

# WHAT IS ALCOHOLICS ANONYMOUS?

*A Path from Addiction to Recovery*

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## INTRODUCTION

*What really goes on in AA? How can it help a person with addiction?*

This book is written to meet the need for clear answers to these questions. Books published by Alcoholics Anonymous offer a potential member a way to join and get involved, but surprisingly, there is no book that looks at this fellowship from an expert and independent position and objectively spells out the answers to these questions. And answers are needed for addicted people thinking of going to AA, for their concerned family and friends, and even for professionals in the addiction field. The decision to turn to AA is too important for relying on all the conflicting voices found on the Internet or in advocacy articles, for or against it. What is needed is a way to understand AA by putting the diverse experiences of people who encounter it into the context of what the research on it can tell us.

Here is an example of the difficulty of getting an understanding of this program. Consider the words of one member:

I couldn't tell you how it works. It just works. You couldn't have told me that I would never use alcohol or a drug for these last thirteen years. I would have bet anything against it. So to me it's a true miracle that I am able to stay sober.

This was told to me by a physician in recovery, a leader in his specialty. In relation to medical practice, he prides himself on his rationality, but he could only explain his sobriety as an act of faith: it was a "miracle" that the AA fellowship saved his career and family, even his life.

Our purpose here is to consider the words of such AA members and to examine research on addiction and recovery so that we can develop an understanding of how so many people achieve recovery from addiction through AA, and how others do not. As we do this, we will be getting a



clear idea of what AA is, and the role it can play in helping people escape from the destructive effects of addiction.

Here is an example of the beginning of the kind of recovery that some AA members report. It shows how grave an addictive illness can become, and suggests a "spiritual renewal" that can sometimes precede an experience of redemption. This is what a public advocate for better treatment told me about the experience he had on his way into the fold of the AA fellowship:

I'm in a detox on suicide watch, and I'm lying there, literally, on a rubber mat in the hallway in the detox unit where they can watch me. And I hear a whisper in my ear; it was St. Paul. That's all it was. I heard it; I know I heard it to the extent that it got me to take action. And yet there was nobody there. So it's not like somebody else whispered into my ear. And I considered that to be my spiritual awakening.

Such an experience is remarkable, and most people get engaged in AA in a more conventional way: They attend some meetings and begin to respond to the support of longer term members.

Federal surveys tell us that 3.4% of Americans have encountered Twelve Step groups at some time in their lives,<sup>1</sup> but such surveys cannot tell us what happened on the way to these encounters, and what kind of change might await some of these people if they decide to join. I would like to clarify that in this book.

I include many quotations here from patients of mine and from AA members with whom I have spoken. Their words have been modified very little, only to improve the syntax and clarity, and to preserve their anonymity. These quotations are not here just to illustrate the colorful way some AA members speak, but to convey the very personal and unique ways people experience their troubles and their recovery. Generalizations about the nature of addiction, many of them research-based, are valuable, and we will consider them, but they do not explain what can happen to a given person, because each person's story is unique. No one is merely part of a study population. Some of these people were at the end of their ropes, and others were just in bad trouble. Some chose to get better with help in AA; others did not.

There has been little available to the public, and even to health professionals, in explaining how AA "works." One might think that doctors could help by providing this for their patients, and could decide whether a given patient might benefit from AA. In fact, most all doctors, even addiction specialists, know less about this fellowship than one might think.

We do have a growing body of research on AA that shows how it can help in promoting people's recovery, and I have edited a dense volume with a colleague on these findings,<sup>2</sup> and I will draw on them here. But what we do not have is a book that captures the complexity of people's encounters with AA, both in their words and from clinical experience, with this backed up by a perspective based on research. I hope this book will address this need.

Many people know AA primarily from Hollywood. In one movie,<sup>3</sup> a studio executive is breezing along the freeway in his convertible and speaking on the phone. He says that he is going to an AA meeting. The retort at the other end of the line is, "But you're not an alcoholic." He answers, "That's where all the deals are made."

This may be true in cinematic Hollywood, but there is clearly more to it than that, even in Hollywood and on TV. Many people we know only from the media have gone to AA meetings because of *real* trouble—more than a compromised movie deal. Some of them, we hear, keep relapsing to alcohol and drugs, and their troubles are sensationalized and portrayed by paparazzi. But if they do "get better," they stop talking publicly about their experience in AA. In the fellowship's words, "Anonymity is the spiritual foundation of all our traditions . . ." That is to say, one is not supposed to tout one's AA membership publicly. Fortunately, this has not prevented the AA members I will be citing here from sharing their experiences with us anonymously.

We often hear about AA when people tell about how someone they know had a bad addiction problem and got sober in AA. Or they can tell about an alcoholic relative who may have gone to AA, but never did get better. I hear this regularly from patients who come to me with an alcohol or drug problem; many of them can describe a relative who had a problem like their own, because alcoholism and drug problems so often run in families.

