

Getting Better

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Addiction Units for the treatment of alcohol abuse are not always situated in mental hospitals. The one at which I found myself was at St. Bernard's simply because space happened to be available there when the Unit was set-up. Once a famous lunatic asylum (as it was called when it was built a hundred years ago), the hospital stands on the Uxbridge Road, just beyond Habwell in West London. It has a long boundary wall, and a formidable gatehouse, through which you can see its dominating Victorian chapel; in appearance an altogether dispiriting place, quite unlike the kind of discreetly anonymous clinic I had hoped for when the painful subject of treatment had been raised. But, in spite of this, and in spite of the locked wards and padded cells which were still humiliatingly visible, I now look back on it with gratitude, indeed as an *alma mater*, because it was in these surroundings that I began my recovery from alcoholism. Now, many years later, I want to write about how it worked.

There may be room for argument about whether alcoholism is classified as an authentic mental illness, though in practice uncontrolled drinking (the older term "dipsomania" is apt) is demented enough. In time I came to see this truth embodied in the bricks and mortar of the hospital's dark buildings. One room in the Unit, I remember, overlooked the small exercise area of a locked ward, where two or three long-stay patients could be seen perambulating its boundaries in

silence, or sometimes ineptly scuffling with each other. At first to find oneself lumped together with the insane was dismaying, but this dismay was to become a part of the process I had to go through: which I found myself positively wishing to go through. The distress of the sad figures I looked on down there was neither self-induced nor capable of improvement. My own could be transformed by a single act of self-interest. All I had to do was stop drinking.

These perceptions, including the last obviously transparent one, were arrived at with difficulty, as through a maze.

Altogether I spent two periods of about ten weeks each in St. Bernard's the first late in 1972, and the last in the spring of 1974. Like many of the patients in the Addictive Unit, I had a poor understanding of why I was there. Many of us were in thrall to various consolatory, and often elaborate fictions, less hurtful to our self-esteem than the truth. The first aim of the place was to prise open our minds to the reality of our situation. For example, I believed (the first time round, anyway) that my presence in such a place was not, or not entirely of my own making, but had somehow been contrived by my wife, in collusion with the Medical Officer of the BBC (my employers) - a lady I judged to be prone to officiousness and melodrama. Of course, I knew I had a "drinking problem," but believed I could cope with it myself, if people would behave a little more feelingly, and discuss the matter in a less exaggerated way. Such

delusions are tediously common. I describe them now to show where I started from, how impervious I was to the unpalatable truth. Among alcoholics this common human tendency has become deeply entrenched, in some cases intractably so.

Equally typical were the other problems I had created for myself, and which now rose to assail me. I had been in the hospital for a few days, and was by then detoxified though still intellectually befuddled, when my wife came to tell me that our marriage was over. I was shocked, itself an inappropriate emotion, since in the circumstances her action was unsurprising. My mood for some time afterwards was compounded of despair and indignation, a combination which served further to obscure from me the salient truth about the reason why I was where I was. Determined to do what I could to change her decision, I flung myself into the treatment, going conscientiously through the forms and procedures which the culture of the Unit seemed to require. Once I even steeled myself to declare my alcoholism publicly at one of the compulsory meetings of Alcoholics Anonymous. In so far as this act demanded the overcoming of strong feelings of repugnance, it took some "will power," that concept beloved of moralists. After ten weeks, I left the hospital with a declaration of good intention, and with the consent - granted with some diffidence - of the medical staff. I meant well, but secretly hoped, and no doubt it showed, that my display of courage, iron resolution, etc., would be rewarded, and that after further sterling behavior in the outside world, I would be returned, expiated, in a matter of months to my home and family.

THE NEXT SIX MONTHS were

difficult, though less so than those that were to follow. I found somewhere to live, and crept shamefacedly back to my work as a television producer. Divorce proceedings, with their accompanying squalor, were now under way. Deprived of the company I had found in pubs, I was lonely, and attended A.A. meetings rarely - which was a mistake. I took my children for lunches in town, and remained sober; bitterly and resentfully so. The happy dénouement I had hoped for receded.

