

Medicine Looks at Alcoholics Anonymous

Reprints of papers presented to the
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BASIC CONCEPTS OF ALCOHOLICS ANONYMOUS

By one of the Originators

Presented to the

MEDICAL SOCIETY OF THE STATE OF NEW YORK Section on
Neurology and Psychiatry

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NOTE-The author's name has been omitted in this reprint to conform
with the AA principle of anonymity.

ALCOHOLICS ANONYMOUS is an informal fellowship of about 12,000 former alcoholic men and women who are to be found banded together as groups in about 325 American and Canadian communities, these groups ranging in size from half a dozen to many hundreds in individuals. Our oldest members have been sober eight to nearly ten years. Of those sincerely willing to stop drinking about 50 % have done so at once, 25 % after a few relapses, and most of the remainder have improved. It is probable that half of our members, had they not been drinkers, would have appeared in ordinary life to be normal people. The other half would have appeared as more or less pronounced neurotics.

Alcoholic Anonymous or "AA", popularly so called, has but one purpose one objective only-"to help other alcoholics to recover from their illness."

Nothing is asked of the alcoholic approaching us save a desire on his part to get well. He subscribes to no membership requirements-no fees or dues -nor is a belief in any particular point of view, medical or religious, demanded of him. As a group we take no position on any controversial question. Emphatically we are not evangelists or reformers. Being alcoholics who have recovered, we aim to help only those who want to get well. We do this because we have found that working with other alcoholics plays such a vital part- in keeping us all sober.

You may inquire "just how does AA work?" I cannot fully answer that question. Many AA techniques have been adopted after a ten-year process of

trial and error which has led to some interesting results. But, as laymen, we doubt our own ability to explain them. We can only tell you what we do, and what seems, from our point of view, to happen to us.

At the very outset we would like it made ever so clear that AA is a synthetic concept—a synthetic gadget, as it were, drawing upon the resources of medicine, psychiatry, religion, and our own experience of drinking and recovery. You will search in vain for a single new fundamental. We have merely streamlined old and proved principles of psychiatry and religion into such forms that the alcoholic will accept them. And then we have created a society of his own kind where he can enthusiastically put these very principles to work on himself and other sufferers.

Then, too, we have tried hard to capitalize our one great natural advantage. That advantage is, of course, our personal experience as drinkers who have recovered. How often do doctors and clergymen throw up their hands when after exhaustive treatment or exhortation, the alcoholic still insists, "But you don't understand me. You never did any serious drinking yourself so how can you? Neither can you show me many who have recovered."

Now when one alcoholic who has got well talks to another who hasn't, such objections seldom arise for the new man sees in a few minutes that he is talking to a kindred spirit, one who understands. Neither can the recovered AA member be deceived, for he knows every trick, every rationalization of the drinking game. So the usual barriers go down with a crash. Mutual confidence, that indispensable of all therapy, follows as surely as day does night. And if this absolutely necessary rapport is not forthcoming at once it is almost certain to develop when the new man has met other AAs. Someone will, as we say, "click with him."

As soon as that happens we have a good chance of selling our prospect those very essentials which you doctors have so long advocated, and the problem drinker finds our society a congenial place to work them out for himself and his fellow alcoholic. For the first time in years he thinks himself understood and he feels useful; uniquely useful indeed, as he takes his own turn promoting the recovery of others. No matter what the outer world still thinks of him he now knows that he can get well, for he stands in the midst of scores of cases worse than his own who have attained the goal. And there are other cases precisely like his own—a pressure of testimony which usually overwhelms him. If he doesn't succumb at once, he will almost surely do so later when Barleycorn builds a still hotter fire under him, thus blocking off all his other carefully planned exits from dilemma. The speaker recalls seventy-five failures during the first three years of AA-people we utterly gave up. During the past seven years sixty-two of these cases have returned to us most of them now making good. They tell us they returned because they knew they would die or go mad if they didn't. Having tried everything else within their means, having exhausted their pet rationalizations, they came back and took their medicine. That is why we never need evangelize alcoholics. If still in their right minds they come back, once they have been well exposed to AA.

Now to recapitulate. Alcoholics Anonymous has made two major contributions to the program of psychiatry and religion. These are, it seems to us, the long missing links in the chain of recovery:

1. Our ability, as ex-drinkers, to secure the confidence of the new man-to "build a transmission line into him."
2. The provision of an understanding society of ex-drinkers in which the newcomer can successfully apply the principles of medicine and religion to himself and others.

So far as we AAs are concerned, these principles, now used by us every day, seem to be in surprising agreement. Let's compare briefly what in a general way medicine and religion tell the alcoholic:

Medicine Says:

1. The alcoholic needs a personality change.
2. The patient ought to be analyzed and should make a full and honest mental catharsis.
3. Serious "personality defects" must be eliminated through accurate self knowledge and realistic readjustment to life.
4. The alcoholic neurotic retreats from life, is a picture of anxiety and abnormal self concern, he withdraws from the "herd."
5. The alcoholic must find "a new compelling interest in life," must "get back into the herd." Should find an interesting occupation, should join clubs, social activities, political parties or discover hobbies to take the place of alcohol.

