

A SOCIOLOGIST LOOKS AT A.A.

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This report on Alcoholics Anonymous represents "analysis after the fact," because in the therapeutic program which was developed through the work of Alcoholics Anonymous there was no application (at least no conscious application) of social science generalization. Sociologists, psychologists, anthropologists, psychiatrists were not consulted. The rise of the phenomenon of A.A. can be traced directly to the trial-and-error tactics of a small group of alcoholics trying to help themselves.

Out of these efforts came what may be called a technique of rehabilitation which surpassed anything that medical, psychiatric or social studies had been able to make available up to that time. I will try to state in social science terms, some of the factors which appear to account for the efficiency of this therapeutic technique. Please remember that this is an explanation in sociological terms only. There could be psychological, psychiatric, and other analyses of the work of Alcoholics Anonymous, and undoubtedly, there could be many more sociological analyses. This report is not meant to be a total explanation in any sense.

It would seem probable that from this pragmatically and essentially developed program and techniques, there can be discovered general understanding which can be defined, systematized, and stated in terms of cause and effect. This understanding can advance therapeutic efficiency in the treatment of alcoholism and other illnesses. The first part of this talk is a review of the nature of the alcoholic; the second part deals

with the structure of Alcoholics Anonymous; and the third part, the role of the whole structure of A.A., is a synthesis of the two.

Nature of Alcoholics

REMEMBER THAT ALCOHOLICS are for the most part dissocialized people; people who are somewhat dependent, over sensitive, shy, frightened; who feel isolated, guilty, and remorseful; people who increasingly have dropped out of their emotionally meaningful groups; who have increasingly lost interest in the values and attitudes that are most important to their society. In other words they have been desocialized and they have the psychological accompaniments of this desocialization. This is one way of looking at the alcoholic.

For the purpose of this particular discussion we can divide alcoholics into at least two classes. There are those who were very maladjusted, very uncomfortable people early in the game, perhaps before they ever started to drink: who were, if you like, neurotics. Their discomfort and maladjustment played a large part in their becoming alcoholics. Then there are those who were not particularly upset, whose psychological, emotional, or other problems played a rather small part in their becoming alcoholics. But alcohol played a very large part in their becoming alcoholics. The pampering effect of alcohol was perhaps more significant than the immediate problem-resolution function of alcohol. I will be talking primarily about the people who are pampered by alcohol - in whom early weaknesses become major weaknesses.

Organization of A.A.

IN DISCUSSING ALCOHOLICS ANONYMOUS it is my purpose to examine the reasons for the outstanding success of the organization in dealing with dissocialized people. To do this

effectively, it is necessary to be as unemotional, as coldly objective, as possible.

Alcoholics Anonymous is a loosely knit association of many small groups, varying in membership from five or six members to a hundred members. The groups are composed of alcoholics who are trying to recover from alcoholism and to discover for themselves a satisfying way of life without alcohol. The only requirement for membership is that the individual be an alcoholic.

There are no dues although collections are taken up to pay for the rent of a meeting-room or to maintain a central office. However, a member is not forced to contribute: he may give a dime, a dollar, or nothing. Usually, the only officers are the chairmen of local groups, and the chairmanship is a rotating office. The groups usually meet regularly once or twice a week, and every month or so hold one meeting that is open to the public. Some of the groups own elaborate clubhouses, and will rent enormous auditoriums for their open meetings; some meet in the homes of the members. The groups are completely independent and exhibit considerable variation.

Membership

THE MOVEMENT STARTED with two men in Akron, Ohio, about 20 years ago. Today there are probably 140,000 to 160,000 members in the United States. There are groups in England, Canada, Australia, India, New Zealand, Cuba, Mexico, and other countries. The membership consists primarily of men between 30 and 60 years of age, although in the last ten to twelve years, the number of women in the movement has increased markedly. During the last five or six years, the number of men between the ages of 20 and 30 has increased. Alcoholics Anonymous takes considerable pride in its democratic character: all sorts of occupations; degrees of present and past wealth; degrees of education, and diverse religious and political affiliations are represented.

Twelve Steps of A.A.

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our short-comings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs.

The Open Meeting

A typical open meeting includes a talk by the chairman who outlines the purpose and character of the organization. He then calls on five or six members to explain how they become alcoholics; how they got into A.A.; and what A.A. has done for them. Some of these talks are inspirational. Some speakers try to analyze reasons why people become alcoholics; some explain the Twelve Steps; and occasionally an outsider who has some relevant

knowledge will give a talk. The meeting closes with the Lord's Prayer.

Introduction Into A.A.

