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*A Monthly Journal devoted to those seeking further knowledge on the problem of alcoholism, in the hope that it may prove a unifying bond to all alcoholics everywhere. Individual opinions expressed here are not, necessarily, those of A.A. as a whole.*

## DR. POWDERMAKER DISCUSSES THE ROLE OF A PSYCHIATRIST IN ALCOHOLICS ANONYMOUS

There is no need to tell the readers of this journal that the chronic alcoholic presents a difficult problem. That problem is just as difficult for the psychiatrist to understand and solve as for anyone else. You may say that it ought not to be, since he is presumably an expert in the kinds of behavior that make people unhappy and sick. He should know the way to help people make a healthy adjustment to life. Many of you have gone to a psychiatrist or another doctor with just this idea. Then when he failed, as he usually did, you threw up your hands, sometimes in sorrow, sometimes in anger, often in resentment that grew out of your disappointment, and very often with the feeling, "Well, he can't help me, no one can; there is nothing to do but keep on drinking." And then you felt worse when you thought how much liquor could have been bought with the money you spent on the psychiatrist.

There are two ideas that had better be brought up at the start. One: The psychiatrist does not have all of the answers to human behavior by a long, long way. For example, there is much about the problem of what makes a man drink to excess that we don't know. Why should one man drink to excess while another may be a teetotaler but not be able to stop eating way beyond his needs? There are several more or less glib answers to these questions that many of you have heard. There are doctors who have considerable understanding, often largely intuitive, of the personality and behavior of the alcoholic, but the reason *why* he developed *this* habit—rather than some other—we can't answer.

The second point to consider is the attitude of the alcoholic when he goes to the psychiatrist. Sometimes he is not sincere. He kids himself into thinking that he wants to stop

drinking but he has no real intention of doing so. Sometimes his family makes him go. The consequent failure of the psychiatrist gives him an "alibi." Other alcoholics are sincere when they ask for help—but they expect the doctor to do the curing. The psychiatrist is to perform a miracle, and lo! the patient is cured. He does not consider that no cure can be effected by a psychiatrist, by Alcoholics Anonymous, or anyone else without his own active cooperation—without his blood, sweat and tears, to quote Mr. Churchill. So again the failure of the psychiatrist can be used for an "alibi"—and often is.

Actually any psychiatric treatment that seeks to cure, an illness—alcoholism or any other—must be a joint research project carried on by doctor and patient with sincerity of purpose, deep interest and mutual respect for each other and for the difficulties of the road they travel together.

Even though all this be true, the A.A. member may well ask the necessity for any association between A.A. and psychiatrists. The A.A.s have an outstanding record of success in helping alcoholics stop drinking and keeping them dry over periods that now extend over approximately a decade—a better record, by far, than psychiatry has made in this field. Then why do we even consider whether psychiatry has any place in the life of an A.A.?

Well, let us look at that question. All successful A.A.s, as well as psychiatrists who have dealt in any but a superficial way with alcoholics, recognize that two problems are involved in the cure of an alcoholic after he decides that he is through with drinking (the 1st step). One involves his personality and the other the life problems that he has failed to meet.

The 12 steps are based on a profound under-

standing of the alcoholic's personality. They take into consideration his compulsion to try to dominate life, his refusal to accept help, and then, in contradistinction to that, the immaturity inherent in his effort to escape from problems and responsibility. In formulating these steps it was recognized that the alcoholic uses innumerable excuses and devices in his attempt to gloss over or decry these facts, and they help him to face the truth. Feelings of inferiority, whether recognized or not, are in-

*(Continued on Page 8)*

## MEDICAL WARDS NOW FOR N. Y. ALCOHOLICS

The recognition of alcoholics as sick people in need of medical care is the basis of a new policy being put into effect in the city hospitals this month by order of Dr. Edward M. Bernecker, Commissioner of Hospitals for New York City. At the same time Dr. Bernecker has requested the seventy-seven voluntary hospitals in the city to admit alcoholic patients to their medical wards. "If the voluntary hospitals refuse," he said, "they will be asked to send alcoholics to the nearest general hospital of the Department of Hospitals in their district."

The acceptance of alcoholics as medical cases by city hospitals means an enlightened and encouraging step forward in the treatment of alcoholism as a public health problem. Dr. S. Bernard Wortis, director of the Psychiatric Division of Bellevue Hospital, says, "Alcoholics are sick people and must be treated as sick people. The change will mean better care. Alcoholism will be treated in the medical wards like any other problem."

In the past alcoholic patients have been sent to the psychiatric ward at Bellevue Hospital on the premise that they were mental cases. Now, hospital care will begin immediately.

# EDITORIAL:

## On the 4th Step

Since I cannot speak for anyone else, I'll have to make my experience with the 4th step autobiographical. Before A.A., I tried almost daily to stop drinking. I hated myself constantly. I could not understand why such a wonderful person as I was would do the things I did. I was in a constant state of mental turmoil and misery, and I knew that I could not handle liquor.

