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On several occasions, in the late 1980s and early 1990s, I had the privilege of addressing the National Clergy Conference on Alcoholism. These presentations, although not “scholarly” in the sense of offering a critical apparatus, were presented to a highly educated audience very knowledgeable about alcoholism and Alcoholics Anonymous. Perhaps because I had some seminary training myself, I feared these occasions more than any others in my presentations around the world. Even official government physicians in Moscow and the faculty of Hebrew University in Jerusalem did not present such a challenge to the serenity of my gut.

But I also loved the men and women of N.C.C.A. because I knew first-hand of the good they did. And so my fear became a motive to give my very best. I hope that comes through in this final presentation that I offered them in January of 1996 in Scottsdale, Arizona.

*Each of my N.C.C.A. talks was transcribed and eventually published in *The N.C.C.A. Blue Book*. This one appeared in the 1996 issue, volume 47, pp. 5-29, and includes the question-periods in the middle of and after the talk itself.*

Spirituality and Recovery: the Historical Journey

Let's organize these immense topics under two large headings: (1) the journey that is A.A.'s story, its history, and (2) where that journey intersects with our own, in imperfection. The more astute among you may recognize in that arrangement a reflection of the two books mentioned in my introduction: *Not-God: A History of Alcoholics Anonymous* and *The Spirituality of Imperfection*. As someone remarked at the meeting last night, “We talk about what we know about.” History and imperfection are my specialities – not necessarily in that order.

The History of Alcoholics Anonymous: Its Importance

History is important less because, in Santayana's often quoted but rarely grasped caution, "Those who do not remember the past are doomed to repeat it" than because, in words variously attributed to Dickens and Goethe: "Those who have no memory, have no hope." There is a link between memory and hope: both are fragile, and so each sustains the other, and each needs all the help it can get from the other. And this is why the *real* story of Alcoholics Anonymous is important. We need hope, and our hope is founded in memory.

Recent Publications and Scholarship

There are a couple of things going on right now on the topic of A.A.'s story. First, and most exciting, we have new works offering insight into A.A. history and more. Some of you may be familiar with Father Bob Fitzgerald's book, *The Soul of Sponsorship*, which draws on the letters between Bill Wilson and Father Edward Dowling, the Jesuit priest to whom Bill referred as his sponsor, although Dowling was not an alcoholic. Himself a Jesuit, Bob drew on the Society's archives as well as A.A.'s, and he not only has gathered some of the letters into that book, but he offers connective material that puts the letters in a context that help readers appreciate their significance in the lives of both men.

There is also Mary Darrah's work on Sister Ignatia. We need still more on Ignatia and St. Thomas Hospital in Akron and the program at St. Vincent's in Cleveland. Also, in the area of recently published histories, you may be familiar with Nell Wing's reminiscences, *Grateful to Have Been There*, and Arizona's A.A. archivist Wally P.'s new book on the History of A.A. Intergroups, *But For the Grace of God*. Wally offers interesting glimpses into local early Alcoholics Anonymous. For example, in Los Angeles, they used to have a screening committee. You could get kicked out of A.A. in Los Angeles in the early days: if you slipped twice, word was passed around and no group would admit you.

Beyond the directly historical, we are being blessed with some excellent dissertation studies of aspects of Alcoholics Anonymous. An

Episcopal priest, Michael Wyatt, last December defended a dissertation at Emory University on the relationship between A.A. spirituality and American pragmatism. Wyatt's dissertation is unlikely to be published as a book, but be alert for the articles Michael may spin off: he offers some challenging interpretations of A.A. spirituality and how aspects of an American spirituality filters into the churches.

There is a recent dissertation out of Northwestern University by Kathleen Flynn. Its direct subject is the story-style of A.A. talks – Kathi's field is performance studies – but along the way she offers a telling analysis of A.A. convention gatherings and the developing A.A. shrines such as Dr. Bob's house in Akron. And at the University of Rochester, an anthropology candidate, Maria Swora, is completing a dissertation on what happens in A.A. meetings and how that has changed over time. Rochester, New York, had one of the early "Wilson Clubs" and for a long time was a bastion of the old-time A.A. that had definite membership requirements, so Maria is working a rich lode.

On the level of scholarship beyond the dissertation level, of most interest to you may be a book coming out in the Fall of 1996 by a theologian, Linda Mercadante, who measures A.A. and theology and the Church against each other. The proliferation of the Twelve-Step insight, genuinely or not, complicates this study, but it is the most competent scholarly study of which I know that brings to bear on Alcoholics Anonymous the insights of the theological tradition. Some points are sure to enlighten you; and some points you will as surely wish to argue. Mercadante is especially critical of the expansion of addiction as a metaphor, and she takes on various theologians as well as non-theologian popularizers such as Gerald May.

So not only A.A. but serious study of A.A. is vibrantly alive, and no matter what the explicit field of study, each of these works sheds further light on A.A.'s continuing story. I maintain a bibliography of serious literature on Alcoholics Anonymous, and it currently comprises some 2,000 items, with about five or six new additions each month.

The Dangers in Distortions of A.A.'s Story

That was the good news. Less happily, there have also recently

appeared people who in pursuit of particular agendas tell A.A.'s story in ways that distort its history. Of particular concern are the Oxford Group enthusiasts who try to provide historical underpinning for what has become a movement to Christianize Alcoholics Anonymous by reinterpreting A.A.'s early history. Some of these zealots at times directly denigrate the contributions of Sister Ignatia and Father Dowling in their single-minded, indeed narrow-minded, attempts to prove that A.A. came out of "Bible Christianity." It is unlikely that you will confront many of these people directly, because usually they do not have much contact with Catholic clergy. But they tell their versions, and some of the distortions and half-truths get spread around.

There is nothing wrong with reinterpretation, so long as it is based on evidence. One reason we tell stories is to upgrade memory, and we revise our stories and our memory as more information comes in. But there are three guidelines that should undergird that process in any genuinely historical study.

First, there has to be evidence for any claim. Just because you think "it would be nice" if something happened in a certain way does not mean that it did. Some people think that Bill Wilson must have known Dr. Bob before Bill ever went to Akron back there in April of 1935. Maybe he did. I do not know, for certain, but all the evidence that we have says that he did not and, therefore, if someone says that he did, please show me your evidence. This may not seem like such a big deal, except that it would call into question Bill's fundamental honesty on a key issue. And so it is not merely trivial, like whether Dr. Bob had his last drink on June 10th or June 17th. Thanks to the research and evidence turned up by a New Jersey attorney, it seems probable that June 17th is the correct date, and the same evidence suggests how naturally such a memory error might have occurred. So we have been celebrating A.A.'s birthday a week early each year: I doubt that discovery impacts anyone's sobriety much, one way or the other.

The second requirement is that you have to look at *all* the available evidence. Yes, certain things did happen in Akron. But other things were also happening in New York and elsewhere. The historical storyteller has to take into account *everything* that we know, not just the facts that he or she happens to like. Actively drinking alcoholics are pretty good at the latter – just looking at those truths that they like. You

can make a marvelous story out of the things that you like. “Well, I always got up and got to work in the morning; I never missed a day’s work.” But you do not bother mentioning that you had to be poured into bed every night and how often you went home from work at midday, or whatever the rest of the story was. Truth and honesty require examining and incorporating *all* the available evidence.

