve Steps are to personal recovery, the Twelve Traditions, adopted in 1950, are to the life of A.A. as a whole. In 1955 the Three Legacies of Recovery, Unity and Service were symbolically turned over to the Fellowship by its co-founders; and in 1962 the picture was completed by the Twelve Concepts for World Service, including the Six Warranties, which are sometimes referred to as the 'constitution' of A.A. The outcome of this lengthy process was a program that is still the most effective method for maintaining sobriety."

What A.A. Is and Is Not

Given A.A.'s "demonstrated effectiveness in recovery from alcoholism," says Dr. Chappel, "it is even more important for psychiatrists to have a working knowledge of what happens in Alcoholics Anonymous. A.A.'s worldwide community of more than 2 million members is not under professional control. It is protected by its Traditions, including Tradition Six, which provides that A.A. can cooperate, but not endorse or affiliate with, any outside enterprise 'lest problems of money, property and prestige divert us from our primary purpose,' which to A.A.s is to stay sober and carry the message of sobriety to the alcoholic who still suffers.

"To psychiatrists, this singleness of purpose means that our patients will experience no conflict with the A.A. program so long as they do not drink. The only requirements for membership is a desire to stop drinking. Importantly, we need to understand that A.A. does *not*: solicit members; charge dues or fees; control or follow up on members; provide hous-

ing, meals or transportation; provide medical, psychiatric or nursing care; accept money from nonmembers; or join councils or social agencies.”

How It Works

Dr. Chappel points to “three major elements in A.A.’s program of recovery: *Meetings*, which introduce the newcomer to other alcoholics in various stages of recovery, with assurance of anonymity; *Sponsorship*, wherein a member with a length of sobriety provides guidance for the newcomer; and *Fellowship*, before, during and after meetings, which can be very effective in providing an experience of acceptance and belonging.” A main interest of A.A., he notes, “is to make its program more attractive to newcomers without promotion. In the spirit of its Eleventh Tradition, ‘Our public relations policy is based on attraction rather than promotion....’ Although A.A. is available to all alcoholics, there is absolutely no pressure to have people join the program. A.A. members are linked by their kinship in freedom from suffering.”

How to Know More

Psychiatrists “cannot learn about the A.A. program of recovery in a hospital or clinic, or from detoxifying patients and treating their medical complications, or just by reading articles or A.A.’s Big Book,” Dr. Chappel believes. “Some direct experience is necessary—sort of a mini-residency in A.A.” He suggests ways in which this experience can be acquired:

1. Call the local A.A. number and ask to speak to a member. A good resource is the Cooperation With the Professional Community committee (C.P.C.).
2. Ask for a temporary A.A. contact, who will help you learn about the program, preferably one who has a solid length of continuous sobriety, a working familiarity with the Twelve Steps, and is sponsoring other A.A. members.
3. Meet regularly with your contact. Together, go over the schedule of local open meetings and pick those that meet your needs.
4. Plan to attend one open meeting a week for three months, or one meeting a month for a year. Discuss your experiences with your temporary contact. (If you encounter limitations in your relationship with your contact, do not hesitate to seek out another one.)

“I have found,” says Dr. Chappel, “that a secondary gain to this learning experience is personal benefit. Since 1975 I have been working with C.P.C. committees to inform medical students and residents. I have learned much about the power of sharing personal thoughts, feelings and experience. This has been of particular value in relating to my family and friends.”

Psychiatrist Starts A.A. Group in Romania

Ever the visionary, A.A. co-founder Bill W. believed that “there is no need for self-praise... it is better to let our friends recommend us.” But even he might have been amazed to know that in a northeastern corner of Romania, known as Piatra Neamt, a psychiatrist would make the A.A. program a reality.

Writes nonalcoholic psychiatrist Dr. Rodica Stan: “I had often treated alcohol-dependent cases but sorrowfully noticed that the medical treatment and programs of social integration did not lead to any solution. Then I read about the A.A. method in the Romanian literature and also received material from a colleague in Bucharest. Soon I began to explain the A.A. program to my patient Stelica; he was a longtime sufferer of this disease who had already tried the known medical procedures, but to no avail. So, on May 8, 1994, the Piatra Neamt Group came into being as

Stelica and I together started to study the A.A. principles.

“Today the group has attracted several more alcoholics who are staying sober. They have asked me to tell you at the General Service Office that they are not alone anymore. As for Stelica: After one of our meetings his father told me, full of emotion, ‘Mrs. Doctor, I fully regret I’m not your patient!’”

Personally, adds Dr. Stan: “I myself am not alone anymore either. I have learned to be more tolerant, more thoughtful, and I have learned to be my own good friend.”

Recovery is catching, according to Jane D. of the Arad Group in western Romania. In the nearby town of Deria, she says, “another group has been started by patients of a young doctor who has shown great interest in A.A. She has found them a meeting room so that in time others will come; and she also hopes to arrange for A.A. meetings to be held at the psychiatric hospital where she is on staff.”

Medical Students Learn About A.A.

“Our semiannual presentations to first-year medical students at the St. Louis (Missouri) University Medical School may be the only direct contact these potential physicians and psychiatrists ever have with A.A.” Jim J., chairman of the Eastern Missouri Area Committee on Cooperation With the Professional Community, is speaking about a successful nine-year-old program sponsored by the South St. Louis District C.P.C. Committee. “The students sign up voluntarily,” he says, “so they are really interested in what we have to say. Some are especially concerned because of alcoholism inside their own family circle.”

The day-long presentation format calls for an open meeting conducted by a panel composed of at least six A.A. members—often including one who is a physician, for purposes of identification. Then there is an in-depth discussion of what A.A. can and can’t do, followed by an informal question-answer period. For a time, Jim says, “we showed A.A. videos during the presentations—such as *Hope: Alcoholics Anonymous* and *A.A.—Rap With Us*. The students were interested all right, but they wanted to hear us talk more about our personal recovery, so we’ve dropped the videos, at least for now.”

At the end of each presentation session, the students are offered the chance to fill out evaluation sheets. Reports Frank P., who has chaired several of the presentations: “The medical students often express amazement at our truthfulness and willingness to share our feelings openly, and most of them say they have gained helpful insights about A.A.” Several students have requested more information about the physiological aspects of alcoholism, Frank notes, “but we explain that we’re alcoholics carrying the message of recovery in A.A., not experts in the field of alcoholism.”

Frank and Jim agree that the students seem to benefit enormously from the experience and, hopefully, will carry it with them into their medical practices.

How Can A.A. Help You?

Would you like to have an A.A. presentation or open meeting at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163. We welcome your questions, comments and requests.

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