On coming into A.A., I had already taken the 1st step, but the 2nd and 3rd steps were discouraging, as I had no faith in a Higher Power. I tried to believe, and would have gladly forced myself to do so, were that possible, because I really wanted to succeed with the A.A. program. However, I skipped over these for the moment, as I was advised to do, and went on to the 4th step....

I tried to make a "searching and fearless moral inventory," and discovered that it was difficult to push my pride and egotism aside sufficiently to get a better view of myself. My first attempt was neither searching nor fearless, but it was a very important start, and I developed and revised it over many months. During this time, I began to see myself as a person who was riddled with resentments, selfishly expecting life to treat me well; a super-sensitive person always inclined to feel hurt about everything that was not to my liking, and intolerant of any opinion differing from my own. I began to see that my thinking was based on fear and vague worries. I saw more. I realized that this very special person I had imagined myself to be could do nothing directly against the power of alcohol. But I began to see how the person I was beginning to understand could outflank old John and attack the *cause* of the drinking.

For years, I had wanted desperately to do something *about my drinking*. This, I knew, was impossible. But the 4th step taught me that I could do something about the *cause* of my drinking. By trying to do something about myself, I found that I did not need to drink. The 4th step showed me what was needed to be done. Without this knowledge, I doubt if sobriety would have been possible for me. The 4th step is just that important.

*Richard S.*

## *Letters to The Grapevine...*

**Dear Grapevine: It seems to me It is quite important to stress the danger to an A.A. in taking medicines containing the minutest quantity of alcohol. Some are susceptible, as I am, to the "poison" in these medicines, no matter how tiny the dose may be, as it sweeps insidiously through the blood stream to the brain. For many years I have been a periodic**

drunk. Years ago a physician, endeavoring to "cure" me, remarked that I should never touch aromatic spirits of ammonia, tonics, or any medicine containing alcohol.

It is an amazing fact, to me, since joining A.A., that six months before this occurrence I had not had the slightest craving for the old stuff. I contracted a severe cold, followed by

a stubborn cough which was a pippin. So I dosed myself with two bottles of a well-known cough mixture. I noticed it said on the bottle 14 per cent alcohol, but forgetting what the physician had told me ages past, I dismissed that from my mind entirely. One night alone in my apartment, nothing annoying or worrying me, a sudden compulsion for a drink overcame me. It seemed to take complete possession of my bewildered brain. "Go out and get a drink or two... you need it... you must have it," a voice seemed to whisper over and over again. I was frightened, and began to fight that first drink we all know is so fatal.

Again the voice, "Oh you can do it, just take one or two and come straight home... hurry up and get dressed." Then I thought of the little black address book with the names of many A.A. members. What good did that do? I had no telephone and did I go out to phone might I not take a drink? I sat transfixed in my chair for one hour. I tried to smother old John B. with the steps of our program, the shame I'd feel in the eyes of the members I loved, if I let him beat me up. I prayed. Finally I could wrench myself from the chair to get to the kitchen for a glass of milk I did not want.

I had won the battle. It was short and tough. It was the following day. I thought: Could that have, been alcohol in my medicine? I knew it was. I don't want that to happen to others, like myself, who are struggling for a new and better life.

*Marie B., New York, N.Y.*

*Dear Grapevine:* Thanks to God and Bill for A.A. Here is an organization which is, in a sense, the answer to a drunkard's prayer. Not a cure, but a means of finding sobriety.

As a son of an alcoholic, I can vouch for the benefit of the 12-step program of A.A., foremost of which is enabling the, alcoholic to find sobriety, and happiness in keeping sober.

The benefits the family receive are many. Mother and I, for example, have a real source of pride in seeing Dad able to refuse a drink. For me alone it means I've got a Dad who is the kind of a pal I always wanted him to be.

Now I realize that Dad should never have been condemned for his past drinking escapades. I know that he was a very sick man who needed aid. Today I understand the needs of an alcoholic.

My greatest hope is that someday every alcoholic in the world can receive the same A.A. medicine which Dad has received. This organization may not cure an alkie, but it certainly helps him stay on the beam, as the saying goes. Gratefully yours,

*Allen C., Jr., Yonkers, N. Y.*



*Dear Grapevine:* As is true with all of us, alcoholic and non-alcoholic alike, when we honestly face ourselves we find many instances of our own shortcomings, and of our own faulty handling of our problems, which has made them grow like veritable Frankensteins to our own undoing. Whether we like it or not, therefore, each wife, I feel, must face the fact that she had no little share in the development of her husband's alcoholic problem, whether it was in coddling, the holding of resentment, lack of understanding, wearing the cloak of martyrdom, or whatever the form. Realization of her part in the problem is for some wives the first step forward, and can play a large part in the ultimate outcome. Hence I feel she should have a share in the working out of the problem, and should not be shut out from any of the joys which go hand in hand with A.A. growth.