Third, you also look at what else is going on at the time, the context, the wider “climate of opinion.” Yes, the book *Alcoholics Anonymous* shows signs of being influenced by Oxford Group literature. But also being read at the time were Karen Horney’s 1937 book, *The Neurotic Personality in Our Time*, glimmers of which can also be found in the Big Book. And in Dale Carnegie’s 1935 best-seller, *How to Win Friends and Influence People*, you will find a chapter titled, “When You Are Wrong, Promptly Admit It.” Some early A.A. members had been in therapy with Horney or her disciples. Bill Wilson, for one, revered Carnegie. In discussing influences on early A.A. thinking, then, these names merit mention along with those of William James and Henry Drummond and Emmet Fox.

Sister Ignatia, Father Dowling, and the Oxford Group

Too often, at least for my taste, the distortion that overplays the role of the Oxford Group in the origins of Alcoholics Anonymous also underplays the roles of Sister Ignatia and Father Dowling.

In this area, too, there are trivia. For example, did the practice of passing out chips originate in Sister Ignatia’s practice of giving Sacred Heart badges to the hospital program’s graduates? It would seem so. But far more important are questions such as what shaped Bill Wilson’s ideas on discernment. Did those understandings derive from his conversations with Father Dowling, which might suggest thinking about those ideas within the larger Ignatian tradition? Or did his ideas on discernment come from the Oxford Group tendency to label everything in either-or, good-bad, categories?

If we look at the rest of Bill’s writings, especially his description of humility as an avoidance of either-or and an acceptance of both/and, you can sense the Dowling influence. This is not a trivial matter, because

how Bill understood discernment comes through in the way he presents spirituality in the *Twelve Steps and Twelve Traditions* book. Bill was not God. Bill Wilson not only probably made mistakes: he surely made mistakes. Some people write Bill off totally because of one or another of his mistakes, for example, his mistress. Others concentrate on the fact of Bill's faithfulness and loyalty to that woman. Similarly, some seem determined to be scandalized by Bill's experiments with LSD, while others see in them evidence of his determination to find ways of helping even those alcoholics who seemed tone-deaf to the spiritual. A lot depends on the eyes that you bring. In general, in fact, as in so many other matters, what people tell us about Bill Wilson tells us even more about themselves. Not exactly a new insight to those schooled in psychology or Patristics, eh?

The Oxford Group began in the first decade of this century as the "First Century Christian Fellowship." It was one of the many periodic attempts to recapture first-century Christianity. Later, it would be known as Moral Re-armament, the name-change coming after Frank Buchman, its founder, made some rather incautious statements praising Adolph Hitler. By that time, 1938, New York A.A. had departed Oxford Group auspices, though that connection with what has been called the womb out of which Alcoholics Anonymous was born continued longer in Akron.

But perhaps less "maternal womb" than "surrogate parent," for to concentrate only on the relationship of A.A. to the Oxford Group misses the always present shadow and awareness of Carl Jung, among others. Even though Wilson did not write to Jung until 1961, there was abroad in the fellowship awareness of the story of Rowland Hazard and what Jung had said to Rowland. As much as that may have been twisted and partially forgotten, the essence of it was still there – so much so that when Bill got around to writing to Jung in 1961, the psychiatrist recognized in Bill's letter what he had said to Rowland. That is a good check on whether it had been distorted: Jung did not answer, "No that is not what I said. What I really said was. . . ." I find it fascinating, in this era of suspicion about memory, that A.A.'s oral tradition maintained that story that accurately for close to thirty years.

There is also the continuing impact of Dr. William Duncan Silkworth. In 1937, two years before the publication of the Alcoholics Anonymous Big Book, Silkworth published, in the journal of the

Medical Society of New York, an article dealing with the distinction between two terms, two words: decision and resolution. If you read that article, I suspect you will never hear the words of the Third Step in exactly the same way again. Under the title, "Reclamation of the Alcoholic," Silkworth observed to his fellow physicians:

Without quibbling over words, I wish to differentiate between a decision and a resolution or declaration of which the alcoholic has probably made many already. A resolution is an expression of a momentary emotional desire to reform. Its influence lasts only until he has an impulse to take a drink. A decision on the other hand is the expression of a mental conviction based on an intelligent conception of his condition. Often when a resolution is made, individual must fight constantly with himself. The old environment forces are still a raid against him and he finally succumbs to his old means of escape. However, if he has made a decision through understand of facts appealing to his intelligence, he has changed his entire attitude. No will power is needed because now he is not tempted.

That article is of course not the whole story of Silkworth's impact. "Silky" was always there, always available, in those days when Bill was hanging around Towns Hospital seeking out new prospects. It was Silkworth, remember, who gave Bill the advice that shaped how Bill told his story when he first met Dr. Bob Smith. And evidence suggests that Silkworth's brief advice did more to shape how A.A. storytelling developed than did all the Oxford Group's ranting about "sharing for witness."

Then too, many of the early A.A.s had been in treatment, some with followers of Richard Peabody or others influenced by the Emmanuel Movement, some with students of Karen Horney. The emphasis on the Oxford Group derives from a blinkered view of early A.A. Yes, there were three times as many members in Akron as in New York City well into 1940. And most of the Big Book stories in the first edition come out of Akron. Even that early, however, the New Yorkers had a disproportionate influence on the development of A.A. nationally. Because many worked in sales and traveled, when inquiries came in, they were the ones who were more likely to go to those places and meet those people. And when other Americans traveled, they were more

likely to visit New York than Akron or even Cleveland. Especially after the publication of the Big Book and the Jack Alexander article, when people inquired about A.A., they wrote to New York: that's the address that was given. So despite their initial small numbers, the New York A.A.s had an impact out of proportion to those numbers. You don't just count members to tell where the center of gravity is: you look also at relative weight.

Even in the midwest heartland, the 1939 split of the Clevelanders from Akron was over the Oxford Group connection. And immediately there were splits in Cleveland itself, and this fact and process tells us something else that was not only important in early Alcoholics Anonymous but that may have increasing significance today, not least because so many forget this early history.

A Bridge Between History and Spirituality: Varieties

A theme that bridges A.A. history and A.A. spirituality – and probably history and spirituality in general – is openness to *difference* and therefore the cherishing of *varieties*. Because we are finite, there is no “once and for all”; or, in the words of Chapter Five: “First of all, we had to quit playing God. It didn't work.”

If I were to write another book on A.A., its title would be *Varieties of the Alcoholics Anonymous Experience*. The vast diversity of meetings and groups is surely the outstanding characteristic of A.A. today. But this is not some new, postmodern thing. From the very beginning there were these varieties of A.A. understanding and experience. They have always been with us. The main problem of those who exaggerate the Oxford Group influence is that they are looking at only one small part of the story – small even in 1937 and surely by 1939.

Secrets

A final note on the Oxford Group, and A.A.'s departure from its auspices and rejection of many of its thrusts – an important final note, because the recent trend toward the therapizing of Twelve-Step spirituality intriguingly brings in its wake an Oxford Group

understanding originally and vigorously rejected by the early members of Alcoholics Anonymous.

One Oxford Group saying that the early A.A.s definitely rejected has come into strange re-use in some of the ersatz Twelve-Step groups that have proliferated in more recent times – the sick saying that “You are only as sick as your secrets.” That is not Alcoholics Anonymous; that is Oxford Group. In fact, one of the reasons why A.A. left the Oxford Group was that the idea of group guidance meant public confession. The A.A. insight is captured in the formulation of its Ninth Step, with its sensitivity about “. . . except when to do so would injure them or others.” The Oxford Group distinguished “sharing for confession” and “sharing for witness” but encouraged both. Early Alcoholics Anonymous adopted, slowly, the telling of stories that “disclose in a general way,” but the members adamantly rejected the intrusive lack of respect inherent in what a later generation would term “letting it all hang out” – lack of respect for both others and self.