Thus far religion and medicine are seen in hearty accord. But in one respect they do differ. When the doctor has shown the alcoholic his underlying difficulties and has prescribed a program of readjustment, he says to him, "Now that you understand what is required for recovery you should no longer depend on me. You must depend upon yourself. *you, go do it.*"

Clearly then, the object of the doctor is to make the patient self-sufficient and largely if not wholly dependent upon himself.

Religion does not attempt this. It says that *faith in self is not enough*, even for a non-alcoholic. The clergyman says that we shall have to find and depend upon a Higher Power-God. He advises prayer and frankly recommends an attitude of unwavering reliance upon Him Who presides over all. By this means we discover strength much beyond our own resources.

Religion Says:

1. The alcoholic needs a change of heart, a spiritual awakening.
2. The alcoholic should make examination of the "conscience" and a confession-or a moral inventory and a frank discussion.
3. Character defects (sins) can be eliminated by acquiring more honesty, humility, unselfishness, tolerance, generosity, love, etc.
4. The alcoholic's basic trouble is self-centeredness. Filled with fear and self seeking, he has forgotten the "Brotherhood of Man."
5. The alcoholic should learn the "expulsive power of a new affection," love of serving man, of serving God. He must "lose his life to find it," he should join the church, and there find self forgetfulness in service. For "faith without works is dead."

So, the main difference seems to add up to this: Medicine says, "Know yourself, be strong and you will be able to face life."

Religion says, "Know thyself, ask God for power and you become truly free."

In Alcoholics Anonymous the new man may try either method. He sometimes eliminates "the spiritual angle" from the "12 Steps to Recovery" and wholly relies upon honesty, tolerance, and "working with others." But it is curious and interesting to note that faith always comes to those who try this simple approach *with an open* mind-and in the meantime they stay sober. If, however, the spiritual content of the "12 Steps" is actively denied, they can seldom remain dry. That is our AA experience everywhere. We stress the spiritual simply because thousands of us have found we can't do without it.

At this point I would like to state the "12 Steps" of the Alcoholics Anonymous Program for Recovery so that you gentlemen may accurately compare your methods with ours:

The Twelve Steps

1. We admitted we were powerless over alcohol-that our lives have become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity
3. Made a decision to turn our will and our lives over to the care of God AS WE UNDERSTOOD HIM.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all
9. Made direct amends to such people 'wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Boiled down these steps mean, simply:

- a. Admission of alcoholism
- b. Personality analysis and catharsis
- c. Adjustment of personal relations
- d. Dependence upon some Higher Power e. Working with other alcoholics

Most strongly we point out that adherence to these principles is not a condition of AA membership. Any alcoholic who admits he has a problem is

an AA member regardless of how much he disagrees with the program. Based upon our experience, the whole program is a suggestion only. The alcoholic, objecting at first to the spiritual factor, is urged to keep an open mind; meanwhile treating his own AA Group as "A Power Greater than Himself." Under these conditions the newcomer commences to undergo a personality change at such a rate and of such dimensions that he cannot fully account for it on the basis of self-realization and self-discipline. Not only does his alcoholic obsession disappear, but he finds himself progressively free of fear, resentment and inferiority. These changes seem to have come about almost automatically. Hence he concludes that "A Power Greater than Himself" must indeed have been at work. Having come to this point, he begins to form his own concept of God. He then develops confidence in that concept which grows as he gets proof in everyday life that his new faith actually works, really produces results.

This is what most AAs are trying to say when they talk about a spiritual experience. They mean a certain quality of personality change which, in their belief, could not have occurred without the help and presence of the creative spirit of the universe.

With the average AA, many months may elapse before he is aware of faith in the spiritual sense. Yet I know scarcely an AA member of more than a year's standing who still thinks his transformation wholly a psychological phenomenon based entirely upon his own normal resources. Almost everyone of our members will tell you that, while he may not go along with a clergyman's concept of God, he has developed one of his own on which he can positively depend-one which works for him.

We AAs are quite indifferent to what people may call this spiritual experience of ours. But to us it looks very much like conversion, the very thing most alcoholics have sworn they never would have. In fact, I am beginning to believe that we shall have to call it just that for I know our good friend Dr. Harry Tiebout is sitting here in this room. As yem may know, he is the psychiatrist who recently told his own professional society, the American Psychiatric Association, that what we AAs get is conversion sure enough and no fooling! And if the spirit of that great psychologist, William James, could be consulted, he'd doubtless refer us to his famous book, "Varieties of Religious Experience," where personality change through the "educational variety of spiritual experience or conversion" is so ably explored. Whatever this mysterious process is it certainly seems to work, and with us who are on the way to the asylum or the undertaker anything that works looks very, very good indeed.

