



VOL. II., NO. 1, JUNE, 1945

P. O. BOX 328, GRAND CENTRAL ANNEX, NEW YORK, 17

YEARLY, \$1.50; COPY, 15c

*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.*

## A Prescription for Sobriety

*(Editor's Note: In the opinion of the staff, the importance of the following interview lies in the fact that it represents the deductions of a man who is in the unique position of being able to appraise A.A. as both an "insider" and an "outsider," as both an old friend of A.A. and an M.D. who began working with alcoholics long before A.A. was conceived.)*

Anyone who tried to impress a drinking alcoholic with the approach, "You can't have your cake and eat it, too," would probably draw a scornful, "So what! Who wants any cake? Tony, make it a double this time."

The same idea expressed as, "You can't have your bottle and drink it, too," might get his attention because to a drinking alcoholic a fresh unopened bottle, brimming brightly with abundance, is a symbol of good things to come. He knows well enough, of course, that he can't drink it and still have it, but he blocks his mind to the inevitability of that horrible moment when the last bottle will be empty.

The untapped bottle remains a symbol to the non-drinking alcoholic, at least to the alcoholic who has dried up in A.A. So long as it stands unopened it represents drinks he has not taken—and the good things of life he has found by not drinking.

Yet, now and then a persevering soul tries to have both the figurative and the liquid contents of the bottle. He tries to make an impossible compromise.

In the opinion of a man who has administered personally to at least 10,000 alcoholics, the attempt to make this kind of a compromise is one of the most common causes of failure to get a safe hold on A.A. Dr. W. D. Silkworth, genial and beloved little patriarch at Town's Hospital, New York, for 12 years and now also in charge of the new A.A. ward at Knickerbocker, also New York, defines it as the "alcoholic double-cross."

"The majority who slip after periods of sobriety," says Dr. Silkworth, "have double-

crossed themselves into thinking that somehow they can have the unopened bottle and drink it, too. Even though they have been in A.A. and going to meetings, and following parts of the program, they have accepted it with reservations somewhere. They actually have been only one step ahead of a drink. Then they begin playing around with the notion they can drink a little and still have the good things of A.A. The outcome is as inevitable as the bottle becoming empty once it has been opened by the alcoholic."

When Dr. Silkworth discusses A.A. "slips" his usually cheerful face becomes serious, even a little grim. Through his long years of practice in the field, he has become increasingly sympathetic, not case-hardened, to the alcoholic. He understands what they experience. Having been one of the first in his profession to support A.A. and having guided scores of alcoholics into A.A. during the last 10 years, he also appreciates the fact that a "slip" for an A.A. involves an extra degree of remorse and misery.

Dr. Silkworth is particularly emphatic on one point.

" 'Slips' are not the fault of A.A. I have heard patients complain when brought in for another 'drying out,' that A.A. failed them. The truth, of course, is that they failed A.A.

"But this mental maneuvering to transfer the blame is obviously another indication of fallacious thinking. It is another symptom of the disease."

A quick way to get Dr. Silkworth's appraisal of A.A. is to ask him how he thinks "slips" can be prevented.

"First," he explains, "let's remember the cause. The A.A. who 'slips' has not accepted the A.A. program in its entirety. He has a reservation, or reservations. He's tried to make a compromise. Frequently, of course, he will say he doesn't know why he reverted to a drink. He means that sincerely and, as a matter of fact,

he may not be aware of any reason. But if his thoughts can be probed deeply enough a reason can usually be found in the form of a reservation."

"The preventative, therefore, is acceptance of the A.A. program and A.A. principles without any reservations. This brings us to what I call the moral issue and to what I have always believed from the first to be the essence of A.A.

