

# About AA

## Myths and Misconceptions

The relationship of Alcoholics Anonymous to the professional community is an extremely important and longstanding one. A.A.'s 2014 Membership Survey shows that 32% of A.A. members were introduced to the program via a treatment facility, 12% of A.A. members were introduced to the program through the judicial system, and fully 59% of members received some kind of counseling (psychological or spiritual) related to their alcoholism before coming into A.A. Importantly, 74% of those members who received treatment or counseling said it played a crucial role in directing them to A.A. Given these numbers, perhaps no group of nonalcoholics looms so large in relation to A.A. as those professionals in the fields of health care, addiction medicine, and the law, whose working lives intersect daily with Alcoholics Anonymous.

A.A. publishes a number of resources aimed specifically at this critical relationship (particularly the pamphlets "A.A. as a Resource for the Health Care Professional," "How A.A. Members Cooperate with Professionals," "If You Are a Professional" and "A Newcomer Asks") and periodically asks members of the professional community: "What are some of the myths and misconceptions professionals may have in referring alcoholics to A.A.? And how can professionals help steer people over the barriers that alcoholics themselves may put up when it is suggested that they attend A.A.?"

One long-standing misconception about A.A. is that there is such a thing as an "A.A. professional" — an A.A. member paid to help alcoholics recover. Yet as A.A. members, alcoholics are never paid to carry the message of hope and recovery to another alcoholic. Even A.A. members who also work as professionals in the field of alcoholism, like Kenneth C. of North Carolina, are not "A.A. professionals." It is not their A.A. membership, but rather their professional skill and training which qualifies them as professionals in the field of alcoholism or health care.

Kenneth is a Certified Substance Abuse Counselor and sober alcoholic, as well, who as an A.A. member has been a part of the A.A. service structure in a volunteer capacity as a Cooperation with the Professional Community (C.P.C.) Coordinator — a service position aimed at helping to improve the level of com-

munication and understanding between A.A. and the many professionals who work with alcoholics. From his twin vantage points, he has run into a number of misconceptions about A.A.

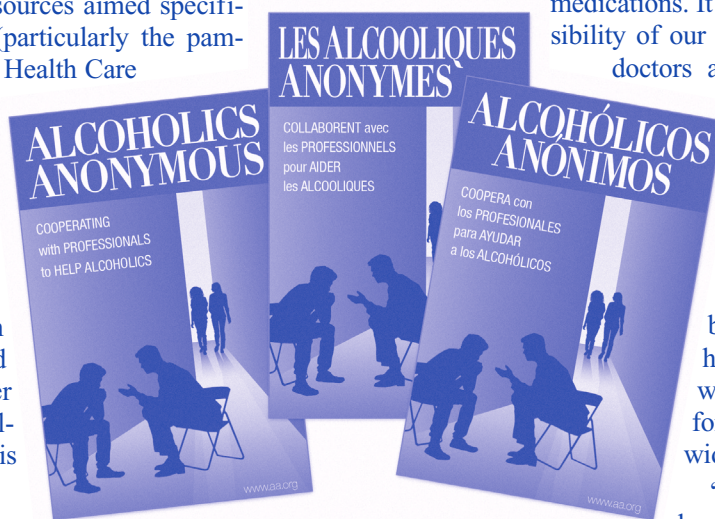
"Medication-assisted therapy is big in the treatment community and there is a misconception that A.A. is somehow against medication," he says. "This is not true. A.A. as such has no opinion on what medication is appropriate for an individual. While it is true that some people may substitute addictions — pills for alcohol, say — many A.A. members truly need medication, and Alcoholics Anonymous does not offer medical advice. This is spelled out in the pamphlet 'The A.A. Member — Medication and Other Drugs,' which clearly shares our experience of both situations — the possibility of alcoholics abusing other substances and the clear reality that some A.A. members need prescribed

medications. It also suggests that it is the responsibility of our members to be honest with their doctors about their alcoholism and how

medication affects them, and that all medical advice should come from a qualified health professional. I have shown this pamphlet to treatment professionals who seem surprised to see it. They have said: 'That must be a brand-new pamphlet.' But, no, it has been around since 1984 and was updated in 2011. So, this is information that needs to be more widely disseminated.

"Another issue commonly misunderstood by both professionals and sober alcoholics is that of A.A.'s principle of anonymity," he says. "I spoke at one A.A. conference as an A.A. member and someone started to take my picture for their website, and I had to stop them and explain our tradition of anonymity at the public level. A.A.'s Eleventh Tradition asks that members of A.A. maintain personal anonymity on the level of 'press, radio, and films,' so I would not want my photo published in such an instance. Anonymity is important, not just for newcomers who may feel anxious about people finding out about their problem or for professionals worried about their careers. It is also a critical part of our program of recovery that encourages considerable 'ego deflation' — providing protection for our whole movement from the cult of personality centered around individual members."