I'd like especially, therefore, to address my remarks to the husband who wrote some time ago that his wife is "jealous of A.A." My observation of A.A. has been that the men who do the best job and get the most out of the group, and consequently out of life, are the men whose wives are as interested as they—who try sincerely and conscientiously to find out and to understand what it is all about, and then take it unto themselves.

For most of us, actually to share in a common interest with our husbands, after the long years of lone-wolfing while the wall of misunderstanding and resentment grew higher and higher between us, is a joy almost beyond our former fondest imaginings. New wives should meet and talk with wives whose husbands are making A.A. work, and should go to as many open meetings as possible. What I learned mostly from attendance at meetings was, as was pointed out in a recent *Saturday Evening Post* article on the new psychosomatic treatment of war-shocked soldiers, that we all are pretty much the same inside and our individual personality problems not at all unique. Bring your wife with you, I say; let her laugh with you at yourself and herself as some other A.A. relates some experience similar to yours which seemed so tragic at the time; let her thrill with you as she sees, as time goes on, the lines of worry and strain erased from the faces of the new men and their wives; get her to pass along to some newer wife the joy she has found; get her to take her own part in it all. Then she won't have time to be jealous, and life will have a new meaning and fullness for you both. And as the months pile up, she can share with you some of the other interests mentioned in the column "Time on Your Hands," and perhaps

as we did last summer, listen to a Stadium concert and, as night takes possession of the sky, have creep into her heart that "peace which passeth all understanding."

Faithfully yours, A.A. Wife, Montclair, N. J.

*Dear Grapevine:* The National Committee for Education on Alcoholism is sending speakers throughout the country to acquaint the public with the problems of the alcoholic. Instruction is being given to the relatives and friends of men and women in the armed forces of the country as to their treatment when they return, many of them sick in mind and body. Is it not time that a group be formed, using the same methods the A.A.s themselves use, which will be helpful to the relatives and friends of alcoholics?

The difficulties which alcoholics encounter are closely matched by the difficulties of those who love them. I have talked to only one relative of an A.A., and I gained an understanding of my own problem as a relative, in addition to a faith and confidence in the results which A.A. produces that I cannot but feel that similar contacts would be helpful both to other friends and relatives of alcoholics and to alcoholics themselves.

What relative has not locked the liquor closet, and in how many households has not the game of hide-and-seek been played with a cherished and elusive bottle? Our good A.A. friends have told us that such behavior on our part is not only futile but harmful. What relative hasn't appealed to the erring alcoholic to mend his or her ways so that there shall be no stain on the family escutcheon? Only recently, at the Tenth Anniversary dinner, Bill told us that such entreaties throw the alcoholic into a tailspin. Unless forewarned of such pitfalls, we poor well-meaning friends and relatives blunder into them and bring more grief to those we wish to help.

The A.A.s themselves can best advise us on this. Won't you let us have your opinion?

W. S., Bridgeport, Conn.

*Dear Grapevine:* It might be of interest for you to know that one issue of *The Grapevine* was used to excellent advantage in educating the executives of radio station WTIC, which is the local 50,000-watt Red Network outlet, to give us an excellent time for four consecutive weeks to put on a series of A.A. broadcasts.

... You have mentioned Nate A.'s rescue as being effected by the Boston group, so as long as you have made this a matter of record, you should have the correct details.

Dr. Wrang, a stockholder and physician for the Boston Braves, telephoned a member of

A Cafe for Alcoholics Anonymous



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the Hartford A.A. about 12:30 A.M. one night to ask if A.A. could help Nate. The next day, Nate was put in jail at Wallingford as a protective custody measure. That day, Jack D. and Jack P. arrived in Wallingford as the result of a sports column in the Boston papers that morning describing Nate's saturated arrival for spring training.

These two fine A.A.s deserve great praise for coming all the way from Boston to help Nate. Unfortunately, they were not familiar with the section of Connecticut around Wallingford and left the jail to ponder ways and means of getting Nate organized.

At this point, a member of the Hartford A.A. arrived, transferred Nate to a comfortable sanatorium, several days later 'lifted' him by airplane from T.'s Hospital in New York, returned him to Hartford and maintained him for several days at his home, prescribing much exercise, good food, B Complex, much milk, and a round of golf. This resulted in Nate being welcomed back to training camp in such good condition that the following morning he was able to participate in the setting-up exercises and run several laps around the track, topping off his first day by pitching the equivalent of about three innings.

In view of these facts, and were you to ask either Bob Quinn, President, or Bob Coleman, Manager, of the Boston Braves, I am sure they would agree that the Hartford group should deserve credit for an assist in this rescue.

Van M., East Hartford, Conn.

# HOSPITALIZATION IN AKRON MODEL FOR A. A.

As in nearly all matters, A.A.s and groups of A.A.s seem to follow pretty much of a pattern regarding hospitalization for A.A. prospects.

As long as eight years ago Dr. Boh and the then small group in Akron were haunting old houses, sure that we could pick up one in which new men could be inoculated with the A.A. germ.