Bill Wilson and Dr. Bob Smith and Anne Smith had all died by the time I began my research, but I had many long and fruitful sessions with Lois Wilson. Vivid in memory is that gentle lady’s continuing deep disdain for what the Oxford Group termed “soul surgery.” In pursuing with Lois her thoughts and feelings on the subject, I learned that that type of display was viewed not as honesty but as exhibitionism, and that those who reveled in it not only rarely stayed sober but were as obnoxious sober as they were when drinking. I find it sadly ironic, then, that this destructive aberration has crawled back into Alcoholics Anonymous under different auspices. Even if it be valid, which most sane philosophies would deny, it is not A.A.; it comes from a different source and it was in fact one reason why A.A. departed that different source.

Alcoholics Anonymous and “Treatment”

Quite a bit has been made recently about the difference between Alcoholics Anonymous and “treatment,” which is a professional prerogative. That should be clear in the very origin of the application of the word *treatment* to recovery from alcoholism, for that usage was originated by Sister Ignatia, God help her. What happened in Akron, at

St. Thomas Hospital, was that the alcoholics who were patients were visited by the sober alcoholics. And some of the visitors, using the familiar vocabulary of the time, sometimes mentioned that so-and-so was there “to take the cure.” (The common claim a bit later in Cleveland, by the way, a take-off on a billboard advertisement, was “We fix drunks.”)

Now Ignatia did not know much about alcoholism in those early days, but one thing she knew from what Dr. Bob taught her was that there was no “cure” for alcoholism in the medical sense of a condition totally repaired and restored to the *status quo ante*. And so Ignatia would say to the visitors, “No, he is not here to be cured. You *can't* cure it. He is here for treatment.” And that is where the word “treatment,” applied to alcoholism, comes from – as a way of emphasizing the permanence of the condition.

After St. Thomas Hospital in Akron, Ignatia went up to Cleveland and began the ward at St. Vincent's Hospital, Rosary Hall. Some have over-enthusiastically claimed that “A.A. ran that ward.” No way: Ignatia ran her ward. What she did implement was a requirement that admissions be sponsored by an A.A. member. Rosary Hall did not accept admissions from physicians, except some few physicians whom Ignatia knew. Only those physicians whom Dr. Bob approved received admission privileges. So although most physicians could not admit to this ward, if an A.A. member vouched for someone, that person would most likely be admitted.

So Alcoholics Anonymous members could sponsor an admission. And A.A. members were welcomed as visitors, but Ignatia set the conditions, such as no reading material except the A.A. Big Book. Neither St. Thomas nor St. Vincent's was the anarchic democracy that is Alcoholics Anonymous: you cannot run an institution like that. In those early days, they emphasized the importance of identification. A.A.s visited, and what they insisted on in early A.A. was that *different* people visit. The idea was to offer a variety of opportunities for identification. In fact, there is an article in the May 1946 *A.A. Grapevine* describing how, in Memphis, Tennessee, when A.A.s gained admittance to Bolivar State Hospital, they made a rule that no A.A. member could visit any particular patient more than once. Ignatia thought along the same lines. She did not approve of anyone spending all their free time hanging around the ward. The idea was to bring others, especially those that had

been out more recently. Ignatia had control over visitors and she excluded some people whose language she did not like or who she felt did not have good sobriety. In fact, she quickly instituted in Cleveland that you have to be sober a full year before you could sponsor an admission.

In the midst of so much current confusion about treatment for alcoholism and its necessity, you might find it enlightening as well as refreshing to look up an article that Sister Ignatia published in the hospital management journal, *Medical Progress*, in October 1951: “Care and Treatment of Alcoholics.” In the article, Ignatia describes her five-day program: reception, realization, moral inventory, resolution, plans for the future. Notice, by the way, the word “resolution” here: intriguing evidence how Akron’s more Oxford Group vocabulary got carried over into Ignatia’s thinking as opposed to the point Dr. Silkworth had made and its impression on the New Yorkers.

It is difficult to find that journal, of course, but Mary Darrah’s biography of Sister Ignatia virtually reproduces the article. If you would like to see what an effective five-day treatment plan might look like – and in these days of “mis-managed care” even five days may soon be a luxury – you might find it worthy of examination and especially of thought.

Another aspect of Alcoholics Anonymous illuminated by what we know of Sister Ignatia: Ignatia was the admissions clerk at St. Thomas, which is why Dr. Bob approached her. She was not a nurse. Her field had been music, but she had suffered a kind of “breakdown” and so was sort of shunted off to the hospital work that was her order’s main mission. Sometimes, ignorant people – and especially ignorant professionals – say that “Alcoholics Anonymous teaches that only an alcoholic can help an alcoholic.” Sister Ignatia is only one of many whose story overturns that canard. Look at all the non-alcoholics who were so significant in early A.A. history: Sister Ignatia, Father Dowling, Willard Richardson, Frank Amos, Dr. Silkworth, and many others. They were not alcoholic, but they did all have something in common: each, in his or her own way, had experienced tragedy in their lives. They all had known *kenosis*; they had been emptied out; they had hit bottom . . . whatever vocabulary you want. They had stared into the abyss. They had lived through a dark night of the soul. Each had encountered and

survived tragedy. This is why I am so interested in the biographies of those early people: I want to understand what is it that allows non-alcoholics to understand alkie. For you do not have to be an alcoholic to understand one. But it seems that you do have to have had this confrontation with tragedy in your own life. You have to have stared into that abyss. You have to have known utter hopelessness or utter helplessness. You have to have screamed the first prayer, “*God: help me.*” And Ignatia had.

Ignatia did not know much about medicine. She had no medical training. She was an admissions officer, which of course gave her the chance to smuggle people into the hospital. Dr. Bob was not stupid: He knew whose help he needed to sneak alcoholic patients into the hospital. The reason why hospitals did not admit alcoholics, by the way, was not because they did not like alcoholics, nor even because they did not seem able to help them very much. It was because alcoholics never paid their bills. There was no health insurance back in those days. You were responsible for paying your own bill, and experience taught hospitals that alcoholics never paid theirs. Therefore, they tried very hard, for simple economic reasons, not to admit alcoholics. Alcoholics Anonymous was instrumental in changing that, not so much by propagandizing its understanding of alcoholism but by seeing that the bills got paid. That was the first meaning of “sponsorship” in A.A. as the practice started in Cleveland: when you sponsored someone to be admitted to a hospital, it meant that if that person did not pay the bill, you would. At that time the cost was between \$90 and \$100, and that was a lot of money back then, in the aftermath of the Great Depression. Well, as you can imagine, you did not agree to sponsor someone unless you were pretty sure that they were serious about getting sober. And you did a good job being a sponsor in what has become the later meaning of that term, fostering full sobriety.

Earlier, in Akron, Ignatia would smuggle patients into St. Thomas Hospital on Dr. Bob’s assurance that there was some hope for them and that someone would take care of their bills. Bob would usually admit them under a diagnosis of acute gastritis. Sometimes, when there were no empty rooms in the hospital and there was concern that the new admission might become disruptive in withdrawal, Ignatia would put them in the flower room. Some of you may recall the old hospitals, where they used to have a room where they put overnight the flowers

from the patients' rooms. The theory was that flowers give off oxygen during the day but at night they absorb oxygen so it was unhealthy to leave flowers in a room with a sick patient. Anyway, that was also the room they put the corpses in, if someone died during the night, until the undertaker came in the morning to pick up the body.

