

Anonymous Struggle for 25 Years

The growth of Alcoholics Anonymous, founded a quarter-century ago this month, has spurred new efforts to control a major national health problem.

By H. Jack Geiger

On the evening of June 10, 1935, a New York stockbroker visited a surgeon in a suburb of Akron, Ohio. Both men were confirmed and "hopeless" drunks. In despair and loneliness, they almost inadvertently made a major medical and social discovery. This month, nearly a quarter of a million people in sixty nations - their lives deeply touched by that event - will mark its twenty-fifth anniversary.

The stockbroker and the surgeon began to realize, that evening, that they could stay sober, and be helped, by helping other alcoholics to stay sober. In the past quarter-century, their realization has been repeated a hundred thousand times over, in strikingly varied settings and involving the whole roster of human types. For from it grew Alcoholics Anonymous, the remarkable fellowship of compulsive drinkers who don't drink.

There is a great natural drama in the story of A.A. But by now perhaps the drama is less important than the attempt to read its meaning. Beyond the questions - What is A.A., does it work, how often, how well, for whom? - there is an important issue: what has it taught us about alcoholism?

A.A. is not, as some suspect, a herky-jerk parade of stumble-bums shambling up the road from skid row to salvation; it lacks the psalm-singing self-righteousness of the usual crusade. Neither is it a "scientific" or medical organization. Nor is it, finally,

"the answer" to alcoholism.

But it is - and this is the crucial fact - the top of the iceberg, one of the view visible aspects of a major national health problem. To understand A.A. it is necessary to know something about the underlying structure of alcoholism - the parts of the iceberg that we usually keep below the surface of national awareness and concern.

It is a big iceberg. A recent estimate (and it is probably a serious under-estimate) counts more than 4,700,000 alcoholics in the United States - one man in every fifteen over the age of 20, six men for every woman. Only about 8 per cent are on skid row, and only about 750,000 have obvious signs of illness. There are one to two million problem drinkers in industry, hundreds of thousands in the wards of mental hospitals. Five to six million wives, husbands, parents and children are living in the same household with alcoholism and are the victims of its erratic behavior.

The count could be more accurate if researchers had an exact idea of what they were counting.

Alcoholism is not simply synonymous with drinking, heavy drinking or drunkenness, and no one is certain whether it is a symptom, a disease in its own right, or several diseases. Most of the rule-of-thumb definitions (the man who drinks alone, the man who drinks the first thing in the morning, the

man who has "lost his will power") are either wrong or inadequate. Most of the scientific classifications (one of the researchers recently counted thirty-four) are not much better.

One theme, however, keeps recurring. The alcoholic is a man who is either unable to abstain from liquor or unable to stop once he has started; the first drink "pulls a trigger" and his controls disintegrate.

Within this broad definition, some researchers feel, there are at least two distinct types: "addictive" drinkers, driven usually by internal stresses, who seek the biggest, quickest alcoholic jolt they can find, and "habitual excessive symptomatic" drinkers, men in search of a gentle, anxiety-obliterating alcoholic plateau with the longest - not the quickest or most intense - effect.

Theories about the cause of alcoholism are equally vague. One group holds that a genetic - or combined genetic and nutritional - diet effect causes a craving for alcohol, but the evidence is skimpy.

Psychiatrists contend that alcoholism is the expression of self-destructive urges - "chronic suicide," in one man's graphic phrase - or of homosexual impulses, or of a fixation on oral pleasures. A recent Stanford University study explicitly tested these hypotheses, and found no good evidence for any of them.

Still another theory rests on the startling difference in alcoholism rates among ethnic and social-class groups in the United States. The relative number of alcoholics, for example, among Irish-Americans and "native-stock" Americans is much greater than among Italian-Americans and Jews. The figures are consistent with the idea that cultures with

contradictory values and customs - for example, associating alcohol with pleasure and sin, escape and drunkenness - are likelier to produce alcoholism than cultures in which drinking is consistently seen as an unremarkable supplement to meals, or a part of ritual religion.

A dwindling but highly vocal group finally, still insist that the cause of alcoholism is alcohol itself, despite the fact that some 94 percent of all the Americans who drink never experience uncontrollable cravings for alcohol, blackouts, "the shakes" or similar symptoms.

Alcoholics Anonymous agrees that the alcoholic is forever "One drink away from a drunk" - but there the theorizing stops. In the belief that alcoholism comes in people, not bottles, it takes no stand on prohibition, temperance or liquor laws.