We find that the new men and the newer groups are still in quest of an old house, feeling sure that they can turn it into a place to dry up drunks and make it meet expenses.

It always turns out to be a house with 15 foot and even 18 foot ceilings, with an antiquated and worn-out heating plant, with leaky plumbing and roof, and is practically impossible to heat because we are always heating at least four times as many cubic feet as necessary. They are, without exception, so arranged that the usable space for our purpose is generally less than one-third of the floor space, and what with the continual repairs necessary in these old buildings, the cost per day per patient is prohibitive.

Through the untiring efforts of Dr. Boh, in Akron, which demonstrated over a period of years that alcoholics are sick people, and that a large percentage of A.A. patients can be dried up and will stay dry, the general hospitals even in the face of the present shortage of hospital beds realize that they are helping to put men in shape to take their places in the production line and in society, and to assume their rightful responsibilities. Hospitals are cooperating with us more and more as we prove our worth.

Outstanding among them has been St. Thomas Hospital in Akron where, starting three years ago with one bed for our exclusive

use, which was later increased to a two-bed ward and then to a four-bed ward, the procedure has been in operation long enough to prove the advantages of our using a general hospital rather than the "goony roosts" that have been available to us until comparatively recent date.

More than a year ago the good Sisters at St. Thomas made available to us the solarium, in which they installed seven beds with private toilet and shower facilities for that room, and provided space where visitors could gather into a group of two, three, or more patients with A.A. visitors. This developed into practically a continuous discussion of A.A. with the patients from around noon until 10:00 P.M. There is an average of 15 visitors per day, so that at the end of a five-day period the prospective A.A. has been exposed to from sixty to as many as one hundred visitors. Certainly among them there are always at least a few who click with the patient and who are able to explain the workings of the A.A. program. Thus the percentage of men who are immediately helped runs considerably higher than average.

To the fellowship of A.A. and patients there are many advantages, among which is the fact that the patient conforms to the hospital rules, and if indicated gets a physical check up, gets onto a regular diet, gets into regular sleeping habits. Doctors, nurses and equipment are available for any emergency. There are no second trips to the A.A. ward for slippers, which eliminates some clown with a snoot full explaining to a new man what a wonderful thing A.A. is, and that he has been in two years. At the same time it eliminates any chance that the hospital may get a reputation as a place where a drunk can sober up. The

hospital will help us only when the patient wants to sober up and stay sober.

We are allowed A.A. visitors in that ward from 10:00 A.M. until 10:00 P.M. No other visitors *are* allowed except by special arrangement. Other patients in the hospital are not allowed to visit in this ward, and the patients of this ward are expected to stay in their own quarters.

The matter of expense is cut to a minimum because the space is efficiently used, and the general overhead of the hospital naturally carries the overhead of the ward, thus affording the A.A. patient cheaper hospitalization than is available in sanatoriums.

These beds have a higher percentage of occupancy than any other division of the hospital except the maternity ward, and so long as we, show that we are eliminating the drinking problem, in a great percentage of cases, it pleases the hospital.

The writer finds that where the groups will interest themselves in protecting the hospital against wasting its time and facilities by "certifying" the people they put in, and have the patient in as good shape as possible, and will within reason protect the hospital against financial loss, hospitals are in a receptive frame of mind with reference to A.A. activity, and will cooperate in helping us to make decent, helpful hospitalization available to qualified A.A. prospects (alcoholics who want to stop drinking).

It is true that in the last ten years there has been public recognition and acceptance of A.A., so that general hospital administrators are becoming familiar with our work. As long as we conscientiously do our part, I think we can expect and have their cooperation.

*Dick S., Cleveland Heights, Ohio*

## Do You Know: WHY A.A. NEVER GIVES ANYONE UP?

I'll have to take a bit of a short cut and identify myself briefly as a social-drinking, Turkish-bath, take-the-pledge, call-the-doctor, general-hospital, health-farm, leave-of-absence, job-losing, long-vacation-in-Florida-will-fix-me-up, sanitarium, mental-hospital alcoholic, in the order named. When A.A. was first presented to me I felt that here at last was the answer. I couldn't get enough of it fast enough. I read the book, attended several meetings, met many of the group, and lived A.A. so vigorously the first two weeks that in that short time I knew all the answers,

got "cured"—and then got drunk. The group picked me up and explained that in my initial elation I had become over-confident, that there was much solid groundwork to be laid, and that an entire pattern of thinking and living had to be changed. Furthermore, it might not be easy and the time might be long before I was able to rehabilitate myself both socially and economically. The first year was tough going and I suffered five or six slips of increasing intensity, until I reached the point where I felt that for me there was no help. I about gave up, but the group did not, and in some

way its faith was transmitted to me. I started in once more, attending meetings regularly, gradually making real progress; and I went some nine or ten months before I crash-dived again into Bellevue. This was surely the end, for it came the very week I was being called to an interview for an excellent position, doing the type, of work that I had long wanted. In some way I pulled myself together, got the job and started off again, only to run into trouble once more about ten months later. Then I seemed to flip back considerably. During the  
*(Continued on Page 8)*

# Mail Call for All A. A.s in the Armed Forces

A rigid disciplinarian, a fine doctor, a good officer—above all, a gentleman—ordered me to sit down. "Your offense against the Navy is a serious one. For it, you could be shot. I know you're a sick man, but the Navy cannot afford to recognize you as such. My suggestion to you is simply this. You can't stop drinking by yourself. When you learn that, you have started back. I would recommend A.A.; it might work."