ORDINARILY, A.A.'s will try to help other alcoholics only when they ask for help. A.A.'s try to get these alcoholics to come to meetings; help them over benders; get them to eat and to seek medical treatment; try to get them to think straight; give them hope; help them to find jobs. The prospective member is not bawled out; he is only asked to give up alcohol for the next 24 hours. He is reassured that he is helpless, as are all alcoholics. He is told not to be too worried about all of the Twelve Steps. He may especially be told not to worry about this "God-stuff." He is told to get in touch with one of the members if he gets to feeling that he must have a drink.

He may be given or lent a copy of the Big Book, Alcoholics Anonymous which explains the movement, the steps, the groups, and gives a series of brief histories of successful A.A. members. One member becomes his particular sponsor. Eventually, he will be asked to help another alcoholic. Naturally, contacts are not limited to formal meetings. Anonymity is maintained to protect the members from stigma.

Initial Contacts

HOW DOES THE SIMPLE A.A. program, with its rather heavily religious slant, but with no theory, with no professional therapists, achieve such great success in a field in which medicine, psychiatry, and social work have for years and years completely failed? In answer to that question, I will try to deal with what might be called the psychological aspects of the social structure of A.A. in relation to the needs of the alcoholic, and will contrast the practices of A.A. with those of other persons and agencies who may try to work with the alcoholic.

I think that it should first be noted that the prospective candidate for A.A. must want to get rid of his alcoholism. He must admit that he can't lick this disease by himself. For the usually egocentric alcoholic, such an admission is a horrible, painful step. It is quite probable, however, that at certain times, and in certain places, he is ready to make this admission. (By the way, no alcoholic ever really, wholly wanted to make this admission - this would be inhuman.)

Since A.A. members will usually drop almost anything to help a prospective candidate, they are likely to be in contact with the alcoholic man or woman at a propitious moment. On the other hand, the minister or the psychiatrist will only see the man at an appointed hour in the future when he may not be in a co-operative frame of mind.

The alcoholic who is looking for a way out is almost always a supersensitive, highly self-conscious person, constantly on the defensive and liable to infer even non-existent slights or aggressions from others. The members of A.A. have been in just the same position. They did the same things, in the same way, and for similar reasons. Not only do they feel for him, they feel with him, and this is shown by the way they talk, and by their insight into the immediate problem.

However, when the alcoholic makes no admission of need and desire for help to the social worker, to the physician, or to the family member, he is often treated with arrogance, with contempt, or with maudlin sympathy. Seldom is any insight shown into his immediate problem. Even among psychiatrists, 95 out of 100 don't display requisite insight; they don't know how the alcoholic feels; and they aren't aware of, or perhaps even interested in, his immediate problems. They have an esoteric language for discussing the original problem, rather than training about the alcoholic aspect of the patient's personality difficulties.

In establishing rapport with the alcoholic, there are marked differences between the methods used by A.A. members and those used by other interested individuals. THE A.A. visitor doesn't

try to "pump" the alcoholic (at least not usually, but of course there are variations). Usually, the A.A. member is so anxious to tell all about his problems that he hardly lets the candidate get a word in edgewise. On the other hand, the social worker or physician needs some information, but because of what I call institutional practices, calls for a great deal more. One interviewer may act like a census taker, another like a psychoanalyst; but they both want to pump their informant - pump him dry.

One further point should be made concerning the introduction of the alcoholic to the A.A. group or to other sources of assistance. The alcoholic has received plenty of advice, usually from persons who are suspect to him. He has his own ideas in so far as his wife, sky pilots, and pill pushers are concerned; but what about these alleged ex-drunks? Well, he hasn't established their status, but at least he has nothing against them - yet. The alcoholic wants to know the answer to one question: What is in this for you? The answer is that A.A.'s do not try to help the candidate for his wellbeing; they do it because it helps them. To the new member this may sound peculiar, but at least the motive seems honest. On the other hand, most non-alcoholics are likely to give a "holy" answer to this question.

Initial Relief

IS THERE ANY THERAPY, reduction of pain, accompanying this introduction? I would very definitely say that there is. As the alcoholic is coming out of a bender, he is at the peak of remorse and guilt. He is physically exhausted. To reverse the analogy, he is in the depths of despair, inferiority feelings and self-pity. At this point, the average "therapist" whether policeman, mother-in-law, employer, priest or social worker intensifies the remorse and guilt, further exhausts the patient with questions and exhortations; and increases the self-pity. The A.A. visitor, however, tries to relieve the guilt, tries to make the patient comfortable in realistic ways, and is an undeniable proof of the

fact that an alcoholic can make a comeback and be happy without alcohol.