And I'm very happy to say that many other distinguished members of your profession have pronounced our twelve steps good medicine. Clergymen of all denominations say they are good religion and of course we AAs like them because they do work. Most ardently we hope that every physician here today will find himself able to share this happy agreement. In the early years of AA, it seemed to us alcoholics that we wandered in a sort of "no man's land" which appeared to divide science and religion. But all that has changed since AA has now become a common meeting ground for both concepts.

Yes, Alcoholics Anonymous is a cooperative venture. All cases requiring

physical treatment are referred to you physicians. We frequently work with the psychiatrist and often find that he can do and say things to a patient which we cannot. He in turn avails himself of the fact that as ex-alcoholics we can sometimes walk in where he fears to tread. Throughout the country we are in daily touch with hospitals and sanitariums, both public and private. The enthusiastic support given us by so many of your noted institutions is something for which we are deeply grateful. The opportunity to work with alcoholics means everything; to most of us it means life itself. Without the chance to forget our own troubles by helping others out of theirs, we would certainly perish. That is the heart of AA-it is our life-blood.

We have torn still other pages from the Book of Medicine, putting them to practical use. It is from you gentlemen we learn that alcoholism is a complex malady; that abnormal drinking is but a symptom of personal maladjustment to life; that, as a class we alcoholics are apt to be sensitive; emotionally immature, grandiose in our demands upon ourselves and others; that we have usually "gone broke" on some dream ideal of perfection; that failing to realize the dream we sensitive folk escape cold reality by taking to the bottle; that this habit of escape finally turns into an obsession, or as you gentlemen put it, a compulsion to drink so subtly powerful that no disaster however great, even near death or insanity, can, in most cases, seem to break it; that we are the victims of the age-old alcoholic dilemma: our obsession guarantees that we shall go on drinking, but our increasing physical sensitivity guarantees that we shall go insane or die if we do.

When these facts, coming from the mouths of you gentlemen of science, are poured by an AA member into the person of another alcoholic they strike deep-the effect is shattering. That inflated ego, those elaborate rationalizations by which our neurotic friend has been trying to erect self sufficiency on a foundation of inferiority, begin to ooze out of him. Sometimes his deflation is like the collapse of a toy balloon at the approach of a hot poker. But deflation is just what we AAs are looking for. It is our universal experience that unless we can start deflation, and so self-realization, we get nowhere at all. The more utterly we can smash the delusion that the alcoholic can get over alcoholism "on his own," or that someday he may be able to drink like a gentleman, the more successful we are bound to be.

In fact we aim to produce a "crisis," to cause him to "hit bottom" as AAs say. Of course you will understand that this is all done by indirection. We never pronounce sentences nor do we tell any alcoholic what he *must* do. We don't even tell him he is an alcoholic. Relating the seriousness of our own cases, we leave him to draw his conclusions. But once he has accepted the fact that he *is* an alcoholic and the further fact that he is powerless to recover unaided, the battle is half won. As the AAs have it, "he is hooked." He is caught as if in a psychological vise. If the jaws of it do not grip him tightly enough at first, more drinking will almost invariably turn up the screw to the point where he will cry-enough. Then, as we say, he is "softened up." This reduces him to a state of *complete dependence* on whatever or whoever can stop his drinking. He is in exactly the same mental fix as the cancer patient who becomes dependent, abjectly dependent if you will, on what you men of science do for cancer. Better still he becomes "sweetly reasonable," truly open-minded, as only the dying can.

Under these conditions, accepting the spiritual implications of the AA program presents no difficulty even to the sophisticate. About half the AA members were once agnostics or atheists. This dispels the notion that we are only effective with the religiously susceptible. You remember the now famous remark, "There are no atheists in the foxholes." So it is with most alcoholics. Bring them within range of the AA and "blockbusters" will soon land near enough to start radical changes in outlook, attitude and personality.

These are some of the basic factors which perhaps partly account for such success as we have had. I wish time permitted me to give you an intimate glimpse of our life together, of our meetings, of our social side, of those fast friendships unlike any we had known before, of our participation by thousands in the war effort and the armed services where so many AAs are discovering they can face up to reality-no longer institutionalized even within an AA Group. We have all found that God can be relied upon both in Alaska and India, that strength can come out of weakness, that perhaps only those who have tasted the fruits of reliance upon a Higher Power can fully understand the true meaning of personal liberty, freedom of the human spirit.

Surely, you who are here this morning must realize how much we AAs are beholden to you, how much we have borrowed from you, how much we still depend upon you. For you have supplied us ammunition which we have used as your lay assistants-gun pointers for your artillery. I have put out for inspection our version of the factors which bring about personality change, our method of analysis, catharsis and adjustment. I have tried to show you a little of our great new compelling interest in life-this society where men and women understand each other, where the clamors of self are lost in our great common objective, where we can learn enough of patience, tolerance, honesty, humility and service to subdue our former masters, insecurity, resentment, and unsatisfied dreams of power.