So . . . I'm sure you can guess what would happen on occasion. Some poor drunk would be stuck in the flower room, and a stiff would be wheeled in on a table, and the gregarious, loquacious, probably hallucinating alkie-in-withdrawal would strike up a conversation. Then, the next day There are lots of ways of hitting bottom. I do not think any of those flower room people are still living, but I interviewed some, and others taped their stories so you may come across one. There are some experiences that our modern treatment centers just cannot replicate!

I mentioned the origin of the chip system. Its history is a bit muddled, but supposedly it was the Irish temperance movement that Father Matthew brought to this country in the nineteenth century that started using a lapel pin to signify membership. The "Pioneers" picked that up, but they also encouraged distribution of the Sacred Heart badge at the time of First Communion or sacramental Confirmation as a symbol of the same pledge. Anybody here remember that? I do sort of vaguely. Anyway, Ignatia, as any patient of whatever religious background or preference was about to be discharged from the hospital, Ignatia, this little tiny nun, would go to the big lug and say, "Now, George, I want you to take this as a reminder of what you have learned here, that you are an alcoholic. And I want you to promise me that before you ever take a drink you will come and you will give this back to me." And, blubbing likely in inverse correlation with religious practice, the newly sober drunk would take that piece of cloth and store it in wallet or pocket, and . . . well you know.

The use of actual poker chips began, so far as I have been able to discover, in Elmira, New York, in 1947. Still, though it probably will bother members of this group less than it does some of our separated brethren in the rural South, how does it feel to realize that that poker chip or medallion some of you have in your pocket is really a Roman Catholic sacramental?

Question: I have always been curious since I was an unwilling patient in Hazelden: they had this small statue sitting up there kind of quietly. And I asked, “Well, who is that?” And they said it was a statue of Sister Ignatia. But it was a more of a caricature . . . this ugly statue . . . and I always kind of wondered is there a story behind that?

[EK]: I do not know. My guess is that it was something that was done by a patient out of love and the patient was not too talented. But since the love was what counted . . . it’s like a child who brings home a drawing and mother puts it on the refrigerator. It is not great art, but that is not what it’s there for. From what I know of Hazelden people, at least back then, that would fit. I do not know of any statues of Ignatia. I think Ignatia would wince at the idea, and probably a lot of church officials would wince even more at the idea of statues of Ignatia. My hunch though, knowing how some things at Hazelden used to operate, is that it is love-art, and no one throws that away until everyone forgets the story behind it.

Question: I am seeing in my clients many with dual problems. Some of them have trouble fitting into A.A. They have trouble especially because they have to be on medication, and many A.A. members tell them they should not be, and that confuses them.

[EK]: That question goes beyond the history of A.A. in part, but my study of the history of research on A.A. may offer some light. First, let’s be clear that by “dual problems” you do not mean alcohol-and-other-drugs but a separate psychiatric diagnosis?

[Assent from the questioner: “Yes, another psychiatric problem.”]

[EK]: Though it’s not my area, you’re in some luck, because that is an area that my wife has researched. She did a study of “double-trouble” groups, A.A. groups intended precisely for such people as you mention. And it seems that for such people to succeed in sobriety, it really helps to have such groups. Research indicates that most of them cannot make it in just straight A.A. However, the research also suggests that those who

are capable of going to both “double-trouble” and regular meetings do better if they do go to both, go to straight A.A. as well as their dual meetings.

But of more concern is the idea that early A.A.s did not tolerate psychiatric medication: that is simply and totally false. If you look at the first mentions of psychiatric medications in the *A.A. Grapevine* in 1945 and 1946, “The Pill Problem: Chewing Your Booze,” there is a distinction made even back then between psychiatric medication and what we would call today minor tranquilizers. They did not have the name then, but they had the pills – even before Miltown. They were talking about barbiturates, and their concern was self-medication. But from the time lithium came on the scene (1949, I believe), most people in A.A., and surely Bill Wilson, recognized that psychiatric medication should not be interfered with by A.A. members.

On the other hand, never forget A.A.’s prime axiom: “Some are sicker than others.” You are going to find some A.A.s who are going to insist that *anything* is a violation of the program. But that is one reason why alcoholics with dual problems need special groups, and a large reason why we should speak up and teach what we know. For it is also true, on the physician side, that some are more knowledgeable than others: not all physicians are knowledgeable about alcoholism. In such cases, the usual A.A. practice has been to suggest not a medication change but consultation with a physician known to be aware of the realities of alcoholism. Some physicians still treat alcoholism as a Valium deficiency, as Dr. Russ Smith used to put it. But most A.A. groups keep track of physicians who are aware, if you ask around. Today, the more likely danger seems to be treating the ordinary pain of being human as a Prozac deficiency. Unless you hold Eli Lilly stock, the same cautions would seem appropriate.

You of course recognize that I am describing sort of an ideal, but there is literature put out by Alcoholics Anonymous itself on this topic. Sometimes it helps to give A.A.s A.A. literature, not scholarly literature. So write to G.S.O.: they put out some very good pamphlets. One, as I recall, summarizes a couple of talks that Bill Wilson gave on this topic, because it is a recurring concern. So my most practical suggestion is to get in touch with G.S.O., but look in on your local service office too. A.A. itself has some good literature on this.

Question: I heard that in the Los Angeles area in the 30's and 40's they were trying to treat alcoholism with an essentially spiritual program, that they came up with something called religious psychology?

[EK]: I may not have much on that directly, but let me offer what I do know. The first attempt to start A.A. in Los Angeles was by some compassionate social workers who knew some drunks. They got the Big Book and tried to start A.A., but of course they really could not. Today, some would call them “clueless,” but I think that is a bit cruel: they certainly were compassionate, caring people and they did everything they possibly could.

About “an essentially spiritual program,” most of the early A.A.s I’ve talked with knew about Richard Peabody’s 1931 book, *The Common Sense of Drinking*, and said that it “had everything A.A. had except the spiritual.” And that was the book that just about all professionals used, at least until Strecker and Chambers *Alcohol: One Man’s Meat* came out in 1938. The Strecker and Chambers book, incidentally, was published in January and had to go into a second printing in March; contrast that with the slow initial sales of the A.A. Big Book, which took almost two years to sell out its first printing of less than 5,000 copies.

[BREAK]

PART TWO: The Spirituality of Imperfection

The previous segment, on the history of Alcoholics Anonymous, was sort of an updating and fleshing-out of the story I told in *Not-God*. Now, following your suggestions, I would like to offer some glossing thoughts about what I have called *The Spirituality of Imperfection*.

What I hope to do in this segment is to go beyond that book to the wider topic of spirituality and therapy. Yes, there is a perfectionistic tradition within spirituality. But it is not the whole story. Let’s begin

where some people see a problem, that place in Scripture where Jesus says, “Be perfect as your heavenly Father is perfect.” As the context makes clear – it has to do with the *breadth* of the Father’s love – the Greek word here translated as “perfect” means *complete*. (Besides Matthew 5:48, check out the use of the same word in Matthew 19:21 and John 17:23.) What Jesus is saying here is that our love should be complete in the sense of extending to everyone, as the heavenly Father’s love extends to everyone. The perfectionist tradition within spirituality does not rest on that quotation, though it is often used erroneously.

The wider tradition of a spirituality of imperfection, though evident in the New Testament, is first developed explicitly in the desert spirituality of the late second century. My hero is Macarius, who had the first clear vision of spirituality as a journey, a vision similar to that presented by Father Pat last evening. This vision sees spirituality as the kind of journey represented in the old pilgrimage idea. It is not a straight-line: You don’t get on a turnpike or you don’t get on an airplane. This is a journey on foot, and it involves wandering and uncertainty.

