

# Alcoholics Can Be Cured--Despite A.A.

by Dr. Arthur H. Cain

It is time we made a thorough investigation of Alcoholics Anonymous in the interest of our public health. A.A. is identified in the public mind as a God-fearing fellowship of 350,000 "arrested alcoholics" who keep one another sober and rescue others from the horrors of alcoholism. Unfortunately, A.A. has become a dogmatic cult whose chapters too often turn sobriety into slavery to A.A. Because of its narrow outlook, Alcoholics Anonymous prevents thousands from ever being cured. Moreover A.A. has retarded scientific research into one of America's most serious health problems.

My own experience with A.A. began in 1947. As a psychologist and investigator into the causes and cure of uncontrolled drinking, I have attended about 500 A.A. meetings in over 40 states and a dozen foreign countries. At first I was tremendously impressed with A.A.'s altruistic efforts in alcoholics' behalf. Its members would perform prodigies of selfless service, no matter what the hour, by meeting the helpless and sodden in hospitals, flophouses and homes, and offering their sympathy, a helping hand, and their own example that temptation could be withstood. At the weekly meetings, which all A.A. members attended, there was a true sense of humility and a devout belief in God (We "came to believe that a Power greater than ourselves could restore us to sanity") and the fellowship of man--the original tenets of A.A. New members were given the freedom to question A.A.'s guiding principles codified in the Twelve Traditions and the Twelve Steps of Recovery.

Over the years a disturbing change began to take place. As an increasing number of alcoholics joined A.A. chapters, many turned out to be misfits who had rejected Christianity, Judaism or the Kiwanis Club. Dogmatic and opinionated in their nonbeliefs, they found in A.A. an instrument for a new kind of bigotry. Their only meaning in life was that they had

heroically become "arrested" alcoholics. Arrogant egoists, they soon dominated many of A.A.'s 10,000 chapters. Weekly meetings, once spontaneous and exciting, became formalized and ritualistic. Anyone who questioned A.A.'s principles or even expressed curiosity was handed the slogan, UTILIZE, DON'T ANALYZE, and told to sit down. The desire to help others degenerated. As one disheartened former A.A. member told me, "I felt nobody cared what happened to Mary W. I felt they were just interested in another alcoholic who would become another notch in their belts. I felt as if I was being pressed into serving their cause and building up their oligarchy."

With this growing dogmatism came a Dark Ages attitude toward any scientist who might differ with official A.A. doctrine. According to the A.A. litany, alcoholism is a physical disease which can never be cured: "Once an alcoholic, always an alcoholic." The corollary is: "A reformed alcoholic must live A.A. from day to day and never leave A.A."

Actually, there is no scientific evidence that alcoholism is an incurable, physical disease. According to current evidence, the origin of uncontrolled drinking is psychological. A person drinks to ease anxiety, depression, boredom, guilt, timidity, inarticulateness. An alcoholic *learns* to become one; he is not born that way. This means that many alcoholics can return to normal drinking without fear of ending up on Skid Row. Over the past 17 years I have treated more than 50 alcoholics who no longer need to attend meetings or receive treatment. Most important, over 20 of my patients have learned to drink normally, to use alcohol as a beverage, not a psychological crutch.

Yet when scientists have reported similar findings, A.A. members have often set out to discredit them. In 1957 Doctors Melvin L. Selzer and William Holloway of the University

of Michigan came up with the then startling report that 13 confirmed alcoholics had become social drinkers. Because of the pressure of an influential A.A. member, the state agency that provided the funds for the study virtually ordered the two scientists to omit what it called these "embarrassing" findings. Doctor Selzer published his findings anyway.

In 1962 Dr. D. L. Davies, after a study at Maudsley Hospital in London, declared that seven men who had been alcoholics were able to drink normally after treatment; some had been drinking without problems for as long as 11 years. Doctor Davies concluded that "the generally accepted view that no alcohol addict can ever again drink normally should be modified." Some A.A. members branded the scientist's report "immoral, because it might cause some members to drink."