But I must not close without paying tribute to our partner, Religion. Like Medicine, He is indispensable. At this temple of science I hope none will take it amiss if I give Religion the last word.

God grant us the serenity to accept things we cannot change, courage to change the things we can, and wisdom to know the difference.

Discussion by FOSTER KENNEDY, M.D.

We have heard a truly moving and eloquent address, moving in its form and in its facts.

I have no doubt that a man who has cured himself of the lust for alcohol has a far greater power for curing alcoholism than has a doctor who has never been afflicted by the same curse.

No matter how sympathetic and patient the doctor may be in the approach to his patient, the patient is sure to feel, or to imagine, either condescension to himself, or get the notion that he is being hectored by one of the minor prophets.

This organization of Alcoholics Anonymous calls on two of the greatest

reservoirs of power known to man, religion, and that instinct for association with one's fellows, which Trotter has called the "herd instinct."

Religious faith has been described by Matthew Arnold as a convinced belief in a power greater than ourselves that makes for righteousness, and a sense of helpfulness from this can be acquired through a kind of spiritual conversion which might well be called a variety of religious experience.

The sick man's association with those who, having been sick, have become, or are becoming well, is a therapeutic suggestion of cure and an obliteration of his feeling of being, in society, a pariah; and this tapping of deep internal forces is shown by the great growth of this sturdy and beneficent movement. Furthermore, this movement furnishes an objective of high emotional driving power in making every cured drunkard a missionary to the sick.

We physicians, I think have always had difficulty in finding an occupation for our convalescent patients, of sufficient emotional driving power by which to replace the psychical results of the alcohol that has been withdrawn.

These men grow filled with a holy zeal and their very zealously keeps the missionary steady while the next man is being cured.

I think our profession must take appreciative cognizance of this great therapeutic weapon. If we do not do so we shall stand convicted of emotional sterility and of having lost the faith that moves mountains without which medicine can do little.

Discussion by G. KIRBY COLLIER, M.D.

Realizing how ineffectual our efforts in the treatment of the chronic alcoholic through the usually accepted psychiatric procedures, was my reason for investigating Alcoholics Anonymous. With one of their members I was privileged to attend a meeting in New York and had the opportunity of discussing their philosophy with Mr. "X."* First, I was impressed with the honesty and sincerity of those members I met, and secondly, with the broad socio-religious background and its psychiatric implications, chiefly man's recognition of self, his abilities as well as his inefficiencies and that intangible power which all mankind recognizes, whether he acknowledges it or not.

Upon my return home, I asked three chronic alcoholics, all of twenty to twenty-five years duration, to organize as a group, after going over the situation with them as I understood it. These three contacted others and held their first meeting in the small apartment of one. Growing, they approached me as to a place for meeting. We eliminated the YMCA, Public Library, Church halls, or Parish Houses for obvious reasons, and at last advised a room in one of our large centrally located hotels. This has worked out nicely and meetings are held each Sunday afternoon and Wednesday evening. From the original group of three, contacts have been made with over 500 of whom 60% are active members, being free from alcohol for one to two years.

In our city we have had a Council on Alcohol for about three years past. The Group consists of psychiatrists, social workers, and others, who meet

* The name of Mr. "X" has been omitted to conform with the AA principle of anonymity)\4

each month for discussion. At two of these meetings members of AA have spoken, and as a result, two members of AA are now members of this Council. Members of AA are frequently called upon to address various groups, and it is most interesting to hear of men who have never spoken in public being willing to get up and talk before any group. In Rochester they have become especially interested in meeting with youth groups. I might say that I have attended but few meetings of the Rochester Group and these only at their invitation. I have felt that AA is a group unto themselves and their best results can be had under their own guidance, as a result of their philosophy. Any therapeutic or philosophic procedure which can prove a recovery rate of 50 % to 60 % must merit our consideration. As stated by Tiebout in a paper read at Detroit, Michigan, before the American Psychiatric Association in May 1943, "It is highly imperative for us as presumably open-minded scientists to view wisely and long the efforts of others in our field of work. We may be wearing bigger blinders than we know."

Discussion by HARRY M. TIEBOUT, M.D.

My first contact with Alcoholics Anonymous began five years ago when a patient with whom I had been working for well over a year came under the influence of this group. Within a relatively short time she stopped drinking and for at least four years has remained completely dry. At first puzzled and a little indignant that my best efforts had failed while AA worked, I nevertheless kept sending patients to the group. Now the situation is reversed. I get puzzled and a little indignant when AA doesn't work!

As a psychiatrist, I have thought a great deal about the relationship of my specialty to AA and I have come to the conclusion that our particular function can very often lie in preparing the way for the patient to accept any sort of treatment or outside help. I now conceive the psychiatrist's job to be the task of breaking down the patient's inner resistance so that which is inside him will flower, as under the activity of the AA program.