I thanked him, walked back to the locked ward in a large Naval hospital, and wrote to A.A. Ten days later two men, two fine-looking, happy men, two strangers, came to see *me*. They cared not what my type of discharge, nor what my offense was. They were interested in whether or not I wanted to do something about my drinking. Such was my introduction to A.A.

Since then I have found a new—a sober and happy—way to live. I have found my answer, the solution to my problems. My yellow, undesirable discharge brought with it the first understanding of my own condition; the first freedom from fear; the first shouldering of my just responsibilities. I have been fortunate in having the opportunity granted me to work with men in this same Naval hospital. The doctors, the psychiatrists, the Chaplain, have been frequent visitors to our meetings; not merely once, out of curiosity, but as repealed visitors and friends, because they were amazed to find that A.A. worked. These men—and for them I have the warmest respect and admiration—can and do, and will, pass on what they've learned. In my heart I know some man will be saved from standing mast, the brig, court martial, and disgrace, because of the advice and help these officers will, and can now, give him.

Especially to you men out there—many of us who aren't with you because we didn't make the grade are now carrying on for the things you're fighting for.

The Skipper stands bridge, always alert and willing and eager to heave a line, so stand to.

Here's luck and a happy voyage home.

Page D.

Members of the A.A. Seamen's group are making good progress. On January 18th they extended their activities to include an open meeting within the portals of the Seamen's Church Institute, attended by more than fifty interested seamen. As a result the 24th Street group has four new members spreading the news of the A.A. program along the water front. Officials of the Institute were so pleased with the outcome that they assigned the main auditorium of the Institute for a second meeting held January 25th. It is unfortunate that frequently the seamen are only able to attend a few meetings at their Club before shipping out again on other hazardous voyages.

## A.A. FROM ACROSS THE GLOBE

We have had several interesting loiters recently from our most faithful A.A. correspondent in the Pacific War Zone, an Army lieutenant, who wrote after coming out of a tough landing operation:

"I am well rested now and have regained my lost weight—all the other officers have gained too. It is a funny tiling but when it was really rough, very few of us could eat and one didn't feel hungry. Sort of like getting off a hat—you know you should eat but the stuff sticks in your throat. Well, that in one deal I got by and I consider myself a very lucky person. (Over twenty-six years ago, in the Champaign country of France, others experienced a similar reaction to food when the going was tough—the hats came later.)

Our correspondent then added the following reflections about A.A.: "I am not sure in my mind whether so much publicity is good for A.A. Would like your views. I'm a liberal on all subjects except A.A."

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Again, we quote from a very recent letter from the same officer: "In my case, you should always look on the envelope in see what address I am currently working under. I have only been here a short time and immediately contacted Y. (reference is to another good A.A. naval officer). He (Y.) is impatiently awaiting official word to take off. He has done an excellent job and deserves a rest—I hope he can keep out of this area when his leave is terminated. I just finished reading October issue of *Grapevine*. I enjoy everything printed therein and I do get set before me some of the things one is liable to forget over a period of lime.

We don't care, do we, whether they call them D days or Zero hours—but we know that is the time that you can really get it. If you are a part of it, you understand—if you have never experienced it, you don't and can't understand. I have sixteen months overseas now. It hasn't all been bad and I've had lots of fun in spots. As a matter of fact, if it weren't so serious, it would be funny.

A.A. seems to be growing by leaps and bounds. It is only natural. I, for one, will be everlastingly grateful for it. I have a long road to travel but, at least, I know I'm on the right road.—Write when you can. The new quarters for A.A. on 41st Street sound fine. As ever." *John*.



# The Pleasures of Playgoing

I have no doubt that when Frank Fay brings "Harvey" so ceremoniously through the door in the first act of Mary Chase's gentle and amusing play most of the audience is meeting this philosopher, constant companion and rabbit for the first time. I have known "Harvey" for years.

I didn't recognize "Harvey" immediately because when I knew him he was always sour and grim, full of remorse and regret and complaining of a bad taste in his mouth. He was wont to berate me for the night before and to prophesy a dreadful doom in the day ahead. With Frank Fay, "Harvey" was the gay and happy friend I had always wanted him to be with me.

Other alcoholics in the audience probably recognized "Harvey," too, either as a personal acquaintance or as a member of a large and well-known family. We all have our "Harveys."