Dr. E. M. Jellinek, a co-founder of the Yale School of Alcohol Studies and a dean of researchers in the field of alcoholism until his death in 1963, was drawing on his own experiences when he declared: "... Alcoholics Anonymous have naturally created the picture of alcoholism in their own image . . . and there is every reason why the student of alcoholism should emancipate himself from accepting this exclusiveness as propounded by A.A."

Not only has A.A. interfered with scientific investigations, it has prevented medical and psychological treatment which runs counter to its own theories. At one New York City hospital, for instance, the physicians preferred using paraldehyde to treat acute intoxication. But then A.A. members implied that they would stop referring patients there if paraldehyde was used. The doctors were persuaded to switch to another drug, chloral hydrate. As the physician in charge of the alcoholics' ward explained, the A.A. non-scientists had discovered that paraldehyde was a form of alcohol. Actually, chloral hydrate is the more toxic drug. In fact, its indiscriminate use in another New York hospital has left some patients more intoxicated upon discharge than when they

were admitted.

While A.A. adherents battle scientific inquiry that does not fit A.A.'s narrow theories, its chapters often attempt to assume total control of members' lives. Purporting to offer everything needed for human fulfillment, the fellowship now boasts of a "ladies auxiliary," called Al-Anon, for spouses of members and even a division for members' children called Alateen. It suggests that the youngsters open their meetings by reciting this incantation: "We will always be grateful to Alateen for giving us a Way of Life and a wonderful, healthy program to live by and enjoy!" Implied is the distressing theory that there is no other way of life for alcoholics except that of A.A.--a life in which every waking hour is devoted to the struggle for sobriety.

The wife of a Texas member described some unfortunate consequences of A.A.'s creed that the struggle against alcohol must be the most important ambition in a member's life. "This must be placed above wives or husbands, children, homes, or jobs. They must be ready to abandon these things at any time . . . The tragic part is, some of them while searching for this sobriety and serenity actually do exactly that." How pervasive the obsession with A.A. can become was poignantly demonstrated by a patient who had come to me because of worries about her A.A. husband. He had proposed that they move their bed into the A.A. clubhouse so they might be "available 24 hours a day just in case an alcoholic wandered in."

For many members, of course, staying sober is a fierce challenge daily. But under the A.A. program, the lives of many are so sterile that their growth as human beings is hindered. Taught to rely on slogans and compulsive A.A. routine, some are unable to face the fact that they are alcoholics because they are psychologically sick. It is for this reason that many A.A. members never recover.

A New Hampshire novelist and former A.A. member, who has been continuously sober for eight years, described this human waste when he wrote me: "I have met members

who are actually afraid to think. They have made a high fence of A.A., which shuts them out from all pleasurable and vital aspects of life."

Behind the A.A. fence the original principle that alcoholics must be humble before God has been turned into the dictum that alcoholics are God's chosen people. This theme is preached in meetings and through books and pamphlets. A typical illustration is a booklet titled, "Around the Clock With A.A.," published recently by an A.A. group in California. One passage declares: "God in His wisdom selected this group of men and women to be the purveyors of His goodness. . . . He went right to the drunkard, the so-called weakling of the world. Well might He have said to us: 'Unto your weak and feeble hands I have entrusted power beyond estimate. To you has been given that which has been denied the most learned of your fellows. Not to scientists or statesmen, not to wives or mothers, not even to my priests or ministers have I given this gift of helping other alcoholics which I entrust to you.'" Such idolatry causes the believer to see himself as all-knowing, and turns the missionary into the zealot.

A.A.'s creeds not only infect its own members but pervade public education. Most of what we hear or read about alcoholism is inspired by A.A. adherents spouting A.A. dogmas. City, state and private agencies frequently fill all key posts with A.A. members. One western state actually requires that personnel assigned to its alcoholism program be A.A. members for at least two years. No professional experience is needed. The A.A. philosophy also dominates the National Council on Alcoholism, the only nation-wide public-information agency on alcoholism. N.C.A., which is supported by public donations, has over 60 affiliated information committees scattered throughout the country. Although both N.C.A. and A.A. deny that they are officially connected, many members of N.C.A.'s staff and some directors are A.A. members. A.A. members serve as directors in eight out of ten N.C.A. information centers in

the largest cities in the United States.