In this respect I wish to point out that the same flowering can take place with patients who are not alcoholics, and I would like at this time to record my indebtedness to Mr. "X"* and to Alcoholics Anonymous for the understanding which has made my own therapeutic practice so much more an intelligent and meaningful process. I now have more faith in the patient's own inner resources.

* The name of Mr. "X" has been omitted to conform with the AA principle of anonymity

THERAPEUTIC MECHANISM OF ALCOHOLICS ANONYMOUS

HARRY M. TIEBOUT, M.D., GREENWICH, CONN.

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Alcoholics Anonymous is the name applied to a group of ex-alcoholics who, through a therapeutic program which includes a definite religious element, have successfully combated alcoholism. The group stems from the efforts of one man, Mr. "X",* who in 1934 found an answer to his drinking problem in a personal religious experience. This experience he was able to translate into terms which were meaningful for others. Since then, many alcoholics have become sober by using his approach.

The work of Alcoholics Anonymous has a threefold aspect. First, the group has weekly gatherings where experiences are related and problems discussed. Second, all are urged to read their book, "Alcoholics Anonymous,"² which contains their basic tenets and must be read if one is to arrive at any understanding of their program. Third, the members work with prospects who are making their initial contact with the group. Helping others is a two-way situation since it not only assists the beginner in his first efforts but it also aids the helper who derives from his efforts something which is essential for his continued sobriety

Statistics at the New York office of the organization read as follows: 5 recovered at the end of the first year.

15 recovered at the end of the second year.

40 recovered at the end of the third year.

100 recovered at the end of the fourth year.

400 recovered at the end of the fifth year.

2000 recovered at the end of the sixth year.

8000 recovered at the end of the seventh year.

Alcoholics Anonymous claims a recovery rate of 75 per cent of those who really try their methods. This figure, coupled with their mushroom growth, commands respect and demands explanation.

While fully cognizant of the fellowship values of the group, of the help accruing to each member from his efforts to help new ones and of the general atmosphere of hope and encouragement which emanates from any successfully treated person, I regard them as accessory to the central therapeutic force, religion—a truth which, hopefully, will become clear by the end of the paper, and a realization of which developed from many long talks with Mr. "X."

* Read at the ninety-ninth annual meeting of The American Psychiatric Association, Detroit, Michigan, May 10-13, 1943.

² Alcoholics Anonymous. New York City, Works Publishing Co., 1942.

My first contact with the group came through the medium of a thirty-four year old woman patient who had been under my care at Blythewood for several months. She had been a chronic alcoholic for many years and, despite intelligence, family position and early successes had literally hit the gutter, after a steady decline in her fortunes and left her all but penniless. Although no patient ever wanted to get well more desperately or cooperated more wholeheartedly in a treatment program than she, the results were very unsatisfactory. Finally, it became clear that she possessed a character structure which, despite her best efforts and mine, persisted unshaken and was clearly responsible for the continuance of her drinking. One day a copy of "Alcoholics Anonymous," while yet in multilith form, came into my hands. I read it, and found it contained a most accurate description of the character problem I had been facing in my patient. In an effort to jar her a bit, I gave her the book to read. To my surprise she was so greatly impressed that she arranged to go to an Alcoholics Anonymous meeting and very shortly became an active and successful member of the group. Even more surprising was the discovery that, with the process of assimilation of that program, her character structure, which had been blocking any help, dissolved and was replaced by one which enabled its possessor to remain dry.

Something had taken place under my very nose which could not be doubted and which could not be explained away as mere coincidence. I found myself facing the question: What had happened? My answer is that the patient had had a religious or spiritual experience. The answer, however, did not prove particularly enlightening and it was not until much later that I began to appreciate the real meaning of the answer.

Before attempting to explain how further understanding of the significance of the religious factor developed, it is necessary to discuss the character structure which had dissolved. Despite most reports to the contrary, there is a growing recognition of certain common qualities which are regularly present in alcoholics excepting those who have a frank underlying mental condition. Characteristic of the so-called typical alcoholic is a narcissistic egocentric core, dominated by feelings of omnipotence, intent on maintaining at all costs its inner integrity. While these characteristics are found in other maladjustments, they appear in relatively pure culture in alcoholic after alcoholic. In a careful study of a series of cases, Sillman³ recently reported that he felt he could discern the outlines of a common character structure among problem drinkers and that the best terms he could find for the group of qualities noted was "defiant individuality" and "grandiosity." In my opinion, those words were accurately chosen. Inwardly the alcoholic brooks no control from man or God. He, the alcoholic, is and must be master of his destiny. He will fight to the end to preserve that position.