So, after lengthy forethought and even planning (I abandoned the Antabuse tablets which make alcohol unacceptable), I got drunk. There was no demonic craving about it: physical dependency had long gone. Again, something very like "will power" was demanded, and bleakly exercised. My action was a gesture of defiance - made in retreat - to an unaccommodating world.

THE DECLINE THAT FOLLOWED went according to the book. Perhaps it was given an additional push by the Manichean style treatment I had already undergone. Whatever the truth of that, I was soon caught up in a drearily familiar circle. Drink both assuaged and fed my feelings of unworthiness. I knew with absolute clarity the harm I was doing; but now that I was dependent again, could do little about it. I pictured myself as Macbeth, the victim of similar equivocations, conscience-stricken but unregenerate: a comparison which, with some allowances for its self-dramatising qualities, still retains a meaning for me. Indifferent to the consequences, or perhaps in some way embracing them, I barely attempted to conceal my drinking, and in due course found myself back in the asylum, now indeed a sanctuary and a refuge. Unbelievably, it seemed to me, my job at the BBC was still being kept

for me, so I had much to pray for.

The place was unchanged, except for some spring flowers in the gardens. The same West-Indian Staff Nurse admitted me, shaking his head and tut-tutting softly, without censure. There were a few men hanging around the quiet ward - some in the classic categories with which I was already acquainted: a blazered publican now far from the roar of the saloon bar; a grim-faced general practitioner in a suit. I was comforted by the sight of another returnee from my earlier term there. So the scene was reassuring; the only change was in me. From the beginning, that second time, I coddled and protected a small flame of optimism, without daring either to mention it, or even to dwell on it for long in my thoughts. The proposition that I was an alcoholic seemed no longer malign, but liberating. In the language of Alcoholics Anonymous, I had already, without realising it, taken the first "step"; I had accepted that my life was unmanageable, that the label fitted. I was neither eager nor reluctant now to admit this in the conventional manner, should the occasion arise; no act of will power would be demanded, if it did. Let it be.

That this should have been my state of mind might seem obvious enough, given my recent behavior. But to look at the matter in such terms is to underestimate the tenacity and durability of the delusions commonly held in the Unit. People were there, in situations as crystal clear in their implications as my own, who had not taken that "step"; or rather, since it felt to me like a gift, on whom it had not been bestowed. Even if they grudgingly conceded that they were alcoholics, they had no sense of the utility of that description, of the possibilities it opened up.

And so for me, now at the right starting place, or even halfway down the course, the routines and procedures of the treatment began all over again. A minimum of medication - a few pills to cope with malnourishment, and a few more to quell the shakes - and afterwards the familiar round of meetings, compulsory attendance at A.A. one evening a week, the Friday night "social" with the ladies (about a dozen of them and thirty of us), and, after a time, the week-end leaves. In some respects it was pleasant. Companionship and routine make a good mix, especially for those who have denied themselves both. Among all this there was very little one-to-one therapy, no lying on couches, no long colloquies with psychiatrists. The one doctor on duty was sometimes invisible for days on end, and the consultant psychiatrist came about once a week.

Sometimes a patient at his own request (I never saw it happen to a woman) was given aversion therapy. Barrack-room wit (Don't be vague, ask for Haig") was prompted by the sight of a drinks trolley, its bottles and glasses gleaming and clinking down the corridor to a room where someone was being induced to vomit on drinking it - a cruelly encapsulated replay of much previous experience. But this practice was not common, and indeed struck me as an aberration, even a betrayal of the Unit's real nature. And even the other bits of applied science - the blood tests, urine samples, checks for liver damage, and so on - important though they were, I felt to be peripheral. We were assured that alcoholism was an "illness," but in practice that metaphor was not sustained. It was clear that the battle with this "disease" was not to be won with the techniques of medical science, but in a moral and spiritual

domain, one in which the conditioned reflex hardly belonged.