Re-socialization

THE ALCOHOLIC is expected to resume an unanxious role in the groups such as the family group or the neighborhood group wherein his recent experiences have been disastrous. He is expected to make sudden adjustments to strangers. His chances of realizing these expectations may be gauged to some extent by enumerating his liabilities and assets.

The alcoholic is an under-socialized individual, unused to reciprocating relationships, desiring either to dominate or to be hopelessly dependent. He is a self-conscious and unactive person, aggressive (although this is usually disguised), frightfully inept in the ways of group action, with too little belief in himself and none in the world around him. In addition, he has learned to dissolve his problems in one quick, sure, easy way which the therapist wants to take away from him. His attitudes toward others and his abilities of working with them are those of a frightened child rather than those of a mature adult.

The assets which are available to the therapist are: the great pain of the alcoholic life, the intelligence of the alcoholic, and past experience in social adjustment.

On the basis of these assets and liabilities, let us consider the character of the social setting provided by A.A. and re-socialization. The candidate's favorable introduction and A.A. has opened the door to new personal contacts. As the next step toward the rebuilding of inter-personal relationships, the alcoholic learns to lean on his sponsor. This sort of father-son relationship is easy for him and is quite rewarding. He is not yet ready for organized group life.

Furthermore, during his first days or weeks in A.A., it is questionable whether he takes in anything about the Twelve Steps, God, or A.A. But he does receive definite rewards; the immediate support of his sponsor, hope, relaxation of guilt, and something

to do - which is terribly important.

The recovering alcoholic must have a way of occupying himself during his leisure time, and A.A. provides occupation even if it is only walking a few blocks to talk with somebody else. That he has learned anything about the causes of his alcoholism is very doubtful indeed.

After a while he learns to relate to the other A.A. members. They are friendly and surprisingly like him in important ways. He may still be thinking that as soon as he has had this course he will be able to drink again (like a gentleman of course), but others know that he is probably thinking this, and they tell him that they thought so, too. He still is on a "24-hours-a-day" plan, and he finds that he always will be. In fact he discovers that his big deals - to swear off liquor for life, to be the world's greatest architect, or to make a million dollars - all are considered to be a first step toward getting drunk. Getting angry too, is a first step toward getting drunk.

The candidate is not given 24-hours-a-day of group membership. He may see his sponsor every day for a while, he may go to several meetings a week, but group activity isn't a continuous affair. But if he begins to feel scared or thirsty, there is A.A. at the other end of the telephone - and he has several numbers.

Personal Responsibilities

SO FAR, the alcoholic has been in a parasitic relationship. He has leaned on others, and that is all. But when he accepts the responsibility of the moral inventory, which can be regarded as part of his A.A. therapy, he has taken a new step toward recovery. The moral inventory must be shared with one other person, probably his sponsor, who is an equal, not a superior wearing a reverse collar or a white coat. This step is hard but it is also greatly relieving. Trying to do something by way of making amends is hard and often painful, but it can be extraordinarily rewarding - sometimes too much so and the

candidate can glamorize himself quite pleasantly. But in this event, other A.A.'s act as a sort of control.

Inter-personal Relationships

YOU REMEMBER that I spoke of the alcoholic's personality as being so closed in that it cannot reach out to others or allow others to enter in, until eventually, all social life is blocked. With the new A.A. members' first attempts to Twelve Step work, his first efforts toward helping another alcoholic, he takes a tremendous step forward; he begins to break down the walls so that he can look out. He tries to help another person somewhat like himself and he suddenly becomes interested in this fellow. He is going to feel terrible if this man has a slip. Just think, he is thinking about somebody else!

Until now he has absorbed little A.A. philosophy and has not experienced actual membership in the group. But when he is faced with the responsibility of Twelfth Step work, the new member suddenly realizes that he doesn't know what to say to this new candidate that he is going to visit; he can't imagine what to do; he doesn't know what A.A. is about; and so he is stimulated to read the "Big Book," and to listen to the other members with a new purpose. This new interest in the philosophy of A.A. results in his identification with the group. He begins to take an objective, positive interest in something outside himself.

In learning to play this new role of sponsor, he is likely at first, to go overboard. In his exuberance, he is like a child; he is drunk with excitement. Here again, other members of the group act as a control. But the sympathy, the patience, and the understanding of the group, permit him to develop a back-and-forth relationship. The alcoholic is moving away from his isolation.

