

About

The Fellowship Owes Much to Nonalcoholic Doctors Past and Present

Alcoholics Anonymous might never have become the worldwide Fellowship it is today without the active help and support of members of the medical profession. From its shaky beginnings in North America to its later spread to nations around the globe, A.A. has been able to rely on interested and understanding doctors who helped shape its basic principles, offered public support, occasionally at the risk of their professional reputations, and even started A.A. groups themselves when there was no one else to do it.

The chain of events that led to Alcoholics Anonymous may well have begun with the psychiatrist Dr. Carl Jung. In the early 1930s, Rowland H., an alcoholic desperate to stop drinking, turned to Jung for help. He tried repeatedly, but unsuccessfully, to sober up, and Dr. Jung finally told him that his condition was hopeless — unless he could somehow have a transforming spiritual experience. Jung recommended that Rowland place himself in a religious atmosphere and hope for the best. Rowland did get sober, with the help of the Oxford Groups, a religious movement that was having some success with alcoholics, and there he met another hopeless drunk, Edwin (“Ebby”) T., a childhood friend of one of A.A.’s founders, Bill W. Soon afterward, sober and full of enthusiasm, Ebby went to visit his friend Bill, and introduced him to the revolutionary idea that release from the bonds of alcoholism was possible through spiritual means.

Bill for some time had been under the care of Dr. William D. Silkworth, physician-in-chief of Towns Hospital in New York City, a doctor who had dedicated many years of his life to working with drunks, and the man Bill was later to call a “true founder” of Alcoholics Anonymous. Dr. Silkworth had already formulated a theory that alcoholism was a combination of a compulsion to drink and a physical “allergy.” For the first time, Bill realized that alcoholism was not a moral defect, but an illness, and that it could not be defeated by willpower alone.

Both doctor and patient had despaired of Bill’s ability to stop drinking. But shortly after Ebby’s visit, Bill had what he called a “hot flash” spiritual experience. “For a moment,” Bill said, “I was alarmed, and called my friend, the doctor, to ask if I were still sane. He listened in wonder as I talked. Finally he shook his head saying, ‘Something has happened to you I don’t understand. But you had better hang on to it.’ . . .”

One Alcoholic Talking to Another

Bill did hang on to it, stayed sober, and went zealously to work on other alcoholics — with absolutely no success. “It was Dr. Silkworth who straightened him out; Bill was preaching, said the doctor, and his preaching was driving his prospects away. . . . Why not talk instead about the illness of alcoholism? Why not tell his alcoholics about the illness that condemned them to go mad or die if they continued to drink? ‘Coming from another al-

coholic, one alcoholic talking to another, maybe that will crack those tough egos deep down,’ Silkworth said.” Once again, the doctor had put his finger on an idea that would be absolutely essential in carrying the A.A. message — the power of one alcoholic talking to another.

When he was about six months sober, Bill traveled to Akron, Ohio, in pursuit of a stock deal. While there, he began to crave a drink, and realized that only work with another alcoholic could keep him sober. He managed to find a formerly respected Akron physician, Dr. Bob S., now a notorious drunk in danger of losing his livelihood, who agreed reluctantly to a 15-minute meeting. Instead, the two talked far into the night, one alcoholic to another, and the day of Dr. Bob’s last drink, June 10, 1935, marks the founding of Alcoholics Anonymous.

Together, A.A.’s co-founders went to work. As a physician, Dr. Bob had access to alcoholics in local hospital wards, and with the initially reluctant but increasingly willing help of Akron doctors and hospital administrators, drunks began to get sober. Bill wrote to his wife Lois that their work “is creating a great stir at the City Hospital, where the doctors are all agog, being unable to do anything for these cases.”

Bill returned to his home in Brooklyn and started a group, and by 1939, there were about 100 sober alcoholics in Akron, New York, and Cleveland. They began to search for a way to spread the word of their program. A draft manuscript of *Alcoholics Anonymous*, referred to as the Big Book, was almost ready for publication, and the A.A.s decided to send it to “everyone we could think of who might be concerned with the problem of alcoholism.” They mailed copies to 400 nonalcoholics in a variety of professions, asking for their reactions. Among the responses were two from doctors, that significantly increased the book’s effectiveness. One came from a New Jersey psychiatrist. “He pointed out that the text of our book was too full of the words ‘you’ and ‘must.’ ” With great understanding of an alcoholic’s resistance to taking orders, “He suggested that we substitute wherever possible such expressions as ‘we ought’ or ‘we should.’ ”

Another doctor suggested that in order to give the volume medical standing, someone from the medical profession be asked to write an introduction. The logical choice was Dr. Silkworth who, putting his own professional reputation on the line, wrote “The Doctor’s Opinion,” which remains an integral part of A.A.’s basic text.

A.A.’s First Friend in Psychiatry

Another of the 400 readers was Dr. Harry Tiebout, a Connecticut psychiatrist who was attempting to treat alcoholics with little success. Impressed with the manuscript, he passed it along to two of his patients, who both began attending meet-

ings, and after a short time, got sober. In a tribute to Dr. Tiebout in the July 1966 A.A. Grapevine, Bill W. wrote that “Harry was electrified. Only a week before they had both presented stone walls of obstinate resistance to his every approach. Now they talked, and freely. To Harry these were the facts — and brand new facts. . . . Setting aside his own convictions about alcoholism and its neurotic manifestations, he soon became convinced that A.A. had something, perhaps something big. All the years afterward, and often at very considerable risk to his professional standing, Harry continued to endorse A.A.”