Granting then the more or less constant presence of these character traits, it is easy to see how the person possessing them has difficulty in accepting God and religion. Religion by its demand that the individual acknowledge the presence of a God challenges the very nature of the alcoholic. But, on the other hand, and this point is basic to my paper, *if* the alcoholic can *truly*

^s At a meeting of psychiatrists, January 1943, Dr. L. S. Sillman made a preliminary report on an investigation he had been undertaking for the Research Council on The Problems of Alcohol. I had hoped to be able to quote directly from his paper but he informs me that it is still in the process of revision.

accept the presence of a Power greater than himself, he, by that very step, modifies at least temporarily and possibly permanently his deepest inner structure and when he does so without resentment or struggle, then he is no longer typically alcoholic. And the strange thing is that if the alcoholic can sustain that inner feeling of acceptance, he can and will remain sober for the rest of his life. To his friends and family, he has gotten religion! To psychiatrists, he has gotten a form of self-hypnosis or what you will. Regardless of what has occurred inside the alcoholic, he can now stay dry. Such is the Alcoholics Anonymous contention, and I believe it is based upon facts.

Let us go back to my patient and describe her after her experience in Alcoholics Anonymous. In her original state she corresponded perfectly with the description already given of the alcoholic character structure. After Alcoholics Anonymous began to take hold, changes in her personality became apparent. The aggression subsided materially, the feeling of being at odds with the world disappeared, and with it vanished the tendency to suspect the motives and attitudes of others. A sense of peace and calm ensued with real lessening of inner tension; and the lines of her face softened and became gentler and more kindly. That hard inner core was being altered, altered sufficiently to bring about the patient's sobriety for a period of five years.

What was the nature of the experience which stirred this patient when she joined Alcoholics Anonymous? The answer is that some sort of religious or spiritual force was awakened. Mr. "X" states that the success of the group with any alcoholic depends upon the degree to which the individual goes through a conversion or spiritual activation. His own experience was of the sweeping, cataclysmic type which lifted him out of a slough of despond and transported him to heights of ecstatic joy and happiness where he stayed for some hours. This state was then succeeded by a feeling of peace, serenity and the profound conviction that he was freed from the bondage of liquor. He states that roughly 10 per cent enter Alcoholics Anonymous on the strength of such an experience. The remaining 90 per cent who stay dry achieve the same result by developing slowly and much more gradually the spiritual side of their nature through following the various steps in the program already outlined. According to Alcoholics Anonymous experience, the speed with which the spiritual awakening takes place is no criterion of either depth or permanence of cure. The religious leavening, however little at first, starts the process; the program helps to bring it to a successful conclusion.

What then is a spiritual awakening? Here the personal experience of Mr. "X" is again informative. A man of energy, drive and great ability, in his thirties, he found himself completely bogged down by drink. For at least five years he fought the downhill process that was going on in him without success. Two weeks before his last hospital stay, he was visited by a former alcoholic crony who had achieved sobriety through Buchmanism. Mr. "X" tried unsuccessfully to avail himself of his friend's teachings and finally decided he would get sobered up by entering a well-known drying-out place where he could clear his brain of liquor and have a chance to tryout his friend's ideas with his, Mr. "X's", system free from the drag of alcohol. He was desperate, depressed with all the fight knocked out of him. He was willing to try anything because he knew that the alternative facing him was

a state hospital and a life of permanent insanity. The evening of his first day of admission, he was again visited by his friend who once more expounded the principles which he felt had brought him health. After he left, Mr. "X" sank into an even deeper depression, which he describes as a "profound sense of melancholy and utter hopelessness." Suddenly in this agony of spirit, he cried aloud, "If there is a God, let Him show himself now." And with this plea his religious experience started. He points out, and I think rightfully, that it was not until he became utterly humble that he could and did turn to God for the help that was there.

In other words, in light of Mr. "X's" own experience, a religious or spiritual awakening is the act of giving up one's reliance on one's omnipotence. The defiant individuality no longer defies but accepts help, guidance and control from the outside. And as the individual relinquishes his negative, aggressive feelings toward himself and toward life, he finds himself overwhelmed by strongly positive ones such as love, friendliness, peacefulness and pervading contentment, which state is the exact antithesis of the former restlessness and irritability. And the significant fact is that with this new mental state the individual is no longer literally "driven to drink."

Further insight into the phenomenon of spiritual change came from another patient whose case I now wish to cite. He is a man in his early forties. From a family of wealth, and the youngest of several children, he was the pampered darling of a neurotic, hypochondriacal mother. Drinking began in late adolescence. Almost at once he learned to rely upon liquor to help him meet social situations, and as the years rolled on, this reliance became more pronounced. Finally after one prolonged spree, he was admitted to Blythewood.

He proved to be an exceedingly responsive patient, readily acknowledging his alcoholic tendency, and quickly becoming interested in Alcoholics Anonymous. After residence of about a month, he left quite convinced that he had the problem in hand. Within a short time however nipping set in and four months later he returned after some weeks of steady drinking. Again he showed himself responsive to interviews, but it now became apparent that there was a real battle ahead and that it was exactly the same battle previously faced in the patient first discussed. The traits already described reared themselves as insuperable barriers to therapy.