In the whimsical and mellow mood of the "Harvey" on the stage it was as delightful as spending an evening with an old friend who could poke fun at me without putting the needle in so deeply that I would resent it. I was not disturbed in the slightest by the fact that Elwood Dowd could not be induced to face the reality he had finally escaped after thirty long years of struggle. Indeed, I once would have been glad to escape, too, if I could have run away with such a completely satisfying rabbit as "Harvey." I never found one, though not for lack of trying.

One may debate whether Frank Fay created "Harvey" or "Harvey" created Frank Fay. In either case, together they made unreality seem real for an evening and I was accordingly grateful. If "Harvey" could multiply as rapidly as real rabbits do the world would certainly be peopled by the most delightful friends. I am reminded, however, that the "Harvey" who shadowed me was alcoholic and he was as different from Frank Fay's version as a black bunny from a white.

Frank A.

## Required Reading for A. A.s

*Institutional Facilities for the Treatment of Alcoholism* by E. H. L. Corwin and Elizabeth V. Cunningham (Research Report No. 7, The Research Council on Problems of Alcohol, New York: 1944) \* is a comprehensive study of the role that institutional facilities play in the treatment of alcoholics. It was undertaken to find out what kind of facilities exist to deal with an estimated 600,000 alcoholics.

Here is documented for the first time, not by a complete census but by a sampling process, the extent to which various types of hospitals accept alcoholics for treatment, the number of patients treated, and the economic status of those served. The study differentiates between facilities designed to treat alcohol

addiction, those which provide only for "sobering up," and those which limit their services to the alcoholic with psychoses or other complications.

An account of the earliest institutions for the treatment of inebriates and some discussion of the penal and legal handling of "drunkenness" prefaces the main discussion of hospital facilities now available for alcoholics. In addition, a few pages about A.A. in its relation to hospitals and something about European provisions in regard to alcoholics supplement the report.

General, mental-disease, private, veterans' hospitals are all examined and found wanting. With some notable exceptions, the pic-

ture is a gloomy one, both as to the number of admissions to hospitals of any kind and the effectiveness of the treatment for those admitted. Not even "sobering-up" treatment is available in many parts of the country. Lip service may be given to the idea that the alcoholic is a sick person, but he is more often than not treated as a voluntary subject of vice. For example, in 1940 there were only 4,341 new commitments for "alcoholism without psychosis" in mental-disease state hospitals in the United States. By contrast, the Department of Correction of Massachusetts reports: "We have a big prison here that is filled up with alcoholics all the time. There are as many as 4,000 commitments a year to that department."

Hospitals have been reluctant to assume responsibility for the care of the alcoholic. And since alcohol addiction is more than merely a medical problem, the hospitals have not been held to strict accountability for this neglect. Moreover, since alcohol addiction is neither entirely medical, nor entirely psychiatric, the shifting of responsibility between different types of institutions has been possible. The attitude of the general hospital in one community serving a city of 300,000 is illustrated by the fact that in 1942 only 36 patients were admitted with a primary diagnosis of "alcoholism."

Yet these authors think that it is the general hospital which should undertake the chief tasks in this field. Its facilities and its accessibility make it the logical place for the alcoholic and his family to turn. It is best staffed and equipped to undertake the multiple phases of diagnosis and early medical treatment. Once the therapeutic approach has been determined, the necessary arrangements for its pursuit should be made through the hospital social-service department. All the resources of the community, medical and social, should be brought into play, and no patient should be discharged with no place to go for the further care necessary.

How Utopian such treatment would be, is best appreciated by reading this report with its statistical proof of the prevailing medical neglect of the alcoholic; how well worth any effort to achieve this Utopia is best realized by A.A.s.

Martha H.

\**The Quarterly Journal of Studies on Alcohol*, June 1941.

NOTE: Next month *The Grapevine*, will publish "The Philadelphia Story on Hospitalization"; also a special article by Dr. Sam Parker of King's County Hospital on "Criteria for A.A. work in Hospitals."

# A.A.s COUNTRY-WIDE NEWS CIRCUIT

To sum up the symposium on alcoholism recently conducted in Cleveland by The Research Council on Problems of Alcohol, science seems to be standing on the threshold of the alcohol problem, and the "area of agreement" on what is known is small indeed when compared to the area of agreement on what is not known. Dr. Abraham Myerson observed: "We are not failing to treat the alcoholic as he should be treated because we do not have time, nor because there aren't enough psychiatrists, but because we don't know how." A second doctor remarked that there is still a *slight* moral stigma attached to drinking and society doesn't want the alcoholic treated as a sick man, it wants him punished. A third doctor agreed that, in the eyes of society, the alcoholic, like the person who acquires a venereal disease, is somehow "having fun." Society will pour out millions to treat cancer and infantile paralysis because the victims are obviously not "having fun," nor is their disease sort of a just price they are paying for fun previously had. As Dr. Myerson put it, the key word for science is research; the key word for the public is education—chiefly in the idea that the alcoholic is not enjoying himself and deserves to be treated seriously. The final conclusion of the symposium was that the key word for the alcoholic himself is "will"—will rooted in a positive belief that he can win his fight, and that the fight is worth winning. . . . A.A.s, we think, are apt to question strongly that word "will"—when the enemy is alcohol.