Growth of Social Maturity

ACTIVE PARTICIPATION in closed meetings results in the

member's integration into the group. When the new member speaks to A.A.'s he speaks with greater honesty than he ever did before. This experience can be terrifying; it can also be extraordinarily rewarding; he learns to accept both love and punishment (control and discipline) from others. Resocialization takes place realistically in a real social group, a very special group.

Eventually, this new member will be able to speak confidently at the open meeting where his audience is partly "secular" (non-A.A.). He stands on the platform, and the patter of the old "con-man" comes forth. Every A.A. in the audience is looking up and grinning at him because each one of them is a "con man" at heart. The speaker has learned not to internalize the judgments that may be passed by his secular audience; if they think he is a bum or a liar, he doesn't argue, whine, complain, run away, or get drunk. He has taken a tremendous stride toward social maturity.

Motivation

THE MOTIVE BEHIND these changes in role is fear; fear of the old life, fear of getting drunk, fear of that awful depression and hangover. These fears constantly are kept alive by Twelfth Step work; by the occasional "slips" of apparently successful members with two, four, six, or even seven years of sobriety; and by the constant talk, talk, talk about alcohol and alcoholism. This talk irritates some alcoholics but it serves the extraordinary function of keeping alive the pain of fear - the basic motive for sobriety. The satisfaction of having maintained sobriety for even a short period of time is an incentive for continued sobriety. Moreover, group membership provides the fortification of friends, help when needed, and something to do.

Scope of A.A. Therapy

SOME ALCOHOLICS evidence inability to profit by the A.A. program. A.A. is most successful with those whose original

problem involved, not neurosis, but rather the pampering, personality-weakening effects of chronic, excessive drinking. I think that A.A. will have greater difficulty with those people who cannot be resocialized just because of those two little letters "re." A.A. can only reawaken, reinforce, rebuild what was once there, torn down, or erased; or which dies, deteriorates, or crumbles. It cannot create anew.

Although A.A. may not have sufficient therapy for the markedly neurotic person, it may perform a great service by making it possible for him to go to the proper sources for aid. The professional therapist may work with the psychological or physiological aspects of the alcoholic's problem, but he cannot offer the re-socialization so necessary to complete recovery.

The alcoholic who is using the professional therapist may well need the social training, the social support, the social reinforcement and experience which is to be found in Alcoholics Anonymous. Social rehabilitation demands practice in social living. One cannot adeptly utilize social groups without training; one cannot walk up to the members of a strange group and announce, "I am joining you." As Tiebout has pointed out, he can't just admit its necessity, he has to go positively out and want participation.

In later stages of the disease, immaturity of response is characteristic of many alcoholics. This characteristic is reflected in A.A. group activity. A.A. groups often appear childish; small cliques form, jealousies arise, factions strut off in anger, gossip runs like wildfire everywhere. Groups denounce groups, this group is a mere gambling club, that group is filled with drinking, in the other group some of the old-timers are trying to act like God - the big wheels are running their lives. On it goes. If any of these developments goes too far there is an automatic corrective - members lose their sobriety.

The shadow of the bottle hangs constantly over A.A.'s - individuals and groups alike. But the groups, if they are to achieve the rehabilitation of alcoholics must remain flexible and open to considerable immaturity, for new members are socially

immature and cannot achieve social maturity overnight; nor can they successfully join groups which demand mature, independent, and secure personalities.

THE SIMPLE, FLEXIBLE philosophy of Alcoholics Anonymous permits the member to progress from a parasitic role (candidate-to-sponsor) through an active member role (sponsor-to-candidate) to an active-member-plus-idea role. This final role is, I think, what many of the A.A.'s may mean when they say that the concept of a Power greater than the self is the core of the A.A. movement. I would rather say that the very peak of the A.A. movement is the final comprehension of an idea which suffuses through the whole movement and which rationalizes and gives faith and hope in the acts of membership.

I would say that Alcoholics Anonymous is peculiarly suited to bring the isolated alcoholic back into social circulation. It has the appropriate personnel. It enables the individual to participate step by step in social living. A.A. meets the immediate needs of the alcoholic. It gives the individual a chance to activate his need for dominance, importance, and exhibitionism, but turns these into useful and controlled channels.

It presents, both for the individual and his immediate problem, what may be called a philosophy which provides for a wider view of the universe; of himself, of his family, of events, and of God. A.A. avoids the strict hierarchy of so many groups in modern, economic, industrial, urban life; and it is so flexible that to many it may at times seem childish.

A.A. is a social structure which provides for re-socializing the sick and isolated individual - a structure from which psychiatrists, penologists, teachers, ministers, social workers, and sociologists, learn a great deal.