During the weeks that we were discussing these obstacles the patient began again to nip on the sly and finally went off on a full-fledged spree. He was brought back to Blythewood to terminate it. As is usual with all alcoholics, as he sobered up he was filled with remorse, guilt and a tremendous sense of humility. The defiant personality was licked by the very excesses of its own behavior and, in that mood, he was utterly sure he would never take another drop. On the third day of his recuperation, however, he informed me during an interview that I had better do something about it, and when I asked him what "it" referred to, he replied, "My old feeling is coming back over me; ! can feel myself closing in from you and all that has just happened." The indifference to his problem, the aggressive sureness, the utter lack of any real sense of humility and guilt, all the character traits which he had come to identify with the frame of mind that led to drinking were returning and crowding out the feelings, the thoughts, almost the sen-

sations which filled him as he came out of his drinking bout. He knew that if these returning feelings again took hold of him sooner or later he would go on another alcoholic spree. He realized that somehow he must cling to the attitudes he had as he came out of the bout.

The next day he began his interview with the statement, "Doc, I've got it." He then went on to report his experience of the previous night. This experience I label for want of a better term, "a psychological awakening." What happened was a sudden flash of understanding about himself as a person. This occurred around eleven o'clock, and he lay in bed, wide awake until four o'clock in the morning fitting his new insights and understanding to his knowledge of himself.

It is not easy to reconstruct the events of that five hour period, yet those events constituted a major experience in the life of that patient which gave him a basic appreciation of himself as an alcoholic. Moreover, for the first time, he could see himself as he had always been, and in addition he could sense the sort of person he must become if he were to remain sober. Without being aware of it at the time, he had switched from a completely egocentric, subjective point of view to an objective, mature understanding of himself and his relationship to life.

In retrospect, it is apparent that the patient became aware of his basic egocentricity. For the first time he was able to penetrate behind the facade of his rationalizations and defense reactions and to see that always hitherto he had put himself first. He was literally unaware that other souls existed except insofar as they affected him. That they, too, might have separate existences, similar yet different from his, just never had taken on the aspect of reality. Now he no longer felt himself the omnipotent being who viewed the world only in relation to himself. Instead, he could see himself in relation to the world and could realize that he was but a small fraction of a universe peopled by many other individuals. He could share life with others. He had no further need to dominate and to fight to maintain that domination. He could relax and take things easy.

His new orientation can best be described in the patient's own words. As he put it, "Why, Doc, do you know I've been a fraud all my life, and I never knew it. I used to think I was interested in people, but that wasn't really so. I wasn't interested in my mother as a person who was sick. I didn't realize that she as a person might be suffering; I only thought what will happen to me when she is gone. People used to point me out as a dutiful son and an example, and I believed it. But there wasn't anything to it. I was just anxious to keep her near, because she made me feel better. She never criticized me and always made me feel that whatever I did, I was O.K."

New insights illuminated his previous relationships with people. With respect to this point, he remarked, "Do you know, I'm beginning to feel closer to people. I can think of *them* sometimes. And I feel easier with them, too. Maybe that's because I don't think they're fighting me, since I don't feel I'm fighting them. I now think maybe they can really like me."

Other enlightenments about himself and his relationship to the world could be cited, but they would only add further proof that the thinking of this patient for the first time in his life had become truly objective. This switch to objectivity is, however, but half the story. Associated with the

switch, there was an equally striking alteration in the prevailing feeling tone. In words that were reminiscent of Mr. "X's" in his spiritual experience, the patient described his new attitudes, "I feel wonderful but not like I do when I've been drinking. It's very different from that; I feel quiet, not excited and wanting to rush around. I'm more content to stay put, and I don't think I'm going to worry so much. I'm relaxed, yet I feel better able to cope with life now than I ever did." He then went on, "I have a different feeling about God. I don't mind the idea of Some One up there running things now that I don't want to run them myself. In fact, I'm kind of glad that I can feel there is a Supreme Being who can keep things going right. I guess maybe this is something like that spiritual feeling which they talk about. Whatever it is. I hope it stays because I never felt so peaceful in all my life."

In this statement, the patient manifests a different attitude toward God, and he also shows that he has become aware of the fact that, as he ceases the effort to maintain his individuality, he can relax and enjoy life in a quiet, yet thoroughly satisfying way. Such feelings are, as he intimates, distinctly spiritual in quality, and he was correct in their appraisal, because he has been able to remain dry for a period of nearly a year. The change to objectivity and the altered feeling tone have proved to be what he needed to stay sober. Despite this relatively brief period of sobriety, the patient feels that he is on much firmer footing. Hitherto, during periods of dryness, he was constantly fighting liquor. Now he has real peace of mind, because he knows what it takes to keep thinking soberly.

This case is cited because it represents an individual who underwent a rapid psychological reorientation, the result of which was an entirely new and different life pattern and life outlook. While one can question the permanence of this new pattern, there can be no question as to the fact that the experience itself occurred.

