

Around AA

Items of AA information and experience

The Seventeenth Annual North American General Service Conference

Eighty-nine elected delegates representing AA groups in the U.S. and Canada, met in New York's Roosevelt Hotel in sessions which lasted morning, afternoon, and some nights, April 17 to 22, to review the conduct of AA's General Services for 1966, and to report on progress and change in AA in the various parts of the U.S. and Canada.

On top of these basic assignments of the annual GS Conference, the North American delegates, with some observers from other countries on hand but not voting, also spoke on the theme of this Conference: "Sponsorship — the Hand of AA."

In summing up the observations of the Conference on sponsorship today in AA, Herb M. notes that "this very important part of the AA program is unchanged," members and groups everywhere stress the bed-rock importance of Twelfth Step work and the provision of guidance and leadership for newcomers through the traditional means of personal one-to-one sponsorship.

"We are grateful," Herb said, "in the knowledge that the hand of AA is there for the next alcoholic, whoever and wherever he may be.

"That which we give away we keep. That which we keep we lose. Such is the basis of our responsibility to pass on to another alcoholic the message of love and understanding that made our own sobriety possible.

"These past few days, there has been unanimous agreement among us that the very substance of our sobriety lies in our willingness and our readiness to

share this recovery experience with another. When AA was very young, that was our commitment. Today our determination to keep the hand of AA always extended is just as strong."

Six Guidelines

Six guidelines for sponsorship emerged from the Conference Presentations:

First — there has been no lessening of the importance of sponsorship in our way of life. Our sponsoring of another alcoholic is more than an expression of our gratitude, it is essential to the continuation of our own recovery.

Second — the lowering of average age of the newcomer emphasized the practical advantage of presenting the AA program so that the younger, less beat-up drunk can understand it.

Third — sponsorship still means personal sponsorship. But sponsorship can become part of group life with every member encouraged to play a part in welcoming in the newcomer.

Fourth — AA literature has always been essential to any sponsorship program. This is more true than ever, now that a broader range of Conference-approved books and pamphlets is available.

Fifth — sponsorship of alcoholics in institutions has come a long way since the first drunk was found "inside" and told about the AA program. But the work still calls for patience and love and understanding.

Sixth — outside organizations set up a two-way channel for sponsors. They can send us drunks to sponsor. They can

help us with pigeons when the problems get beyond recovery into job and finances and marital situations.

Other Comments

Dr. Jack (John F. Norris, M.D., Chairman of AA's General Service Board of Trustees and a nonalcoholic Trustee) said on opening day that AA must work constructively with other organizations so that opportunities for AA sponsorship will not slip away from us.

On the other hand, he said, we can not depend on others to do our work, to mobilize our effort. Sponsorship is AA's job. No one can interpret the AA program to another drunk as well as an AA can. And part of our working together with other people is the need for making sure that they really understand the AA program, not only in *our* terms but in terms that the professional is likely to comprehend. By the same token, we need to contain our sponsorship efforts, Dr. Jack said, and not let them spill over into the provinces of the physician, the psychiatrist, the clergyman and the marital counselor, none of which we are, as AAs.

There is room for opinion on the quality of sponsorship, as it is found in AA today. Clarence K. dealt well with the price of poor sponsorship and suggested: Have the newcomer meet everybody. Keep on following up the newcomer. Assume that every alcoholic is "ready" (don't prejudge him). Confine our counsel to what we know best — to *recovery*. Let the newcomer decide his own spiritual path. Give AA literature a chance to work.

Paul H. was generous with do's and don'ts of AA sponsorship in jails and hospitals.

Elmer L. reported on the work of Big Brothers in providing personal sponsorship for alcoholics getting ready to go outside.

Sponsorship overseas has its own problems as was learned from an International presentation. There is a continuing need for good translations in the language of the country, the AA language of the heart written so that non-English alcoholics can understand it.

AA is young in many countries and sponsorship of newcomers is vital to AA's growth and even to its existence. It is apparent that AA on this continent is willing to go to a great deal to help our brothers and sisters in foreign countries.

Belle H. found the problem of interpreting the spiritual concept to newcomers a real one. Newcomers are arriving today smarter, better educated, not so badly hurt. They are less likely to take the sponsor's word for it. This has called for extra effort, but like all accomplishments in AA, the results are deeply rewarding.