There are two million AA members worldwide about whom such stories can be told, because AA is so ubiquitous. No one is very far from a Twelve Step meeting anywhere in the States. Although the meetings are not announced with billboards, they can be located easily by plugging Alcoholics Anonymous or Narcotics Anonymous into the search engine of a computer. In the United States, there are over 60,000 weekly groups, and almost as many groups overseas. They are only a computer click away.

AA has become somewhat controversial, and there are a lot of misapprehensions that can leave an addicted person, a family member, or a therapist, too, unclear about its actual utility, and for whom it is appropriate. In fact, other than long-term AA members, few people are familiar with the basics of what membership entails, such as the way people get



involved, what the Twelve Steps are understood to mean, and the role that experiences such as “spiritual awakening” play in the fellowship. Absent this, it is hard to make objective sense of what AA does or does not have to offer.

So then, for whom is this book written? First of all, it can help people with substance abuse problems who want to know whether and how AA might help them. Being told, “You need to go to AA,” or just walking into an AA meeting on one’s own, is like landing in a country that is very different from any visited before, and it can be daunting. A newcomer would wonder: “Is this for me? Why do they talk about God? How can it help with a problem I’m not even sure I have?”

Then there is the family member or friend who knows of no other option than to suggest AA to an addicted person. Maybe a doctor said to start a friend or spouse with AA, and may not have said much more. These people may even know someone in AA, but cannot quite figure out why they kept on going there for years. What are they doing in this group? Is it a cult?

Finally, health professionals need a book that gives them a coherent and objective sense of what this fellowship is like. Certainly, they cannot be of much help to their patients using a tool with which they themselves have no familiarity. Doctors would not want to employ a medication or a piece of equipment that they did not understand. Doesn’t this apply to AA, too? So this book is framed to explain what people are doing at those AA meetings, and what they are actually up to there. Here are some questions to be answered: Who is suitable for AA? What do AA sponsors do? What does AA’s avowal of a higher power mean? What does the research show about whom it helps?

## SO WHAT IS AA?

Here is some basic information about this fellowship to help the reader enter into this domain with some hold on what it is like. Alcoholics Anonymous dates back to 1935, at a time when there was no place for alcoholics to turn for help to relieve their compulsion to drink, except maybe a quest for religious transformation. A chronic alcoholic securities analyst, William Wilson, had experienced many failures in trying to stay sober. He would “dry out” with the help of doctors who meant well, but they had no way to help him from later relapsing. While in the hospital in New York one more time, he had a vision of a divine intervention, and vowed to not drink again. Some months after this, he was in Akron, Ohio on business, and was struggling to stay sober. He got together with a physician, Robert

Smith, and together they kept each other from relapsing into drinking. They then decided they would help other alcoholics do the same, Bill in New York and Dr. Bob in Akron.

Initially, they achieved little success in recruiting other drinkers, and the fellowship grew slowly. After ten years, though, it counted its membership at 13,000, and by 1950, almost 100,000. For the last twenty-five years, the membership has remained at about two million worldwide.<sup>5</sup> Extrapolating from these numbers, it appears that at any given time nowadays, an equal number of people are joining and moving on from the fellowship.

According to AA surveys, half of those attending have been sober for more than five years. They are a backbone for the organization, helping new attendees to get settled into the program. The survey also reveals that a large majority of members have come there either on their own or were referred by family or friends. We have surprisingly less research-based information about these members than one might think, because most all of the studies on AA have been done on the minority who were referred from treatment programs and other institutions.

There is a sequence to be taken on the AA path toward sobriety, primarily involving “working” the Twelve Steps: admitting powerlessness over alcohol, turning for help to a higher power (a somewhat flexible term in the program), acknowledging one’s shortcomings, making amends, engaging in prayer and meditation, and helping other alcoholics. Most long-term members have followed these Steps with support from another member—a sponsor—whom they select for themselves. Committed members do “service” to help other alcoholics. This latter zealously felt mission has led the fellowship to extend its presence to 103 different countries, and its principal text, *Alcoholics Anonymous*, to sell many millions of copies.

AA, by the way, is a participatory democracy in that it is set up in a rather unique way. According to its operating principles, all AA groups are independent and self-governing. This is far from a typical corporate structure, which is how professional treatment programs are set up, where authority rests on a hierarchy that dictates how front-line operations run. This diffusion of control to the individual groups is notable in light of the consistency with which the various groups uphold AA’s operating principles. The AA General Service Board, chosen by representatives from district committees and area assemblies, themselves elected by representatives of the local groups, just sets broad policy, which must then be approved by the elected conference members.

Because of its decentralization, the fellowship has virtually no budget except for a small number of employees in its central office. It relies on volunteers in the respective locales for answering phones to refer people



to meetings and for disseminating pamphlets with consensus documents approved by its General Service Conference. However diffuse this may be, fidelity to the program's practices has been consistent and reliable across its many groups and countries. This is certainly evident in the meetings I have attended (as a non-alcoholic observer), in patients I have treated, and in those I have interviewed at length. There is no organization quite like it.