According to Kenneth, another area of misunderstanding can



be A.A.'s singleness of purpose. "It is important that people who are being referred to A.A. have a drinking problem (that is who A.A. is for)," he says, "but sometimes they have the false impression that alcoholics who may have a coexisting drug addiction are not welcome. Yet A.A.'s Tradition Three says: 'The only requirement for A.A. membership is a desire to stop drinking.'"

"A.A. is not a cure-all for all problems," says Kenneth, "but A.A.'s focus on alcoholism does not exclude alcoholics with other addictions."

Leslie Backus is a Class A (nonalcoholic) trustee of A.A.'s General Service Board and CEO of a treatment center in Savannah, Georgia.

"Because our business is substance abuse, we have a good understanding of what A.A. is and isn't," she says. "We make a point of talking to our new clinicians, who have gone through masters or doctoral level programs, but who still sometimes feel that treatment is enough — alcoholics are cured, they can move on. To counter this, we make a point of going into schools and talking about how you can help clients understand the concept of 'one day at a time.' I point out that they may have their client for perhaps 26 weeks at most, while A.A. will be there for them for the rest of their lives.

"When it comes to the clients we treat, we consider misconceptions about the A.A. program as teaching opportunities. Our clients often have a hard time with the concept of sharing and we explain how sharing helps them as individuals and as part of an A.A. group. They often misunderstand the concept of sponsorship, too. We say: 'Your sponsor is not your therapist. He or she is not just a free ride to A.A. meetings. Your sponsor is there to help guide you through the program of A.A.'"

"Sometimes with clients, one of the sticking points is religion; they think A.A. is too God-oriented. We work with them on the idea that A.A. is not a religious program, but a spiritual one, and your Higher Power can be whatever works for you, in terms of finding a spiritual solution. We also can direct people to meetings that are welcoming toward atheist/agnostic members."

The Honorable Christine Carpenter is a Class A (nonalcoholic) trustee and a Circuit judge in Columbia, Missouri. She is also a member of the National Association of Drug Court Professionals. Even though much case law mitigates against courts mandating alcoholics to A.A., lawyers continue to recommend it to their clients facing DWI charges.

"Some lawyers seem to have the idea that A.A. is a short-term solution, not a support group," Carpenter says. "I make sure these defendants understand that if they feel going to A.A. meetings is the right path for them, they should start attending them. But they have the choice. A.A. is not just a way to get a better deal or a lighter sentence."

Carpenter continues: "One reason I got interested in being a Class A trustee is because I can help bridge the gap between the A.A. community and the court, to help alcoholics in a way that is therapeutic and not strictly punitive. So, I do feel that a more nuanced view of A.A. would be valuable among legal professionals. Announcing in court that you are going to A.A. for the purposes of trying to influence the court doesn't best serve the needs of an alcoholic."

When a lawyer makes a recommendation that a client attend open A.A. meetings, she says, it is important that the attorney realize that A.A. does not keep attendance records, provide progress reports, follow up or try to control its members, or provide housing, food, clothing, jobs, money or any other welfare or social services. As described in the words of A.A.'s Preamble, a cogent description of what A.A. is and is not, Alcoholics Anonymous is a nonprofit, self-supporting, entirely independent fellowship — "not allied with any sect, denomination, politics, organization or institution."

Dr. John Fromson is a former Class A (nonalcoholic) trustee who is Associate Professor of Psychiatry at Harvard Medical School and Chief of Psychiatry at Brigham and Women's Faulkner Hospital in Boston. Most of the physicians he knows, he says, are not prey to myths about Alcoholics Anonymous. "But their training leads them to a desire for evidence-based treatment, scientific facts, and one of the tough things is that there isn't much research about the efficacy of A.A. If you ask me, having a spiritual awakening or change is the key to recovery in A.A. It would be great to have some kind of tool to measure those to whom this might be more likely to occur, but of course we don't have that. Even so, from a professional point of view, there is no contraindication to A.A. It's not like combining certain medications that are dangerous taken together. So why not try it?"

"The misconceptions about A.A. that I see come mostly from the alcoholic patient. He or she says: 'No, I am not going to A.A. because it is a cult, or I might get hit on, or I am not going to go because there is no evidence it works.' And I say: 'Just go and try it. If you don't like one meeting, go to another one. If one group strikes you as overly religious or sexist or anti-medication, you'll find another one right around the corner.'"

Fromson says that he would also recommend that medical students go to open A.A. meetings. "It would be great if all medical schools required students to attend a few meetings and then come back and have a debrief on it, or a tutorial, perhaps with an A.A. member present. That way when it comes to a doctor counseling an alcoholic, recommending A.A., he or she can say: 'I have been to A.A. meetings. I know what it is like. It is worth trying.'"

Dispelling myths and misconceptions about Alcoholics Anonymous is important to A.A.s and professionals alike, as strengthened communication can only serve to help those who share a mission of reaching out to the still-suffering alcoholic.

## How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or [cpc@aa.org](mailto:cpc@aa.org). We welcome your questions, comments and requests.

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