"Why does this moral issue and belief in a power greater than oneself appear to be the essential principle of A.A.? First, an important comparison is found in the fact that all other plans involving psychoanalysis, will power, re-

*(Continued on Page 8)*

## 10th BIRTHDAY CELEBRATIONS

To commemorate the 10th anniversary of the meeting out of which A.A. was born, the Cleveland groups have arranged a two-day program carrying through the afternoon of June 10 while the Akron groups will be host at a dinner on the evening of the same day.

Dr. Bob and Bill W. are scheduled as the speakers in both cities. Their meeting 10 years ago, when they fused their ideas into what are now the principles of A.A., is the occasion which the programs celebrate.

The Cleveland program will open Saturday, June 9, with a tea for A. A. women at 3 p. m. Other features will be a dinner, a dance and open house, with nationwide representation of A.A. groups anticipated. Headquarters for the affair will be the Carter Hotel.

The climax of the Cleveland program will be the anniversary meeting Sunday at 2:30 p.m. in The Music Hall in downtown Cleveland, with Dr. Bob and Bill W. as the speakers. An organ recital will precede the meeting.

In Akron, the Founder's Day Dinner is scheduled for 6:30 p.m., June 10.

# EDITORIAL:

## On the 8th Step...

*"Made a list of all persons we had harmed, and became willing to make amends to them all.*

It was characteristic of many of us as alcoholics to at least attempt to perform in the grandiose manner. And in harming others we usually succeeded magnificently. So, to say that the first phase of the Eighth Step is a large order is to indulge in understatement which matches our bombastic style.

And yet, however extended be the list of those we have harmed, the fulfillment of this step's admonition need not be a tedious nor a burdensome undertaking. In the first place, let's examine the meaning of the verb: Amend.

Webster's New International Dictionary defines it thus—"To make better, especially in character; to repair, restore; to free from faults, put right, correct, rectify. . . ."

There is the credo to which we of A.A. subscribe; the goal we hope to achieve through sobriety. It is both the manifestation of our adherence to the other 11 Steps and our performance of the Eighth itself.

The definition continues:

". . . . to change or modify in any way for the better; to recover from illness."

It was written for us!

We have often heard that our sobriety should be founded on "unselfish selfishness", that we should strive to avoid a lapse into drinking for the benefits we, personally, derive from abstinence. It's not sound, we have been told, to try to stay dry for the sake of a wife or a sweetheart or someone else dear to us.

When we first heard that plan of action outlined, we revolted mildly because it didn't seem to meet the specifications of true altruism. Many of us, as we entered A.A., still yearned for that mystic power to "handle" alcohol and it seemed then that the step we were taking was—at least in part—a gesture of devotion to some loved one. Without altruism there didn't seem to be much motive to propel us.

Of course, we soon discovered that "unselfish selfishness" was the firmest foundation for our recovery. We found, in the same way, that we try to help others, not solely through altruistic impulse, but so that we may gain strength.

The principle of "unselfish selfishness" is applicable again in the Eighth Step. We seek to identify all those we have harmed and we assume a willingness to make amends so that—recalling the definition of the word—we may "change . . . for the better" and "recover from illness."

The alternative is retrogression. If we fail to "repair", we can only impair.

L.J.

## *Bill W. to Help Edit Grapevine*

*The Grapevine* begins its second year of publication with this issue, its staff augmented by new volunteers including one of the founders of Alcoholics Anonymous.

The staff changes were made in accordance with a plan decided upon at the inception of *The Grapevine* by which the work would be rotated among different A.A.s. The new volunteers will relieve those members of the staff who pioneered *The Grapevine* through its first year, always the most difficult for any publication. Some of the original staff will carry on actively on particular assignments while others will serve in an advisory capacity.

Bill W. has been prevailed upon to accept the role of senior editorial advisor to the staff, although the extent to which he will be able to assist actively will be limited by his doctor who has advised Bill that he must not continue to overwork. Bill plans to contribute articles to *The Grapevine* occasionally, but will serve chiefly as policy advisor, drawing upon his wide association with A.A. groups throughout the country and his knowledge of A.A. from its first hour, to help make the magazine as useful as possible to A.A.s everywhere.