WE WERE TO BE GIVEN the opportunity to choose. To this end, we were exposed to a kind of crash course in alcoholism, its psychological roots, and its human consequences. Furthermore, we were to provide this for ourselves, by a process of learning by discovery. A great deal of talk at St. Bernard's at meal-times, doing the washing-up, at A.A., in and out of meetings, was of course about booze and its associated problems. It made up in its entirety a lurid and overwhelming panorama of the Drinking Classes at work in British society. We learned about the habits and properties of park-bench meths drinkers, and of the subterfuges of middle-class ladies. We heard from those who had nosed their way to jobs in the industry - the night-worker who drank himself to stupefaction in a brewery; the barman who set himself up with half-a-bottle of vodka before beginning his working and drinking day. There was a pathetic clergyman; a ship's purser who fell victim to the Duty Free; a British Railway steward who stole the miniatures for all-night sessions in some secret den at Euston Station; the dentist who drank away the shakes each morning before tackling the first patient; the quiet string-player who did the same before rehearsals. There were Irishmen from the building trade; a well-known union official, a Indian businessman; even an air-traffic controller. And through all the tales there ran the thread of moral and social disaster, lost jobs, rent arrears, disturbed children, brushes with the law, drunken driving, accidents, bounced cheques, fiddles, tax evasion, domestic turmoil, illness, litigation, theft, divorce...

Sometimes in these stories we would see our own pain and listen to our own fears or catch with a tremor of recognition some unnerving familiar trick which somehow contrived to shift the responsibility for it all on to others: most frequently, our wives. The intention was that we should serve each other as mirrors in which we might discern the general nature of our condition, the shape of the wood itself rather than the impenetrable local thickets in which we were separately impaled. For me this indeed did begin to happen, and I found myself scrutinising my own chance remarks, attempting to discover their covert intent. Altogether it amounted to a kind of elementary education in ordinary, secular morality.

BUT THERE WERE OTHER THINGS which went on in St. Bernard's which reached well beyond this, to the plane of the properly "religious." The recovery programme of Alcoholics Anonymous is structured in a series of "steps," beginning with the neophyte's acceptance of his alcoholism and moving onwards from there to (second step) a belief that a "power greater than ourselves could restore us to sanity" or (fourth step) to "a fearless and searching moral inventory," and thence, through modes of thinking which imply the need for acts of amendment or atonement, to a state of mind in which serving others, other alcoholics for example, has become important. This disciplined progression away from the self is, I suppose, similar to those in other manuals of the religious life, like, the Spiritual Exercises of St. Ignatius.

An A.A. meeting itself, many of which I attended at the hospital, and a few afterwards, is evangelical in character. It begins and ends with the A.A. prayer: "God

grant me the serenity to accept the things I cannot change. Courage to change the things I can. And the wisdom to know the difference." After the prayer a speaker, as part of a "step" in his own recovery, addresses the meeting. This testimony takes a confessional form, and includes an account of the speaker's former debasement, describes the process of recovery, and ends with some words about the contentment, and sometimes even the material benefits, which are his lot. There is no preaching, but within a short space of time we are exposed to an often vivid account of suffering, followed by a revelation of what - if we choose wisely - can be ours. For old hands the purpose is reinforcement: for those still in trouble, conversion. All very reminiscent, I thought, of the Welsh Nonconformist prayer-meetings of my own childhood, especially in the way other speakers, some quite venerable in the length and dignity of their sobriety, rise like elders of the chapel to lend their weight to what has been said. A good meeting ends in a spirit of warmth and fellowship, handshakes all round.

The weekly A.A. meeting was seen as an event of real importance in the life of the Unit, but it differed from other such meetings in one important way. It was conducted and attended by a group of Old Boys, so to speak, and we, the current generation of inmates, sat at the back as observers. Voluntary patients or not, we felt we were there under duress, pressed men, and as such we were sometimes resentful, and hence critical of what went on, given to dissecting the inadequacies of the speakers with a sharpness to which we were hardly entitled.