The Monday and Thursday luncheons at the Cafe Loyale on New York's Fifth Avenue are beginning to take on a national aspect, with A.A.s, both men and women, from all parts of the country dropping in from time to time. Mount Vernon, which recently celebrated its second anniversary with a dinner, has given birth to its second off-spring, Yonkers, N. Y.

Two old friends met by accident the other evening, the first time in 35 years. One was Frank L. of Flushing, the other, John M. of the A.A. Seamen's Group. Both were attending a meeting at the Seamen's Club.

The Hartford, Connecticut, group broadcast three times over the radio: December 20 and 27, and January 3; on each program there was a prominent guest and several A.A.s.

The New York clubhouse, 405 W. 41st St., was the scene of a rousing business meeting in January, ending in a new charter and election of officers: President, Charlie H. of the Manhattan Group; Vice-President, Dave R. of Forest Hills; Treasurer, Bob W. of Manhattan; Secretary, Cesar T. of Flushing. Including these officers, the Board of Directors are: Tom M. and George R. of Brooklyn; Horace C. of Bergen County; Joe H. of the Bronx; Bob D. of Hempstead; Marion M., Jack N., Dick AT., and John D. of Manhattan. . . . A couple of lawyers, leaving the meeting, shrugged their shoulders eloquently. One looked at the other. "Astonishing!" he said to his colleague and fellow A.A. The second lawyer, his eyes questioning, replied, "You said it, brother!" Could their cryptic words refer to the wonderful facility with which A.A.s outflank the knotty legal technicalities that drive non-A.A. barristers to drink?

The Cleveland groups—there are many of them—go in for sponsorship in a big way, as evidenced by a late issue of their *Central Bulletin*: "The book on sponsorship should be studied and fully understood by every member of A.A. . . if everyone reads it and applies what he reads the prospect is successful and happy and so is the sponsor."

The *A.A. Tribune*, from Des Moines, Iowa, refers to a former member of their group, now manager of a radio station in Chicago: ". . . that kid sure does a lot of A.A. work and, funny thing, the call of the station is THE VOICE OF SERVICE."

In *The Viewpoint*, an excellent bi-monthly review written by the inmates of the New Jersey State Prison in Trenton, a member of the prison's A.A. wrote an inspiring article in which he told of the splendid work being done not only in Trenton but in San Quentin, Chini, and Folsom, where the authorities are cooperating fully with the A.A. groups.

Referring to Bob Benchley's famous crack that the only cure for a hangover is death, a New York columnist writes that this is no longer true "now that A.A. is with us and going strong." Which reminds us that Dr. Bob S., in his short talk at the ninth New Year party given by the Akron, Ohio, group (with over 400 present), pointed out that four out of the five who attended the first A.A. meeting in Akron, nine years ago were present.

A small boy in grammar school, after listening to a moralizing teacher hold forth on the horrors of drink, rose to his feet and said he didn't agree. "My papa is a member of A.A." The child proceeded to define alcoholism as a disease and in an easy, natural manner, without any sense of shame, told how sick his father used to be, pre-A.A. And, "If any of you other kids have papas or mamas who are drunks, you just come and see me after school."

If the human race thinks it has sole claim to alcoholism, guess again. Increasingly the animal kingdom *is* becoming addicted to the disease. But with a difference. Theirs is an enforced addiction—man-enforced. Not long ago, in the scientist's search for an understanding of alcoholism, rabbits were made to reel around. Now it's cats. In his latest experiment, first confusing and frightening the cats by sudden blasts of air in their cages, Dr. Jules H. Masserman, psychiatrist of the U. of Chicago, got a group of 16 cats into such a state of nerves that some of them even recoiled from a caged mouse. Then he gave them alcohol by injection or stomach tube. It quickly cured their jitters. They went back into their cages and, despite their alcoholic befuddlement, boldly tackled and opened food boxes they had been taught to fear. But when the jag wore off, the jitters came back. Dr. Masserman then gave them, at mealtime, a choice of plain milk or milk laced with 5 per cent alcohol. After a few days most of the neurotic cats learned that the alcoholic milk made them feel better, invariably chose the cocktail. From this fact, Dr. Masserman deduced that the alcohol evidently removed their inhibitions and dulled their senses, making them less sensitive to shocks. He found that usually he could cure their taste for liquor only by curing their neuroses through psychotherapy. In very rare cases a cat gradually worked itself out of its fears after repeated drinking, and went on the wagon.

The four-year-old Chattanooga, Tennessee group, in a recent issue of its newspaper, *The Empty Jug*, tells of refusing to accept an advertisement from a business firm that had approached them on the subject. "We could use the money, but A.A. *is* unequivocally non-commercial." Acceptance of ads would expose them to "pressure and to the theory of obligatory back-scratching." *Saldos amigos!*

## PSYCHIATRIST'S ROLE IN A.A.

(Continued from Page 1)

escapable and sometimes overwhelming. His ability to stay dry depends on his capacity for accepting these steps and carrying them out. Each step successfully achieved adds to his hope and confidence and removes some of his inferiority.