Macarius was an outspoken opponent of the recovery-porn of the third century. The motto they were chanting at those proto-pseudo Twelve-step meetings ran: “Off with the old man, on with the new.” And that drove Macarius up the cave wall. In his understanding, there is no such “once and for all.” Yes, we are “made new,” but it is not as simple as donning or doffing an item of clothing. Rather, the spiritual journey is one of a constant falling down and getting up again, a building something up only to have it knocked down and having to build up again. This is the spirituality of imperfection. It is not “Everyday and every way I am getting better and better,” because it just does not work that way. Besides, as Macarius loved to point out, if all we did was make progress, we would become conceited, and conceit is the ultimate downfall of Christians. (Perhaps the same is true of alcoholics?) The journey we are on is a pilgrimage on which we wake up some mornings and realize we are not as far ahead as we were a while before, and that is okay, so long as we realize it and are ready and determined to do something about it. It is a pilgrimage journey, it is a wandering journey, it is a day-at-a-time journey, which is what the word *journey* means, after all.

That, I think, is also very evidently the spirituality of Alcoholics

Anonymous, a spirituality of imperfection, of falling down and getting up again. I am not talking here of slips and relapse, or at least not of that only. What is essential to this spirituality is an awareness of the dark side, an awareness rooted in the experience of tragedy. It was this spirituality that the early members of Alcoholics Anonymous rediscovered, and it is a spirituality at polar opposite from the bland, have-a-nice-day, smiley-button, huggy mindlessness that enthusiasts of the so-called “new age” purvey as spirituality. Tragedy, like alcoholism, can be denied . . . for a time. But when it can no longer be denied, when powerlessness and unmanageability rub against noses ground into the gutter, then something else is needed, something deeper and darker and richer and fuller. If you will forgive an effort to build on a homely image of Monsignor Ronald Knox, what we need at such moments is not the encouraging prim smile of the distant aunt of an established church or the flouncy exuberance of the empty-headed adolescent doxy of the fad spirituality of the moment: we need our own very earthy mother who, in pain, brought us, crying, into this land of both joys and tears and who knows the reality of our sufferings as well as our joys.

Alcoholics Anonymous came into being during the cultural trauma of the Great Depression, and A.A. could not have come out of any American era other than the 1930's. That was the decade when this culture hit bottom. Read the discussion of Step One in the *Twelve and Twelve*. There Bill describes what it was like to be a drunk during the Depression. The imagery “completely bankrupt” is economic, and that is the true language of this culture. Coming out of this context, Alcoholics Anonymous recaptured in very American terms the ancient tradition of powerlessness, of limitation.

This is a tradition of *spirituality*, not of “therapy.” The two are distinct, after all. Difference, of course, does not imply that one is better than the other. No, both are good: in fact, most of us need both. However, to confuse the two is to harm both. In saying that spirituality and therapy are different, I am not saying they are absolutely distinct. They are related: It is not like apples and bird baths; it is more like apples and oranges. There are likenesses between them, but they are different. And when we lose the distinction . . . when you try to eat an orange like you eat an apple, you are going to get a sticky wet face and a bitter taste in your mouth.

If, on the other hand, we make the distinction, acknowledge the difference, we can better utilize both spirituality and therapy. Therapy seeks to find explanations that will enable a person to grow to greater control of his or her life in the expectation that such empowerment will enhance self-esteem. Although it may be and indeed usually is humane, therapy is also scientific. Among other things, it can appropriately be both taught and bought. Spirituality, on the other hand, begins in an awe that recognizes the reality of mystery, not the least of which is the mystery of one's own paradoxical being – the reality that one is capable of evil as well as good, good as well as evil. And we are not only “capable”: we *do* both good and evil, though neither perfectly, so so much for our “control.” Also, because awe, mystery, and paradox fall outside the scientific paradigm, spirituality produces no experts. Those who attempt to traffic in spirituality are by that very fact revealed to be charlatans.

Let me tell you my favorite story in the area of medical economics. Like so many penetrating stories, it comes to us from the Hasidim:

A rich Hasid comes to the rabbi and says, “Rabbi, I have been blessed by G-d in so many ways. I have great wealth. I have all the goods of the world. But I am nevertheless miserable and unhappy. Rabbi, can you help me?”

And the rabbi says, “Yes, I think I can. Here come with me.” And the rabbi goes across the room to the window and says, “Look out the window and tell me what you see.”

The Hasid looks out the street below and says, “I see people. I see people walking by.”

The rabbi says, “Ah, yes, good. Now come over here to the other side of the room. Look into that mirror and tell me what you see.”

And the Hasid goes over to the mirror and says, “Why it is a mirror, Rabbi. I look into it and I see myself.”

And the rabbi says, “Yes, very good. Now notice that in the window there is glass and in the mirror there is glass. But as soon

as a little silver is added you cease to see others and see only yourself.”

Scientific therapy involves a specialized body of knowledge, mastered by study, possessed by professionals who justly ask payment for their expertise. That is not all that it is but it is that: amateur therapy is a problem and an abuse. And all of you recognize that. That is why those of you who are therapists work on your credentialing and take courses. Spirituality, on the contrary, involves wisdom gained by experience and generally made available in relationships of reciprocity, such as friendship, which by definition cannot be sold. Some realities are changed in their very nature when they become market entities, objects of commerce. Our culture is not ready to admit that. However, as economist Joan Robinson observed some fifty years ago, “Bought sex is not the same.” Neither is bought friendship.

Spirituality offers *images to understand* life and how it is changed. Therapy offers *techniques to change* life. The Serenity Prayer captures this. We need the courage to change what can be changed. We also need the serenity to accept that which cannot be changed and the wisdom to know the difference. Those moved by spirituality have usually thought in terms not of “having changed” but of having *been* changed. This is one way of recognizing a spiritual change. Those who have undergone a true *metanoia* know that *they* have not changed, they *have been* changed. They tried to change themselves for a long time, but it did not work. And then, suddenly, somehow, through a process of letting go, they discover themselves as changed. The ancient Pietist axiom, “Let go and let God,” reflects this sense. You will find many rich modern expressions in the writings of Anthony deMello.

To be a sober alcoholic, like being a saved sinner, signals embrace of a paradox that recognizes the enduring reality of tragedy as well as of comedy. Neither of these play a large part in most therapies. Therapy is thin, usually healthily lean; the therapies purveyed in the books found in the recovery section of book stores are emaciated. Modern therapies seem all to insist that “I’m okay, you’re okay.” Spirituality suggests that I am not “okay,” and you are not “okay”; but hey, that’s alright. In the words of the Nobel Prize winning Mexican poet Octavio Paz, “North Americans consider the world something that can be perfected. We consider it something that can be redeemed.”

Both real spirituality and genuine therapy, then, exclude the so-called Recovery Movement. That movement has to do with selling things more than with any kind of healing. The recovery movement is a good example of what happens when spirituality and therapy get confused. We end up with neither, and into that vacuum flows whatever is in cultural ascendancy – in our time, greed.

Spirituality advises and enables not self-enhancement but a commitment that is necessarily to something outside of and larger than our “selves.” The main problem with the word co-dependence is that no one knows what it means. If you doubt that, read Frank Troise’s lead article in the 1995 *Alcoholism Treatment Quarterly*, in which he deconstructs Cermak’s conceptualization of “codependency” as personality disorder. I realize that there are other understandings of co-dependence, and I trust Father Marty will address their constructive and healthy use. But the way I hear this word used over three-quarters of the time (and I do keep track), is as a synonym for compassion and caring. The current tendency of people who present themselves as “recovering” to insist that there is something “sick” about compassion and caring and generosity should awaken concern in all of us.