We watched the procedures as outsiders, chipping in occasionally with remarks from our own, unreformed, world. Much of what we

said was tangential or crass. We quibbled, unbelievably, about minor points of fact (bus routes; prices), or tiny inconsistencies in the stories we heard. Sometimes we were argumentative. "Why do we have to be anonymous, if it's a disease?" I remember asking. "you don't keep tonsillitis quiet." We joked like schoolboys, *sotto voce*. The evangelical flavour of the meeting, its touches of naivety, the *Reader's Digest* style of some of its slogans - all this was not to the taste of the worldlings among us.

During my second spell in the hospital I allowed myself none of this, without ever feeling a sense of fellowship with the A.A. meeting. Apart from my time at St. Bernard's it has not played a part in my recovery, though for many it is indispensable. It is as if I stand on the first "step" of its scheme: fortunately, the all-important one. But I did, and do, perceive that organization to be wholly benign, and rich in experience; therefore any disdain I might have felt for its methods now seems to me impertinent. Even that second time, I remember toying with the idea of setting up a BBC branch of A.A.: a more intellectually congenial, Brompton Oratory version, as it were. The whole point of A.A. - the recognition of what is common about alcoholism, and its anyway profoundly equalising nature - had at that late stage still eluded me.

But there it was, at the very center of the Unit's life, its purposes endorsed by psychiatrists. It was, I felt, as if the Gospel Hall had been given the imprimatur of the Royal Society. Nor was A.A. the only element of the religious informing our routine. Many of our meetings, I recall, were chaired by a self-effacing but austere Anglican clergy, and, whose

interests I assumed to be in our moral and spiritual condition. He too never preached, but he gazed around us impassively on these occasions, as though contemplating some particularly lucid paradigm of the fallen human condition. I remember too once overhearing the eminent psychiatrist who had established the Unit, saying to a patient as we walked out of a meeting: "Miracles can happen - let's hope they do," and he added the words "But of course you will have to work for them." Faith and Works.

THERE ARE other forms of psychotherapy similarly committed to the digging -out of truths, but none I know in which this pursuit is characterised in such traditionally religious terms. There are now professionals in Britain and elsewhere who act on principles less charged with spirituality. They are sceptical about some of the methods used at St. Bernard's and similar places, and even dissent controversially from the insistence in all cases on total abstemiousness. Thus they deny a central article of the A.A. faith: "Once an alcoholic, always an alcoholic." They offer instead a system of out-patient counselling which is often directed to more limited goals and which, the evidence suggests, is more effective and much cheaper than three months in a traditional addiction unit.

I feel no sense of having missed out, and can only record that in my own case, and at the time, alcoholism *felt* like a state of moral and spiritual failure; that the help given to me was, though not what I expected, experienced as fitting; that it was couched in the right terms, and was matched, I suspect in a significant way, to my own temperament and

background. The condition of alcoholism is part culturally defined, and it seems reasonable that its treatment should find expression in those cultural forms which make sense to those who suffer from it.

THE SECULAR DOCTRINES which we were also invited to discover can be summarised. Alcoholics were prone to self-deception, to an inability to locate the source of their troubles in themselves, attributing then instead to others: frigid wives, unfeeling husbands, impossible parents. They were over-dependent, and had difficulty in their relationships. They were given to self-pity, and to anger, which last they often repressed (though they were often violent). They were immature, even infantile, and therefore egotistical. They were fearful of rebuff, self-protecting, and therefore reluctant to grasp nettles. Above all, they lacked self-knowledge, and were, as a result, manipulative and dishonest. It was implied, I think, that these characteristics were, if not inherent, at least antecedent - the cause of the patient's drinking, though now writ large by its practice. Some form of moral reconstruction was called for.

Anyone who has known a very heavy drinker will recognize this description, and it gives a fair account of much of my own behavior. It takes no account - or for a practical purposes chooses to ignore - certain other profound influences. (Our Unit, for example, was well provided with Celts, but the only Jew I met was the consultant psychiatrist.) It also describes many people who are not addicts, and it seems to me to be on shaky ground in its suggestion that these deplorable characteristics are somehow the marks of a predisposing "alcoholic personality," rather than acquired

by the practice of drinking. At the time, though, I did not inquire too curiously into all this, forgoing the pleasures of speculation. Some of us, so inclined, browsed in the professional literature, but it seemed to me prudent not to follow that track.