Thus, it is not surprising that N.C.A. continues to parrot the A.A. line that alcoholism is a "progressive disease for which there is no known cure, but which can only be arrested." Further, N.C.A. in a series of radio and TV commercials actually stated that the American Medical Association has declared alcoholism to be a disease, although the A.M.A. has restricted itself to general statements that the alcoholic is "sick." Time and again, I have heard public figures recite A.A.-N.C.A. myths and propaganda as if they were gospel.

I once heard Arthur Flemming, former Secretary of Health, Education and Welfare, read verbatim a pronouncement on alcoholism which I knew had been prepared a year earlier by N.C.A.'s public-relations firm. Flemming offered the now familiar "statistic" that there are five million alcoholics in the United States. This figure is based on a study Doctor Jellinek of Yale conducted 18 years ago in a small community; he thought he had found that three percent of the population were alcoholics. N.C.A. applied this percentage to the whole nation. Doctor Jellinek, a great physiologist but no statistician, repudiated his own formula in 1956. The five-million figure is only a guess, for no scientific count of alcoholics has ever been made.

While N.C.A. issues well-intended but sometimes questionable facts and theories, A.A. officials, when pressed, often hide behind the famous Tenth Tradition, which states that "Alcoholics Anonymous has no opinion or outside issues, hence the A.A. name ought never be drawn into public controversy." This device enables members of A.A. to make outrageous assertions which A.A.'s headquarters promptly disavows when challenged. "Many people I have tried to help," said one Chicago member, "have abandoned the program because they couldn't take the *ex cathedra* homilies on drugs, alcohol, psychiatry, medicine, sociology, biology, to name a few subjects on which they speak with authority."

Much of the A.A.'s failure can be blamed

on a lack of forward-looking, constructive leadership. Writer Jerome Ellison recently spent several months as a paid consultant to A.A. evaluating the fellowship's publications and activities. At national headquarters in New York City, Ellison declared, committee politics took up half the working day, and gossip was venomous. Everybody was an expert, Ellison went on, "with a cluster of ideas closed to amendment." He related how one member had submitted to the A.A. monthly bulletin an article which showed that nearly all southern and a great many northern A.A. chapters were racially segregated, and that A.A. had failed to keep pace with the growing problem of Negro alcoholism. The article was turned down on the ground that it "might disrupt A.A. unity."

Ellison's most damning indictment concerned the rule made by A.A.'s non-alcoholic board of trustees that no change can be made in A.A.'s theories on alcoholism even though they are nearly a quarter of a century old. "Despite the fact that the rank and file teems with exciting, relevant, informed and up-to-the-minute experience," Ellison declared, "none of it is permitted to appear in book form. To publish such literature, it is felt, would be to risk heresy."

Needless to say, I do not suggest that A.A.

be abolished or that a single member quit. That A.A. helps many thousands stay sober is obvious. But Alcoholics Anonymous should return to its original purpose of being a much-needed first-aid station. The "arrest" of uncontrolled drinking is the essential first step in becoming a recovered or cured alcoholic. During this critical period, the alcoholic needs the sympathy and understanding that only another alcoholic can give. But after three months or so, when the shakes have subsided and the cobwebs are beginning to clear, the recovering alcoholic should go ahead. He should not be taught that he must remain forever crippled and bound by the paralyzing concept "Once an alcoholic, always an alcoholic." It is at this point that the patient needs a different kind of understanding: an objective, dispassionate, clinical understanding that physicians, psychologists and pastoral counselors, not A.A. members, are trained to give. Only after he has undergone a rigorous and lengthy revision of his personality should he attempt to drink normally again, and then only if he desires to do so.

After all, sobriety in itself is not a way of life. It is simply the absence of intoxication. It is what one does with his sobriety and his life that is important.