Why? Let me suggest two reasons, the first cultural and *post factum*, the second theological and having to do with the nature of spirituality. Leon Wurmser, a psychiatrist who studied shame long before it became fashionable fad, pointed out that “Shameless cultures start seeing no shame attached to the most shameless exhibitionism and flaunting of even gross sexuality and instead find shameful things like compassion and caring and gentleness.” I fear that what Wurmser predicted, thirteen years ago, has overtaken much of the crowd that flaunts its commitment to eradicating “co-dependence.”

Spirituality points us outside ourselves. The main task of any spirituality is to put us in touch with reality beyond . . . beyond the self. The book *Alcoholics Anonymous*, in the chapter promising “There Is A Solution,” insists that “Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs.” Try dropping that as a “True or False” on your average recovery movement enthusiast or CoDA member. “Our very lives . . . depend upon our constant thought of others and how we may help meet their

needs.” That does not deny that I have needs. But central to any spirituality is attention to that which is beyond the self. All art, religion, and love are connected to the quest to transcend the self without claiming to escape the narrow prison of self.

Varieties of A.A. and “Real A.A.”

As said earlier, if I were today to write a book on Alcoholics Anonymous, I would title it *Varieties of the A.A. Experience*. The word “fundamentalist” is so often mis-applied that I will not use it, but in every community, among adherents to any ideology, there are always some who insist that the “first way” was better, that the original was best. One problem with that claim, of course, is the assumption that we *know*, from our very different context, what was “first” or “the original.” But that is less a problem with Alcoholics Anonymous than it is with Christianity.

A.A.’s story does present some difficulties, but 1935 is closer to our experience than is 28 A.D. Most members of the fellowship today do not claim that “The way it was in 1935 is the way it should be.” But intriguingly, many who do incline in that direction do not seem to realize how varied Alcoholics Anonymous was from – if not the very beginning – at least 1937, when the New Yorkers split off from the Oxford Group while the Akronites continued meeting in the midst of the Group at the home of T. Harry and Clarace Williams. Fortunately, we have not only the published reminiscences of such as Dr. Earl M., and the research of Niles P. published in the book *Dr. Bob and the Good Oldtimers*, but tape recordings of early members telling their stories and detailing their experience. I have recently been immersed in seven different tapes, dating from 1946 to 1968, of Marty Mann telling her story at large public gatherings.

And there is other direct evidence. Take the topic of A.A. meetings themselves. When they wrote the Big Book, they did not know there were going to be meetings as we know them. Look in the Big Book for mentions of meetings. You will find the word *meetings* once, on page 162, talking about how these people gather one night a week to provide a place to bring newcomers. Meetings developed. And the different forms of meetings: from sitting around and chatting to question and answer,

then speakers, then a lead discussion. In the October 1947 *A.A. Grapevine*, the lead article asked “How do you do it?” and invited an exchange of ideas and experience about the different types of meetings found throughout A.A. Some early groups also had rules – I have already mentioned Los Angeles. It was very difficult to belong to Alcoholics Anonymous in Rochester, New York, and Little Rock, Arkansas: those two locations had the hardest nosed A.A. Jackson, Michigan, came in a close third.

In 1946, A.A.’s first Central Service Office put out a pamphlet titled “A.A. in Cleveland.” Let me quote from it at length, because this is what early A.A. was like.

A.A. groups are not mentioned in the Twelve Steps, nor are hospitals, central offices, minstrel shows, clam bakes, bowling teams, softball leagues, open meetings, or many of the other activities of the movement. . . .

A.A. groups are fundamentally little bands of people who are friends and who can help each other stay sober. Each group, therefore, reflects the needs of its own members. The way a group is managed is the way its members want it to be managed for their common benefit. As a result, we have large groups, small groups, groups which have refreshments, groups which never have refreshments, groups which like long meetings, groups which like short meetings, social groups, working groups, men’s groups, women’s groups, groups that play cards, groups which specialize in young people and as many other varieties as there are kinds of people. . . .

Each group has its own customs, its own financial problems, and its own method of operation. As long as it follows as a group the same principles A.A. recommends for individuals – unselfishness, honesty, decency, and tolerance – it is above criticism. . . .

Because this is a large country, because the cultures of various sections and cities differ, because of chance and fate, there is no great uniformity in A.A. customs. The only national standards are the book, *Alcoholics Anonymous*, and the literature

put out by The Alcoholic Foundation. The Foundation [also] tries to curb dangerous practices and to avoid unfavorable and inaccurate publicity.

(Those interested in reading the complete text may find it in Wally P., *But, For the Grace of God* (Wheeling, WV: The Bishop of Books, 1985), pp. 87ff. “The Bishop of Books,” Charlie Bishop, Jr., may be reached at 46 Eureka Ave., Wheeling, WV 26003, or at Bishopbks@aol.com)

Note, by the way, in that quotation, the reflection of the Oxford Group “Four Absolutes” of “honesty, purity, unselfishness and love” – and how “purity” has become *decency* and “love,” *tolerance*. Both those changes reflect some things specific to the Cleveland A.A. of the time. Subtle changes and not so subtle.

Much of what I have done and continue to do involves trying to interpret Alcoholics Anonymous to professionals. One reason why that is necessary, after sixty plus years of A.A. history, is because even groups listed in meeting books are not always “real A.A.” in the sense of being Twelve-Step groups. So the question gets asked, “How do you recognize real A.A.?”

What I advise professionals is, first, that you do not make a referral to A.A. by telling somebody, “Go to A.A.” or even, “There is an A.A. meeting at the Third Presbyterian Church: you should go over there.” You make a referral to a person. You find some person who has the kind of sobriety you want your client to have, and you introduce the two of them to each other. Alcoholics Anonymous is a program of identification. And there are so many varieties of people that this is the only way in which to make a real referral. So you find an A.A. member who has what you want your client to have, and you let that person decide which meetings to go to and take the newcomer along.

That is the sure way of finding “real A.A.” But if you want some general thoughts about how to recognize it . . . well, let me be so bold. Please note that these are not criteria, these are not rules. These come from my experience with people who have the kind of spirituality/sobriety that I want and that I hope for others to have. I invite you to shoot holes in them or to add to them if you will. What follows here is not carved in stone; it is rather simply the best I have been able

to come up with thus far in thinking about this topic and trying to answer a very real question posed by some good-hearted and concerned professionals at a time when there seems to be a danger that the overflow of treatment thinking into Alcoholics Anonymous and other Twelve-Step groups will overwhelm their spirituality with psychobabble jargon.

Five generalizations from observation, then – qualities that allow recognizing genuine Twelve-Step groups, whether of A.A. or Al-Anon, or OA, for the topic here is genuine Twelve-Step groups. I have seen non-A.A. Twelve-Step groups, and I have also seen groups that though they called themselves “A.A.,” do not strike me as having much to do with the Twelve Steps.

1. Language - Vocabulary: if you want therapy, seek out a therapist. Our society has seen fit, probably wisely, to license those deemed competent to “do therapy”: choose from that list, and I would suggest choosing one on that list who recognizes the difference between amateur and professional therapy as well as the difference between therapy and spirituality.

But if you seek not so much therapy as a setting in which to pursue or deepen the spirituality that is sobriety, find a setting in which the vocabulary used is the vocabulary of the Twelve Steps. Does the language used at meetings speak of “defects of character” and “shortcomings”, of taking one’s own “moral inventory” and “becoming willing” and “humbly asking”? If so, you are probably in the right place. But if the language is about drives and narcissism and shame and inner children and teddy bears and co-dependence and being a victim, you are probably not in the right place. Twelve-Step groups use the language and vocabulary of the Twelve Steps, not of therapy. There is nothing wrong with the vocabulary of therapy. It belongs in therapy. It may belong in cocktail party conversation. It surely belongs in academic bull sessions. But in Twelve-Step meetings, what belongs is Twelve-Step language and Twelve-Step vocabulary. Listen for them. Use them.