I felt this especially because those who did sometimes found texts which, at a pinch, bore the interpretation that there were solutions less absolute than total abstinence: a view totally at variance with what we were being told, and one on which they pounced with ominous relish. Knowledge in itself was of little use. I remembered once meeting a journalist in a West-End drinking club, who had in his pocket a battered and heavily annotated copy of a Pelican book on alcoholism, his study of which bore no visible results. I remembered again an oft-repeated remark of my mother's: "You may be educated, but you don't know how to live." Its Welsh intensity had amused me, but the judgment now seemed the plain truth. So, if there were contrarities, omissions and puzzles in what I was hearing, they too, I felt, could be left simply to be.

Such were my thoughts and feelings after or three weeks of that second term. I wanted to stop drinking, and, being on the lookout for whatever meanings the place offered, found sermons in its stones and moral where they had not been planted. I was, like a tennis player, trying not to try, letting the processes of the treatment do their work in me. In a way, I was already "better" - the substance of what the Unit taught I had already grasped intellectually that first time, and my collapse into drunkenness after that had, I guessed, been a necessary experience, a fixing of it in my

mind. From now on it was a matter of letting the new cargo I had taken on board settle down, yare and secure. Two other experiences - both in a way literary - were to be of help in this respect.

No one was officially discharged from the hospital until they had written their "life story," a 20- or 30 - minute piece touching on their childhood and family background, their current hopes and feelings, and their drinking history. Every week two or three people rendered these accounts of themselves publicly at a full meeting of the group. These occasions were a kind of passing-out ceremony, moments of truth, and were conducted with appropriate seriousness. Again, the stories left us with powerful images. I still retain the picture we were given of the owner of a fish-and-chip shop - fearful, drunk, sweating and accident prone - shovelling out the orders between backstairs swigs on his vodka bottle. The surface details of this image bear no relation to anything in my own experience, and yet it has since had for me an unforgettable relevance. But the important thing about the life stories lay in the general impression they made, in their style and tone. What was the nature of the feelings implied in the language used? Were those feelings authentic, or ones to which the narrator was entitled? These were the kinds of questions we pursued in our discussions, in which terms like "phony" or "bullshit" or even "immature" were used. If the A.A. meetings took me back to the Chapel, these put me in mind of another setting in which the Puritan spirit had moved - the seminars in practical criticism I had attended while studying English Literature at Cambridge, some twenty years earlier.

THE STORIES demonstrated once again how problematical were some of the claims once made about the links between literature and life. Honesty, maturity, and so on were not notably present in the life stories of people with literary leanings. I remember, for example, a journalist who began his with, roughly, the following words:

"My earliest memories are of Mother screaming at Father; and of Adolf Hitler shouting on the radio."

And I remember too the look of despair on the face of the consultant psychiatrist as he listened to this. My own effort, that first time certainly, was poor. It was, I recall, indefatigably and bewilderingly complicated, ranging over such diverse themes as breast-feeding; the hypocrisies of Welsh nonconformity; the deracinating effects of upward social mobility and its associated guilts...and more in this vein. It is possible that I touched on some genuine problems, but I somehow missed the point, and the effect of all this on my audience was that of some overwrought contrivance, which was designed, they implied, to promote an image of myself as fearlessly unconventional, unique, different, and special.

SOME TIME IN the middle of my second term, I found myself reading rather than listening to another moving and disturbing story. It was *Recovery*, John Berryman's thinly fictionalised account of his own experience in an alcoholic treatment centre in the United States. I have never read a book which addressed itself so directly to my own immediate and vital interests, and which dealt, often with great insight, with the very

experience I was undergoing while reading it. The book had come out in England a year or two earlier, not long after Berryman's suicide.