Joe S. told about the all-out sponsorship that his group manages. First, two group members make the first call. Then successively, one by one, members of the group take the newcomer to a meeting, almost one a night. Sam M. spoke glowingly of his group's willingness to sometimes hold a special meeting for a newcomer, rather than wait for the regular meeting night.

Lib M. notes her group's practice of devoting the first ten minutes of every discussion meeting to the question of sponsorship, with a different speaker each time.

Rose B., too, urged all-group sponsorship. It gives the newcomer many interpretations of the program from which he can choose his own. It created a feeling of closeness and of belonging, a feeling of caring and loving.

Hippocrates and the Booze Hounds

Dr. Travis E. Dancey, nonalcoholic GSO Trustee from Montreal, spoke to the Conference on "Indoctrination of the nonAA Professional." Dr. Dancey noted his disapproval of the title of his own talk, which, he said, sounded as if AAs were to brainwash doctors and other pros. He suggested instead, this overall description of the relationship of alcoholic and physician: "The Eighth Step and My Old Friend, the Doctor."

The Grapevine plans to run Dr. Dancey's provocative statement on the rocky relationship of doctors and drunks in a future issue. Quoted here is a brief insight into the ghastly decision-making

problem every active drunk represents to his physician-of-the-moment:

"One important aspect of every physician's training concerns medico-legal matters. Much of this has its basis in that ancient and revered document known as the Hippocratic Oath. Put simply, the doctor must be aware of what he must do and of what he must not do; he must know how to keep out of trouble. To this end he must have the consent of the patient, either written or implied, in every instance before instituting treatment. When consent is not forthcoming or is denied, he must withdraw. The sole exception to this rule consists of those instances where the patient cannot be expected to understand the meaning of consent, and includes the child, the person in a coma, and the subject of severe mental disease. The alcoholic may appear to partially qualify from time to time for inclusion in all of these categories since he may drink himself into a coma, behave in a childish manner and indulge in 'crazy' behavior. However, since in a few hours he is sober and again *compos mentis*, he is quite within his rights to take to court any doctor who was so ill-advised as to institute treatment on him without his consent. In addition, the doctor did not receive training, or 'indoctrination' if you like, in the handling of the patient who refuses treatment one day and demands it the next, etc. In other words, he is ill-equipped, to put it mildly, to treat the disease of alcoholism."

Bill Speaks at Opening

A highlight of the Conference was, as it has been in past years, the opening night AA meeting. AA's co-founder, Bill W. shared with delegates the story of the old days, the trouble and despair, the rekindling of faith and the glory of rebirth.

Bill spoke of those who were in the right place at the right time in the years before there was an AA — of the psychiatrist, Dr. Carl Jung, who, after treating the American businessman, Roland, and failing, had the humility to tell him to seek out a spiritual experience that might restore him to sanity... of Dr.

Silkworth, who with a quality of humanity such as few others possess, explained to Lois that Bill suffered from a compulsion to drink that obliterated all choice ... of Ebby who told his story and enabled Bill to identify at depth in an experience that culminated in a transcending spiritual awakening.

"I think it important," Bill said, "That we credit these sources, the hinges on which the door swung open: Ann S. and Lois because they stayed to bring us within reach of the grace that was in store. Since that time our nonalcoholic friends have become legion. They have contributed in the early times and since. We have no means of expressing our thanks for their individual gifts and talents except to say that God has been very good to us in AA."

Regional Trustees Elected

Five Regional Trustees were elected: Maurice R., Southeast; Rollie D., Canada East; Andy A., East Central; Katherine P., Southwest, and Eric B., Pacific. This brings to eight the number of Regional Trustees, as established at the 1966 Conference. Also elected was General Service Trustee Ruth W., replacing Gene K.

The Business Aspect

Review of the affairs of GSO and the AA Grapevine, their budgets, and plans for 1967, and their business records for the past year occupied many hours of delegates' time. Detailed presentation of these aspects of the April Conference is available to AA groups and individual members in the final printed report of the Seventeenth GS Conference, available now at \$1.50 from GSO, P.O. Box 459, New York, N. Y. 10017.

Hail, Fellow Well-Met

A delegate from a central state was approached by a delegate from a neighboring state. It seems the first delegate had spoken at a mental hospital AA meeting when the second delegate was in it — as a patient — many years before. Now both were in N. Y., as elected representatives of AA in their areas, and met for the first time since their encounter in the hospital. AA in action!