2. Humor: The laughter that characterizes A.A. and other genuine Twelve-Step meetings is often misunderstood. Humor has been defined as “the juxtaposition of incongruity,” the putting together of two things that do not belong together. Well, as human beings – this weird combination of matter and spirit, body and soul, beast and angel, phrase

it how you will – we human beings are put together funny! Except we cannot see our own incongruity; just as the eye cannot see itself, its own face, the mind cannot grasp itself, its own being. Among the greatest incongruities, of course, is “sober alcoholic,” and that is why that identity is so important: it signals acceptance and embrace of our incongruity and so of our humanity.

But because we cannot see our own incongruity, we need a kind of mirror, and that is what the stories told at meetings provide. What happens at meetings is that people get up and tell stories of what they used to be like, what happened, and what they are like now, and those stories hold up a mirror in which the listeners recognize their own incongruity. The laughter that takes place in an A.A. meeting is not laughter at the speaker, it is laughter at self. This is why it is so healing. Any genuine Twelve-Step meeting will have laughter, the humor that comes from the embrace of this image of imperfection.

3. Story-Style: Listen to the stories that are told. Do they “share experience, strength and hope” by telling stories that “describe in a general way what we used to be like, what happened, and what we are like now”? Or do people at those meetings instead, as one adherent told me recently, “do some of that but mostly we tell what’s happening to us and how we feel about that.”

Twelve-Step meetings have a story style that “describe[s] in a general way what we used to be like, what happened, and what we are like now,” as it says on page 58 in the Big Book’s chapter on “How It Works.” Note *describe in a general way*: this is not the Geraldo show or related obscenity. But there is that emplotment, that sequential narration that is the nature of story; and that is very different from “This is what is going on, this is how I feel about this, and my self is feeling better and I got reaffirmed three times and my inner-child feels hugged.” That may be marvelous, that may be wonderful. But it is not Twelve-Step.

Please be clear that I am not condemning nor saying that there is anything “wrong” with that other style. As Robert Wuthnow’s book, *Sharing the Journey*, points out, it is often helpful. It may even be “spiritual,” depending on what kind of stories are told. Only it is not Twelve-Step spirituality. And that is okay. The whole world does not

have to be Twelve-Step. But there is the very real danger that if you do not call things by their proper name, you may lose them.

4. The Twelve Traditions: Like everything else in A.A., its Twelve Traditions come from its members' experience. The task of the Twelve Traditions has been described as "protecting the spirituality of the Steps." Some very sober members tell me that the Twelve Traditions are to the spirituality of the group what the Twelve Steps are to the spirituality of the individual. Bill Wilson attached great importance to the Traditions, as a letter he wrote to Father Dowling when he was working on the book *Twelve Steps and Twelve Traditions* makes clear. In it, Bill writes that he hopes the pieces on the Steps will "act as bait for reading" the essays on the Traditions. (The letter is reproduced in Fitzgerald's *Soul of Sponsorship*, pp. 55-56.)

Some Akron enthusiasts have claimed that Dr. Bob never approved the Traditions. Wrong. Read Bob's article in the September 1948 *A.A. Grapevine*, "The Fundamentals in Retrospect," where Bob talks about the need for the Traditions especially because of the ego of alcoholics. Bob saw the Traditions as a check on this ego. And that is why, in approaching any group that claims to be "Twelve-Step," I look especially for attitudes and practice in the areas of anonymity and being non-professional, and affiliations, and opinion on outside issues. One large function of the Twelve Traditions over time has been precisely to protect the Twelve Steps from confusion with anything else. Note how poorly the Traditions fit any existing expression of religion OR therapy.

If you have not yet come across this in your area, by the way, let me caution you that some professionals openly admit that they attend A.A. meetings to troll for clients. Some groups read at the beginning of meetings a request that "if you are a professional at this meeting, you should be here either because you share our common problem or because you wish to learn. This is not the place for you to seek out clients for your private practice." It is also effective, in combating this practice, just to stick with the Twelve Steps, especially their language. Meetings that seem branches of bookstores or souvenir shops invite intrusion. This is not a condemnation of all such tokens: I am Catholic in my tradition, and I know the value of sacramentals. And so I do not hate teddy bears, and I do not hate holy water or trashy reproductions of the Sacred Heart. We realize that some people, and perhaps all of us at some

times, need these things, and wise traditions make such aids available. But when the sacramental displaces the sacrament, when people choose a meeting because at this one you get a discount on sponsor bear, then the tail is wagging the donkey. Something has happened to priorities. “First Things First,” it says somewhere.

5. Community: And lastly, the nature of the community. There is vast literature on groups today. The best of it recognizes that support groups and self-help groups, therapy and the recovery movement and spirituality, are different. One way that they are distinct is in their origins. People join Twelve-Step groups not because they “want to” but because they *have to*. This is a tough point. But I will never forget a speaker at an A.A. meeting who observed: “I did not come to A.A. to save my soul, I came here to save my ass. It was only years later I learned they were attached.”

The problem with this criterion is that, seeing what some people get when they pursue what they need, other people want that. And that is okay: you could hardly stop it, nor, likely, would you want to stop it. But in any real Twelve-Step group the center of gravity will be among the ones who know that they *need*, for it is with them that the needing newcomers have to identify. If you listen to the stories, you can tell the difference. The sense of “need,” of course, doesn’t mean some kind of fear that you are going to take a drink if you do not go to this A.A. meeting on a given night. It is just that you know that unless you are at these meetings, unless you are within this fellowship, you are going to get sick in some way or another and probably eventually will drink.

Well, that’s enough, I am sure. I would like to close with a final story, but I think it more important to throw this open to your questions and discussion.

Question: What about the programs for alcoholics that are not spiritual, like Rational Recovery, for example?

[EK]: This is a difficult one to answer just now, because there has been a recent split in the Rational Recovery movement, with Jack Trimpey going one way and others going off in a different direction. I really do not know much more than that it has occurred, and that many

who did not go with Trimpey object to what appears to be an effort by him to commercialize, sell for money, as least some aspects of that program.

But let me speak a bit more generically. At least some years ago, when I observed a couple of Rational Recovery groups, some people who went to RR because they could not stand the religion in A.A. did sort of graduate from Rational Recovery to A.A. What happened, I think, is that they found that RR was not enough for them, and they also discovered some A.A. group that was not objectionable to them.

I am finding something similar, by the way, in another program that does not oppose Alcoholics Anonymous but that objects to the use made of A.A. by the treatment industry. "Moderation Management," it is called, and coincidentally it began in Ann Arbor, where I now live. Simply stated, MM is for people who are problem drinkers but may not be alcoholics. In thinking this way, it follows the A.A. Big Book. MM does not advocate "controlled drinking" for alcoholics; it does say, agreeing with the Big Book rather than with treatment providers, that not everyone who has problems with alcohol is an alcoholic.

Moderation Management, which is a voluntary non-profit program much like early Alcoholics Anonymous, suggests guidelines for moderation. If you learn from their guidelines, and achieve moderation in drinking, fine. But a certain percentage, maybe a quarter to a third, learn from the guidelines that they cannot drink moderately, and so they move to an abstinence program, often A.A. Alan Marlatt found something similar in his program at the University of Washington, by the way. If you offer problem drinkers, young ones who would never have gone to A.A. or any abstinence program, an invitation to moderation, those who find they cannot adhere to it may choose abstinence earlier and sooner than otherwise would likely have been the case.