I was already an admirer of Berryman's poetry, and for obvious reasons was interested when the novel came my way. The place Berryman describes in it was more American in style than ours, with its touches of fashionable psychodrama and its even greater elevation of A.A. into near-sacred status. But all the same it was grippingly recognisable. I knew, of course, that Berryman had killed himself, and that the book's title had been over-optimistic. I read it then in a state of some anxiety and fear, scanning the text for clues and signposts which would help me on my way; almost as a kind of cautionary tale. I have not read the book since, but the effect it made is easy to recall. Much of the writing struck me as marvellously vivid, particularly the portraits Berryman gives of the other patients, all seen in a commanding yet compassionate glance of the poet's eye. I was impressed, too, by Berryman's interest and curiosity in them all, and by the energetic and egalitarian zest with which this distinguished man threw himself into their lives. And most of all I noticed his grave preoccupation with religion. My own inner life at the time seemed lacking in depth and quality; my relationships with my fellow patients, in comparison, cool. And yet this good man, dismayingly, had failed. What chances had I?

He had put himself unreservedly into the hands of "a power greater than himself." He had "levelled" at many meetings. But he had not been restored to sanity. Perhaps, it occurred to me, with some heterodoxy, he had tried too hard. I began to find in the book a struggling and tortured element, a kind of holy ambition, as if

Berryman were aspiring to a condition of sainthood, and not simply to giving up alcohol. The religious parts began to seem not grave but pumped up, and his spiritual wrestling seemed too evidently perceived as of cosmic significance.

I concluded this self-serving reading by deciding that there had been something deeply mistaken in his choosing so quickly to turn his experience into "copy," indeed into Art, as though that exalted status would be a guarantee of its reality, when in truth the effect was to diminish it. My judgments, like all of their kind, were "impure," perhaps abnormally contaminated by the urgencies of my own situation; certainly they served their immediate and utilitarian purpose. I took what I could get, and from Berryman I learned that I was under no obligation to join a humility race or competition, and that I had to cut my coat according to my cloth, and see what happened.

Things did happen, After a few weeks at St. Bernard's, the joke went, you felt so good that you needed a drink to celebrate. My own health returned as though indeed borne on some warm fluid which was finding its own way through my body, carrying with it messages of reassurance, inexplicable feelings of well-being. I lay in bed at night, contentedly alert to these pleasing sensations. They came not only from the good physical health I was now enjoying again, but from the sense, already there, of having accomplished something. And they took a further charge from the closeness of the lives being lived around me, from those dark shapes beneath the blankets whose emotions were so similar to my own, and whose thoughts I felt I could almost hear. In the mornings when we got up I was struck and moved by the normalcy of our lives: by the

way, for example, we laid claims to dignity and respect through finding pleasure in the performance of small duties (making the tea; fetching the papers; running the snooker ladder). At work in the Unit was a profoundly sane impulse towards social order, with its safe and predictable rhythms, and to find this primal virtue in this, of all places, and in myself, added further to my sense of freedom and power.

AND THAT really is all. I returned to my work, this time wholly indifferent to the occasional stare. I have had not the slightest trouble with alcohol since, neither drinking nor being tempted to do so, and abstinence has become as habitual as drunkenness once was. No tablets and no "will-power" have been called for. For a short time I went to a few A.A. meetings, more to pay my respects to St. Bernard's than to seek support. For a year or two I had dreams about being drunk, but these too have long gone. I feel no aversion to the presence of alcohol, and provide it for friends, and though occasionally the whiff of a good bottle of wine produces a momentary feeling of regret, the sensation has never seemed to bring me near any danger point. The idea of controlled drinking, with its meticulous monitoring of intake levels, has no attractions; it seems to be more trouble than it could possibly be worth. I try to avoid smugness, and my tolerance for drunks is still fairly high. Anything less would be unacceptable for someone with my record; and even when frozen by boredom I am grateful to them for reminding me of how terrible I must have been. One minor problem is fighting off insistent hosts who don't know me - it involves either lying or dramatic self-exposure.

THE SUCCESS RATE in the treatment of alcoholism is not impressive; and much cheaper methods than those that benefited me are being developed. No one in these times is likely to wish to subsidise places like St. Bernard's

for their intrinsic value. So my experience will perhaps become increasingly less common, like that of having had a classical education. In a sense, I was privilege.

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