Some differences do exist between members. Some attend for years on end, but many who benefit from AA do not follow the steps, and benefit from attending a number of meetings nonetheless. They may not get a sponsor, but may achieve stability in sobriety based on their limited participation over time. One contemporary trend is that a large number of AA members have abused substances other than alcohol, everything from marijuana to prescription medication. This is an issue because some meetings do not welcome people addicted to drugs other than alcohol. In an effort to address this, the Twelve Steps were adopted by another similar organization, Narcotics Anonymous, which focuses on the many other drugs of abuse and has 50,000 groups worldwide.

The years since AA's inception have seen a great deal of progress in the treatment of addiction. Cognitive behavioral therapy that focuses on triggers for relapse has come to be employed by many therapists. Family treatments that focus on promoting support from people close to an addicted person have been widely accepted, and there are also large-scale programs like therapeutic communities and rehabilitation centers. Methadone, and more recently buprenorphine, were developed for people addicted to heroin and related narcotics, and there are also a number of medications used to promote decreased craving for alcohol. But participants in all of these approaches can benefit from experience with Twelve Step groups. This is particularly true for those dependent on drugs like cocaine and methamphetamine, and even marijuana and its synthetic congeners, for which we do not have pharmacologic treatments when someone's addiction becomes deeply rooted. The drugs people can get in trouble with have proliferated in recent years, in both number and nature. So even though new treatment options have been developed, in many respects, Twelve Step-based recovery is still a bulwark for many of those most severely disabled by addiction.

## DIFFERENT PATHWAYS

People who come to AA each have had their own particular experiences, and anyone who wants to know what the fellowship can offer really needs to be apprised of the diversity of encounters that people report. A few

examples of these illustrate this point. One patient I consulted on went to an AA meeting at my request, and came back flushed with euphoria from its congenial atmosphere; he found it to be exciting and engaging, but decided it was not for him. He was sure he could control his drinking, and kept it up, and continued to have ongoing trouble with his family. Another attended at times, but it was only after her collapse in remorse in a drinking binge because of trouble with a boyfriend that she decided to fully own up to her drinking. She began to take the AA program seriously and got sober. Another patient, long suffering from anxiety, agreed to attend, and found the members he met accepting and supportive. He continued to go with regularity, got a sponsor, and never drank again over the ensuing years. A college dropout addicted to pain pills graduated from rehab, agreeing to attend meetings, and did so. He had a relapse after one month, and in a near panic rushed to a meeting and got a sponsor. That was the last he took pills or had a drink. Another patient attended AA for years, always struggling with relapses. Tragically, in the end she died of her illness from alcohol poisoning at a dose more than her body could sustain. A homeless, depressed man in our city hospital could not stop drinking, and was plagued by suicidal thoughts. When I asked him what kept him alive, he said it was the AA meetings he attended near Times Square, even though he could not stay sober.

So, some who enter into the fellowship will achieve sobriety with a relatively modest involvement, after attending meetings with some regularity for a time. Here is one man, compromised by his alcohol problem, but not to the degree of many of the more severely affected members, but who got sober while in therapy and going to two meetings a week:

Not everybody goes in and finds sponsors; not everybody goes religiously. I'm sure that there are people who go religiously and work the Steps, and there are some who go religiously and don't work the Steps. I don't need to write down who I wronged while I was drinking, although generally, I've done some bad things. I did some bad things to myself, too, which upset me, but it wasn't that deeply damaging.

On the other hand, many members fully commit, and attend persistently for years on end, avowing that they would be vulnerable to relapse if they stopped. This is how one woman described this. Her long travail of destructive addiction had begun early in adolescence:

A lot of people go out and pick up a drink, because I know, I relapsed. Sixteen years ago, five of my family members had died, all within a year. At my



stepfather's funeral, my cousins passed around a joint and I took a puff off of that joint. I never planned it; it just happened. Then I picked up a drink. It was very brief, but some horrible things happened, and I wasn't going to my [AA] meetings at the time. The biggest lesson I ever learned was that no, I can't go down that path again.

She was not going to take any more chances with her disease, and continued to attend regularly.

So what can someone anticipate about an AA encounter for a particular addicted person for whom they care? What can you, the reader, take with you that will afford you an understanding of this unique fellowship, to see how it might fit into the life of such a person? Or, what if you are a health-care professional who wants to understand how this most successful volunteer organization of the last hundred years can help your patients?

To answer these questions, to give you a basis for making a judgment, you do need to be introduced to AA through the experience of people who have encountered it, and who have described the complex and varied paths they followed. A discussion of what we have discovered from research that sheds light on it is also required. All this information needs to be organized in a systematic way. This is what this book sets out to do. I will try to do this along with a discussion of the nature of the disease of addiction it addresses. The book will address how AA arose and operates; the psychology of how people become engaged; and the stages they pass through as prescribed by the fellowship. We will, as well, consider a biologic perspective, based on contemporary research, on how AA prayers can alter the very craving for alcohol that members must escape. We also will cover particular studies that shed light on the outcome of membership; and finally, we will examine some alternative or complementary options that a substance-abusing person can pursue in seeking help.