But sometimes it is like walking on a tight-rope. Feelings of sorrow, guilt, failure and desperation rise up and at times may be so overwhelming as to be unbearable, and a binge becomes inevitable. Or if the urge to escape by drinking is overcome, the struggle may have been terrific and the suffering acute. Often the feeling of anxiety must be coped with for a long time.

You all know what a profound help it is to talk out your feelings and experiences with another A.A. member. He has been through the same experiences and he accepts you with understanding and no shadow of blame. But there can be further help. You are not only *like* every other alcoholic but you are also *unlike* every other one. Every person is unique—he is never entirely a type. The patterns of his behavior as an adult lie in his experiences in childhood and adolescence. He has learned by experience and by the example of those around him to meet the particular circumstances of his early life in a certain way, or he has reacted against these teachings and examples. The more you understand about yourself and the reasons for your developing into the person you now are, the easier it is for you to manage your life as your adult self would like to.

This is where the psychiatrist comes in. He is trained not only to listen to your present difficulties but to help you to understand them

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in the light of your past. Occasionally just talking to a trained person a few times will give enough perspective and insight into one's feelings to help in dealing with them. The psychiatrist helps you solve them by showing you that you are trying to meet them according to habits and ideas formed in childhood, which are of no help in meeting the situations of adult life.

Tensions—nerves—come from conflicts in the unconscious started in youth and often set off by some happening of the present. To solve them usually takes longer than a few hours. When these unconscious conflicts and the emotions associated with them are brought to light and solved, we can then deal with the problems of the present without being hampered by the dead weight of old neurotic habits of thinking and acting. But we can't solve conflicts until we know what they are, and it takes a trained person to help bring them to light.

The high points of the story of an alcoholic will illustrate the meaning of this. We will call him Paul Smith—an ambitious young business man, with high ideals and, when he was sober, a great capacity for work. He drank moderately between severe drinking spells which occurred every three or four weeks and lasted two or three days. These sprees left him moody and depressed and feeling very guilty, though he would not admit it to his family. In between, as a rule, he was somewhat nervous and irritable.

Paul had been the youngest child and his mother's favorite. He was babied and spoiled and protected by her, but "picked on" by his older brothers. Consciously he disliked and looked down on his mother, who was narrow and intolerant and a prominent white ribboner. He admired his father, who did some drinking, but was not an alcoholic. Like all alcoholics, Paul never felt at ease with people when he was sober, he felt inferior and unable to cope with social situations.

He was sincere in his desire to stop drinking and earnest in his acceptance of A.A. principles. He was able to stay dry for increasingly long periods. But some of his nervousness, tension, and feeling of inferiority remained, although they diminished somewhat as he found that he was able to stay away from liquor.

He started working with a psychiatrist, and while it would take many pages to give the whole story, certain important factors, of which he was not aware, stand out. His inferiority grew out of the conflict between his desire to continue as the favorite small child,

who could always get his own way, and his desire to be as responsible, capable and self-assured as his brothers were. He wanted to achieve this independence but not at the cost of giving up his wish to make the world treat him as his mother did. He had periods of hard work and success, but unconsciously he felt that, he was giving up too much to make it worthwhile. As long as he, unconsciously wanted to be tied to his mother's apron strings and protected by her, he felt inferior.

He finally came to understand the incidents in his childhood and adolescence that showed the origins of his inferiority feelings, and he "got out" the intense and conflicting emotions associated with his relations to his mother, father and brothers. He could then give up his desire to get back the pleasures of a spoiled child, realizing that they were out of date, so to speak, and accept his own more mature ideals without conflict.

Some A.A.s find that work in the organization gives them the release and satisfaction that they need. For others, even though they have been able to stop drinking, the way would be made easier by an understanding of the nature of their difficulties.

Florence Powdermaker, M.D.

## WHY A.A. NEVER GIVES UP

(Continued from Page 4)

next six months I bounced around erratically, but managed by virtue of an understanding boss to hold my job. Somehow, once more I pulled out of the maelstrom, and for the past year-and-a-half have been completely dry.

I mention this brief background to make one point. There are many in A.A. whose recovery is apparently immediate, who after being in A.A. only a short time find complete release from their problem. However, there are as many more who just as sincerely desire to be free of alcohol but find themselves confronted with slip after slip and increasing discouragement. They doubt their own ability to be honest with themselves, and the situation looks pretty hopeless to them and to others as well. I have never heard of A.A. giving anyone up as an impossible case, and if the individual confronted with such a dilemma can marshal even the barest physical energy to attend the meetings regularly and to keep trying within the limits of his capabilities to follow the A.A. program, he will progress. The time element is relatively unimportant—whether it be six months, two years or more before he achieves adequate stability—for we all realize what the alternative must be.

Jack C.