Tiebout wrote extensively on the concept of ego deflation at depth and the idea of surrender, both key components of A.A.’s process of finding and maintaining sobriety. And along with two other doctors, he persuaded the American Medical Society of the State of New York to let Bill, a layman, read a paper about A.A. at their annual meeting. Five years later the same three doctors convinced the American Psychiatric Association to invite the reading of another paper by Bill. This second talk was published in the *American Psychiatric Journal*, and Bill wrote that it “vastly hastened the worldwide acceptance of A.A.” (This paper is reprinted in the pamphlet, “Three Talks to Medical Societies.”)

The list of pioneering doctors who contributed to the growth of the tiny, largely untested Fellowship in the 1930s and ’40s is long, and it is particularly impressive because they gave A.A. unstinting support at a time when alcoholism was regarded largely as a moral issue and alcoholics were considered hopeless. These compassionate and far-sighted men included Dr. Charles Towns, owner of Towns Hospital, who loaned A.A. a thousand dollars to help pay for publication of the Big Book (a loan that was later repaid in full). Dr. Towns also approached Fulton Oursler, publisher of *Liberty* magazine, who commissioned feature writer Morris Markey to write the article “Alcoholics and God” for the September 1939 issue, which gave A.A. its first national publicity. In Philadelphia, Dr. A. Weise Hammer, a tireless and enthusiastic friend of the Fellowship, not only worked to give A.A.s access to meeting places and hospitals, but brought the neophyte Fellowship to the attention of Curtis Bok, owner of *The Saturday Evening Post*. The result was Jack Alexander’s pivotal article in March 1941 that would catapult A.A.’s membership from 2,000 to 8,000 in just one year.

Bill’s brother-in-law, Dr. Leonard V. Strong, was a great help personally to Bill and his wife Lois, and he also did a great deal for A.A. His friendship with a close associate of John D. Rockefeller, Jr. brought the budding Fellowship to Rockefeller’s attention — and it was Rockefeller who, by declining to give A.A. large sums of money, originated the A.A. Tradition of self-support. Dr. Strong was also one of the original trustees of The Alcoholic Foundation (now the A.A. General Service Board).

In Canada, meanwhile, another doctor, Travis Dancy from Montreal, was instrumental in founding A.A. in the province of Quebec. In the early 1940s, he tried unsuccessfully to interest one of his patients, Dave B., in sobriety. By 1944, however, Dave had obtained a copy of the Big Book, stopped drinking, and come back to Dr. Dancy, and together the two set out to help alcoholics. Dr. Dancy later served as a nonalcoholic trustee.

This look at physicians in A.A.’s history will be continued in the next issue.

Medical Students Learn What A.A. Is and Isn’t

Getting the A.A. message across to future doctors — who likely will treat and counsel thousands of sick alcoholics in their lifetimes — is a key goal of U.S./Canada committees on Cooperation With the Professional Community (C.P.C.). Almost every month the chairman of the Department of Public Health, Cornell University, New York-Presbyterian Hospital, sends several students on a field trip to the General Service Office of A.A. in conjunction with their Public Health and Community Medicine course.

In A.A.’s spirit of cooperation but not affiliation with the professional community, the G.S.O. staff member on the C.P.C. desk, serves as host. She takes the students on a tour of the office, presents them with copies of the Big Book (*Alcoholics Anonymous*), the video cassette “Hope: Alcoholics Anonymous,” and assorted pamphlets. Then the students, who already have attended at least one “open” A.A. meeting, participate in an informal Q&A discussion period. Here is a sampling:

Q. Is A.A. religious?

A. A.A. is not a religious society since it requires no definite religious belief as a condition of membership. Although it has been endorsed and approved by many religious leaders, A.A. is not allied with any sect, denomination or institution. Included in its membership are Catholics, Protestants, Jews, members of other major religious bodies, agnostics and atheists.

Q. After being sober a while, do members have to attend A.A. meetings for the rest of their lives?

A. Not necessarily, but as one member has suggested, “most of us want to, and some of us may need to.” At first glance, the prospect of having to attend A.A. meetings “forever” may seem a heavy load. The answer, again, is that no one has to do anything in A.A. There’s always a choice — including the crucial choice of whether or not to seek, and maintain, sobriety — one day at a time — in A.A.

Q. How is G.S.O. supported?

A. A.A. has affirmed a tradition of being self-supporting and of neither seeking nor accepting any contributions from nonmembers. Within the Fellowship the amount that may be contributed by any individual member is limited to \$2,000 a year.

Q. What about patients who are addicted to many drugs, including alcohol? Is A.A. for them?

A. A.A.’s primary purpose is for members to stay sober and help other alcoholics to achieve sobriety. Anyone is welcome to attend “open” A.A. meetings, but the “closed” meetings are for alcoholics only — including alcoholics with drug or other problems. Those with problems that do not include alcoholism are ineligible to join because the one requirement for A.A. membership is a desire to stop drinking.

A.A. does not wish to be exclusive, but experience shows that we cannot remain effective if we attempt multiple-purpose activities. Experience also indicates that nonalcoholic persons, including drug addicts, do not get the long-term help or support they need from A.A. For those with problems other than alcohol, more appropriate self-help resources are available.

Q. What is a sponsor?

A. A sponsor is simply a sober alcoholic who helps the newcomer stay sober, introducing him or her to the suggested Twelve Steps and Twelve Traditions of the A.A. program. In the Fellowship sponsor and sponsee meet as equals, just as co-founders Bill W. and Dr. Bob did back in 1935.

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