A.A. is a vast network of local organizations, but it has almost no organizational structure. Its growth has been meteoric, but it has never asked anyone to join. Its one goal is sobriety, yet no member ever "takes a pledge." Its tone and orientation are religious, but its membership includes several thousand agnostics who happily rub shoulders with Protestants, Jews, Catholics and Mormons.

Though it keeps no records, conducts no research and is, if anything, faintly hostile to too much probing (We're just a bunch of ex-drunks," says one member, "and we don't care how or why it works, so long as it does"). A.A. has been at least indirectly responsible for major strides in the scientific understanding of alcoholism.

It detracts not at all from A.A.'s accomplishments that this new scientific effort suggests that A.A. is not the whole answer to alcoholism and that, in fact, its

methods and results are not much better or worse than any others.

What are the methods? The interested observer can find out on almost any night in any American city. A typical meeting begins with from thirty to 100 men and women gossiping on rows of wooden chairs in a church meeting house or a rented hall. There is a busy traffic to and from a stand with coffee, soft drinks and doughnuts.

In one corner, someone is idly playing a piano. The air is heavy with cigarette smoke, and the talk is loud and cheerful. On the wall are a few signs with messages like "Easy does it" and "First things first." One bears the A.A. motto: "God grant us the serenity to accept the things we cannot change, courage to change the things we can, and wisdom to know the difference."

The visitor who plays guessing games about those present soon discovers he is wasting his time: the seedy looking young man in the front row is a casual guest who has never been drunk in his life; the white haired, grandmotherly lady next to him has a record of twenty arrests and six hospitalizations.

Here and there, however, he may be able to spot a newcomer - someone drawn and tense and perhaps tremulous - and he may note that each one is sticking close to a "sponsor," an established A.A. member who is giving him special attention, introducing him to friends, pouring his coffee.

Finally, the chairman calls for order. "My name is Joe and I'm an alcoholic," he begins. He announces that this is the regular weekly "open" meeting of the group (there is a closed meeting for alcoholics only, later in the week). He calls for a moment of silence "to be used as each person sees fit." He announces plans for a dance, a bowling contest, and a

party to be sponsored by the local "Al-Anon - an auxiliary group in which relatives of A.A. members meet to talk over some of the problems of having an alcoholic in the family.

Then he introduces the first of three speakers from a neighbouring A.A. group who have come to "tell their stories." The first speaker begins with the standard line: "My name is _____, and I'm an alcoholic." ("If he can make it anyone can," someone whispers gleefully. "He was the worst wetbrain in history.")

What follows is, perhaps, the last thing the visitor expects: it is at once tragic and uproariously funny, and the hall rocks again and again with laughter.

A steelworker describes his weekly, wobbly odyssey from home to jail to hospital to home again - where his despairing wife, he adds, always covered him with the help-wanted pages from the newspaper while he slept it off.

A business executive recounts his early career as a bootlegger's assistant, hauling home-made gin in a baby carriage until "some drunk stole the wheels." Later, a confirmed alcoholic, his job and family gone, he decided to drink himself to death - only to discover, painfully, that "you don't die that easy."

A suburban housewife wryly displays the sole trophy of her drinking days, a citation as a faithful Cub Scout den mother. "The kids must of had a great time, with me drunk at every meeting," she says, but adds quietly, "except for two of them - my kids."

The laughter that comes is the laughter of recognition. The alcoholic newcomer discovers that the troubles, horrors and tragedies he thought were unique have, in fact, been shared by most of the

people in the hall - people who now are not only sober but (to his even greater astonishment) happy.

A number of themes run through the talks, "Easy does it" turns out to be a warning against the grandiose ambitions and unrealistic drives that affect alcoholics. "First things first" is a reminder of the need for priorities in the long job of rehabilitation.

Another slogan, "Live and let live," is shorthand for the observation that resentment and self-pity push the drinker back toward the bottle. The "24-hour plan" expresses the knowledge that the alcoholic's only hope at present is total abstinence - and that it is easier to quit one day at a time than to face a lifetime without alcohol's solace.

In all the talks there are reference to the "Twelve Steps," which are the core of A.A. belief. Here the compulsive drinker admits that he has become powerless over alcohol, that his life has become unmanageable. He decides that his fate is in the hands of a "Power greater than" himself, and turns his life over to "the care of God as I understand Him."

He undertakes a searching self-inventory, admits his wrongs, tries to make amends, prays for removal of his shortcomings. Finally - the all-important Twelfth Step - he tries to carry the message of this "spiritual experience" to other alcoholics if and when they seek help.