We all have been somewhat brain-washed by the minions of the treatment industry, so let me recall for you some things I know you have read in the book, *Alcoholics Anonymous*:

If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. Heaven knows, we have tried hard enough and long

enough to drink like other people! . . . We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself. Step over to the nearest barroom and try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide, if you are honest with yourself about it. (pp. 31-32)

Earlier, the Big Book distinguishes alcoholics from *both* “moderate drinkers [who] have little trouble in giving up liquor entirely if they have good reason for it” *and* from “a certain type of hard drinker [who] may have the habit badly enough to gradually impair him physically and mentally [and even to] cause him to die a few years before his time.” Such drinkers, the Big Book notes, “if [given] a sufficiently strong reason . . . can also stop or moderate, although they may find it difficult and troublesome and may even need medical attention.” (pp. 20-22)

Programs like Moderation Management try to give that “sufficiently strong reason.” Historians are not prophets, but I think that with the changes going on in health-care and insurance and all that, we are already beginning to see a shift where more and more people are coming into Alcoholics Anonymous from some kind of monitored moderation program than from the treatment industry that, let’s remember, is barely twenty years old in its expansive, medically oriented, phase.

Let me repeat: most moderation programs, and Moderation Management is a good example, are not trying to make alcoholics into controlled drinkers. They are trying to distinguish between alcoholics and those who can control their drinking. And what that effort is discovering is that some 25 to 40 percent of the people who come asking, “Help me to control my drinking because it seems to be getting out of control,” decide, “I must be an alcoholic; it’s too much effort to control my drinking, so I’d better go to A.A.” And the evidence we have, though admittedly as yet only slight, suggests these individuals would not have tried A.A. at this time without that other experience.

So people are finding a different route to A.A. through these moderation programs. This is part of the change that is going on. People used to come into A.A. off the street, then people came into A.A. from treatment, and now it looks like in the future, with HMOs and the trajectory of the for-profit health-care system, most people might start

coming to A.A. from these programs that aim to help people find out whether or not they can control their drinking. Admittedly, as you well know, we live in a world shaped by original sin, and so not all moderation programs have high ethical standards and are exempt from greed. But their record here is surely no worse than that of a treatment industry made up of programs that have lately devoted themselves to convincing everyone that they are addicted to something, something this particular treatment modality just happens to be able to treat, all too often at outrageous cost, especially if we compare what is offered with that first effective treatment program provided by Sister Ignatia.

But the ethical programs, and Moderation Management is one of them, make very clear that if you are an alcoholic you do not belong in them. Their thrust is: “This is not a program for alcoholics. This is a program for people who have problems but still show evidence of being able to control their drinking. This will help you to decide whether or not you can. And if you can, this program can help you do it.”

Question: What you said about language and vocabulary in A.A.: what we are hearing is one facet of the variety of A.A. Isn't your criterion awfully restrictive? The fact is that today certainly more people are coming to A.A. from treatment. So the language of treatment will be in the room. Is not that yet another ordinary human development that will also be A.A.?

[EK]: It may be. My thought and feeling are that a Twelve-Step group should use, basically, the language of the Twelve Steps. Maybe that language will be glossed and commented on in these other vocabularies – yes, that is inevitable and not unwelcome: all living realities grow and change. Perhaps a parallel: certainly not every Catholic parish society is speaking today in the language of the Apostles' Creed. But there is a difference between Newman's “development of doctrine” and the kind of corruption that prefers pagan goddesses to Jesus Christ.

My concern is not theology or therapy but their practice by amateurs. Any profession has a body of knowledge and of skills that are to be learned. I respect most professionals who show that accomplishment. I have no problem when professionals use even the terms “co-

dependence,” or “denial.” But when “denial” becomes a synonym for “You disagree with me” and “co-dependence” a slightly less vulgar way of calling someone a naive ass, we are not dealing with professionals, or at least with the kind of professionals who merit respect. Yes, as far as A.A. is concerned, people coming from different backgrounds will bring a different language. But I still think that in a Twelve-Step group one should hear at least occasional references to the Twelve Steps. Maybe it is only a reflection of my own sickness, but I need to hear about moral inventory and making amends and defects of character – I much prefer defects of character to low, or high, self-esteem.

Question: Your “need to” and “want to” point about community: Sometimes people who have been in recovery for about ten years sort of drop out and some then come back. Is this around the question of need to and want to? Do they convince themselves after years of going to meetings that, “Well, I guess I am at a point where I do not need to any more”? I am never convinced of that any more for myself.

[EK]: Your question makes clear that I did not make clear that I was speaking of why people come in the first place – I was not clear on that, so thank you. But if that is the first question, you pose an interesting second one: what happens when that sense fades? What about people who, having once had that sense, then come to feel they no longer “need to”?

Let’s start by looking at the data. Old timers in general do cut down their meeting attendance. Someone has claimed that one of the reasons A.A. stopped taking its membership survey a few years ago was that the attendance of old-timers was falling off to the point of embarrassment. I do not know whether that is true or not: since they will not release the figures, who knows? From what I do know, one factor behind why they stopped taking the survey was that the membership asked “Why are you taking it? How does it help alcoholics?” and not having a good answer to that (though I think there is one), they stopped. Never forget that Alcoholics Anonymous is run by its grass-roots members, and how can you please two million alcoholics? Before second-guessing any action taken by the people at 475 Riverside Drive, ask yourself: Can you imagine anything more difficult than having nearly two million alcoholic

bosses?

But to your question: impressionistically, there does seem to be a falling off in frequency of meeting attendance over time, but that need not mean that these individuals no longer have a sense of needing to be there. The criterion that lasts over time, it seems to me, is the same: “If you have decided you want what we have,” find the people who have what you want. Remember the classic criterion of spirituality? It has nothing to do with “feeling good”; it is “seeking out the company of the saints.” And so people “keep coming back” so long as they find at the meetings those sources of identification that are the heart and soul of both recovery and community within Alcoholics Anonymous.

Sometimes, though, for diverse reasons – some having to do with invasions by people in treatment or by takers of illegal drugs with whom they find identification difficult – sometimes these “groups” start meeting informally, elsewhere. What began as “after the meeting at Ho-Jo’s” becomes in a way “the meeting at Ho-Jo’s.” I wish I had more data; obviously, this is a tough phenomenon to study. But I do know that some of this is happening, and so the nature of the “attendance fall off” is not that clear.

Also, of course, one does not feel the “need” of which I spoke at every moment. It’s sort of like those World Wide Web browsers – surely you are all into the new electronic age! – where near the upper left corner there is a button marked “Home”; and no matter how many links you pursue, and how lost you get, you know that there is that little button and you can click it and be back to where you started, where you are oriented. I think a lot of oldtimers use A.A. that way. Still, some also do “keep coming back” out of a dedication to “passing it on,” as an expression of gratitude for what they have received. “I came to get, now I come to give,” as some have explained their attendance to me when we have chatted. But I think that metaphor of “home” holds for a greater number. They may not come to meetings often, but they know the meetings are there, and that they can go to them. If they stay away too long, of course, changes can detract from the sense of “home” when they do drop by. But in both these cases – “home” and the “gratitude gang” – I think there is a very real sense of “need” that hangs on.

It’s lunch time! Thank you very much for your courteous attention

and for your challenging questions. And I am grateful to you for this opportunity to share many of these ideas-in-the-rough with you. Keep in touch: I need to keep hearing your own “experience, strength, and hope.”

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