Of even greater significance for the purpose of this paper is the fact that the patient, as a result of his experience, used the same words to describe his new feelings as did Mr. "X" following his religious experience, and as did my other patient after the activities of Alcoholics Anonymous began to take hold and work upon her. Mr. "X" informs me that of the 10 per cent who have a rapid awakening, some achieve it on the basis of a true religious experience and others as a result of a sweeping psychological event such as happened to my patient. The other 90 per cent attain the same result more gradually, as did the woman patient cited. Irrespective of the path by which that outcome is achieved, there seems no doubt that all end up with this feeling of peace and security, which they link with the spiritual side of life. The narcissistic component in the character is submerged, at least for the time being, and in its place there is a much more mature and objective person, who can meet life situations positively and affirmatively without escape into alcohol. According to Mr. "X", all members of Alcoholics Anonymous who succeed in remaining dry, sooner or later undergo the same change in personality. They must lose the narcissistic element permanently; otherwise the program of Alcoholics Anonymous works only temporarily.

Here let me make two additional observations. First, there is all the difference in the world between a true, emotional, religious feeling and the

vague, groping, skeptical, intellectual belief which passes as a religious feeling in the minds of many people. Regardless of his final conception of that Power, unless the individual attains in the course of time a sense of the reality and the nearness of a Greater Power, his egocentric nature will reassert itself with undiminished intensity, and drinking will again enter into the picture. Second, most of the individuals who finally reach the necessary spiritual state do so merely by following the Alcoholics Anonymous program and without ever consciously experiencing any sudden access of spiritual feeling. Instead they grow slowly but surely into a state of mind which, after it has been present for a time, they may suddenly recognize is greatly different from the one they formerly had. To their surprise, they discover that their point of view and outlook has taken on a very real spiritual coloring.

The central effect, therefore, of Alcoholics Anonymous is to develop in the person a spiritual state which will serve as a direct neutralizing force upon the egocentric elements in the character of the alcoholic. If and when that state becomes completely integrated into new habit patterns, the patient will remain dry. Mr. "X" says that this process of integration takes place over a period of years, and that if there is no noticeable change in personality structure after six months, the spiritual side will likely succumb to a return of the submerged alcoholic self. In other words, unless the religious impetus of Alcoholics Anonymous effects a change in the deeper personality components, the influence of the program is not lasting. Significantly, this change, which is typical, takes place without psychiatric help; yet, as Mr. "X" describes it, it has characteristics which we, as psychiatrists hope for in our improved patients. Briefly, he sums up his observations with the words, "The alcoholic must gain in objectivity and maturity, otherwise he doesn't stay sober."

In conclusion, it is my belief that the therapeutic value of the Alcoholics Anonymous approach arises from its use of a religious or spiritual force to attack the fundamental narcissism of the alcoholic. With the uprooting of that component, the individual experiences a whole new series of thoughts and feelings which are of a positive nature, and which impel him in the direction of growth and maturity. In other words, this group relies upon an emotional force, religion, to achieve an emotional result, namely the overthrowing of the negative, hostile, set of emotions and supplanting them with a positive set in which the individual no longer need maintain his defiant individuality, but instead can live in peace and harmony with and in his world, sharing and participating freely.

One final comment. Present day psychiatry is properly chary of purely emotional cures. Until any change is firmly linked up with the mind and the intellect, the cure is considered suspect. The emphasis today is on analysis which relies upon the mind to ferret out the causes for the failure to achieve a state of synthesis, which is actually an emotional condition of feeling free of conflict and strain. It is presumed that, as the blocking emotions are uncovered and freed through analysis, positive, synthetic ones will appear instead. It is just as logical, though, to change emotions by using emotions and then, after the change has been brought about, to bring the mind and intellect into play to anchor the new set of emotions into the structure of the personality. In a sense, this is what occurs in Alcoholics Anonymous;

religion plays upon the narcissism and neutralizes it to produce a feeling of synthesis. In referring to his own spiritual experience, Mr. "X" often calls it a "great synthesizing experience in which everything for the first time became clear to me. It was as though a great cloud had lifted and everything took on an indescribable illumination." My second patient, in reference to this point, said this: "I feel all of one piece now. I feel all together, not rushing around in all directions at once." And it was in the light of his new set of emotions that the patient could and did respond more satisfactorily to a discussion of what his previous difficulties had been and what he could do now to avoid any further trouble. After his synthesizing experience, he was for the first time really able to do an honest, decent job of self-understanding.

The lesson for psychiatrists is clear, it seems to me. Although we admittedly deal with emotional problems, we, as a group which tends to be intellectual, distrust emotions too much. We are self-conscious and a little ashamed, when we are forced to use them, and always apologetic with our confreres if we suspect they have reason to think our methods are too emotional. In the meantime, others, less bound by tradition, go ahead to get results denied to us. It is highly imperative for us as presumably open-minded scientists to view wisely and long the efforts of others in our field of work. We may be wearing bigger blinders than we know.