This is, in essence, what began in Akron in 1935, spread slowly to New York, then to Cleveland and Chicago. In 1938 there were sixty members; by 1940, one man recalls, "there were two's and three's and five's of us in half a dozen cities."

Today after a period of explosive growth beginning in 1941, there are more than 7,000 groups.

Each is autonomous and self-supporting (by voluntary and unrecorded contributions, not dues) and has no permanent chairman or officers.

The individual groups support an over-all "General Service Board" seven alcoholics, eight nonalcoholics - in New York, and this, together with an annual convention of elected delegates and a national newspaper wryly called "The Grapevine," is all that holds the loose federation together.

A.A. works, its students believe, by overcoming the drinker's biggest barrier - the lack of real, vital emotional contact with any single human or group, the feeling that nobody really understands or cares. In A.A. he finds people essentially like himself, who cannot reject him and whom he finds hard to reject or deceive. The concept of alcoholism as an illness eases his guilt; his identification with a group dilutes it. Gradually, the group itself provides a satisfying alternative to drinking.

How well does A.A. work? A.A. usually claims that *of those who really try*, 50 per cent sober up at once and stay that way, another 25 per cent remain sober after a few relapses. Unfortunately, the best evidence suggests that these figures are probably wrong. A few careful studies by outside observers report much lower figures in the 30-to-40 per cent range.

The most important source of error, of course, is the statistical catch in "those who really try." This means, in effect, counting only those alcoholics who find the program attractive enough to join, and dismissing the failures as persons who don't count.

Clearly, the alcoholics who join A.A. are a self-selected group

and may not be representative of all alcoholics. A recent study by Cornell University's Dr. Harrison Trice - one of eight nonalcoholic members of A.A.'s General Service Board - found striking differences in personality and past experience between A.A. members and uncontrolled alcoholics who had come to meetings but failed to join.

But results like these may represent a major step forward, for they suggest that there is no single type of "alcoholic" and no single "cure." The important question then becomes, not "What works?" but "What works best - for whom?"

Twenty-five years ago when A.A. began, alcoholism made physicians uneasy, frustrated psychiatrists, hardened social workers, wearied judges and jailers, inflamed "wets" and "drys" and, all too frequently, killed the alcoholic.

It still does - but the picture is changing. Tranquillizing drugs can be used to help control alcoholic cravings and ease the pangs of withdrawal - and they give the physician, at last, the knowledge that there is something he can really do for such patients.

Psychiatrists, in recent years, have soft-pedaled their emphasis on alcoholism as a mere symptom of some deeper emotional disorder and focused on the drinking itself. Perhaps more important, they are beginning to abandon the widely held feeling that alcoholism is an incurable personality defect and are trying new, less orthodox therapies.

"The psychiatrist and his techniques have to be less rigid," notes Dr. Morris Chafetz of Massachusetts General Hospital's alcoholism clinic in Boston, "and he has to be a pioneer in his approach to each case."

"The passive, non-directive therapist of alcoholics who follows his usual therapeutic approach usually has no patients to treat after a while."

At this and other clinics, psychiatrists now work in teams with social workers and psychologists. Wherever possible, if the patient has a family, an attempt is made to bring the wife into treatment, too, in individual or group counselling sessions. Almost invariably, such efforts increase the success rate to 30 per cent or better.

In the past decade, finally, a therapy has begun to appear for the skid-row drinkers, the derelicts, the homeless men of the bottle gang who rotate between rented rooms and jail. Observers noted that these men did well while they were jailed - and protected - but always drank when they were tossed out, jobless and unskilled in the simplest tasks of living.

A dozen states now have "half-way houses," small residential units which offer food and shelter, group identification, support from physicians and social workers, and a firm but gentle push toward employment and self-sufficiency. The improvement rate - and these are the "hopeless" men - is better than 30 per cent.

For all these advances, including many in which it has had no direct part, A.A. can claim some real credit - they may, in fact, represent its greatest contribution. Raymond G. McCarthy of Yale's Center for Alcohol Studies, explains:

"The real effect of A.A. extended far beyond its members. A.A. changed the social climate, dramatized alcoholism as an illness, substituted 'alcoholic' for 'drunkard' in public thinking, and demonstrated that something could be done."

In this 1960 view, A.A.'s 200,000 members are still, statically, only a drop in the bucket. And, as is the case with all other workers in the field of alcoholism, they clearly have a long way yet to go.

But already they have added a strange social prescription to medicine's stock of remedies. The idea is, after all, very old. "I am my brother's keeper," says one member, and he is mine and that's the heart of it."

Source: The New York Times Magazine, June 5, 1960.