*The Grapevine* was undertaken as an experiment by individual A.A.s with its future depending entirely on the interest it would or would not arouse among A.A.s in general. The response and support given the magazine during its first year indicate that an increasing number of A.A.s believe that it should be continued.

Basically the editorial formula for *The Grapevine* will continue to be, as from the beginning, that it reflect as comprehensively as possible A.A. problems and A.A. principles. As expressed by Bill, *The Grapevine* to be most effective should grow as the voice of A.A.s collectively speaking from the whole of A.A. experience rather than be limited to the concepts of any one individual.

## *A.A. Is What You Make It*

Most of us A.A.s, in our 12th step work, have run up against people who claimed our program seemed all right, as far as it went. Only, they objected, it doesn't go far enough. In other words, they implied A.A. is too elementary for them.

But is the A.A. program elementary? Experience has proven that those who get little out of

A.A. put little into it. He who sets a low value on A.A. gets small return from following the program. If a person joins A.A. merely in order to sober up, neglecting all the other things to be accomplished by following the program, chances are he will succeed in sobering up and that's all. Whereas the member who looks upon A.A. as a means of correcting all his personality

faults will find the program entirely adequate for his aspirations.

In other words, the A.A. program is strictly self-service. You take from the program what you want to take. The more you want, the more you'll get. Help yourself: it's all there. — J. F., *Seamen's Group*.

# Do Unto Others *The Pleasures of Reading*

THE PSYCHOLOGY OF CHRISTIAN PERSONALITY

By Ernest M. Ligon (MacMillan Co.; \$3.00)

How many of the rest of you get, in your eagerness to make up for lost time, that panicky sense of pressure because there just isn't "time enough?" In our enthusiasm for our new life and in our release from the old feeling of inadequacy, we are apt to say yes to every request and later find to our regret that there isn't enough "room" in the day to accomplish everything we optimistically planned to do.

We put on the pressure, only to find that little by little we are getting ourselves tied into knots from a binge of overdoing, followed, as of old, by the inevitable jitters and remorse because we are exhausted and have probably let somebody down.

A.A. tells us to go on a 24-hour program. That should be our starting point. Subtract the necessary hours required for adequate rest and then we can plot our course with the hours remaining. It might be well to write down an hour-by-hour outline of each day for the past week, listing on one side of the paper all those things we said we would do but didn't get around to, and on the other the things we did do. If we have a grain of intelligence, this should show us just how much activity can be comfortably taken on for any one 24-hour period and how balanced (or unbalanced) our program is for the average day.

The latter point is what I want to stress. Are we, perhaps, devoting too much time to A.A., per se, and neglecting the last part of the twelfth step,—"and practice these principles in all our affairs?"

I wonder if your wife has ever thought,—"Yes, I'm deeply grateful to A.A. and all it has done for us, but—I wish Joe would ask me to the movies, occasionally." Or has she ever said to other A.A. wives, "A.A. get-togethers are fun and I'm thankful for our many new friends, but it would be nice if Jimmy and I could have an evening together just once in a while and let the drunks fall where they may."

Drunk or sober, alcoholics are apt to be selfish. My own outstanding bit of neglect is toward my boy in the service.

He writes, "You know how I feel about your letters, so please send them soon and often."

I promptly make a mental vow to systematically set aside a time at least twice a week to send him the cheery bits of nonsense which he seems to love. Three weeks later I'm still saying, "I must write the boy—us soon as I make that A.A. call" or "as soon as I get back from the meeting."

I am not advocating that we give up meetings  
(Continued on Page 8)

This book, written by the head professor of psychology at Union College, Albany, deals with one of the most important projects of our day—the problem of character education.

One of the great objectives of the Research Council on Problems of Alcohol is to go beyond the therapeutics of A.A. and other agencies and get to the basic differences that distinguish a potential alcoholic from the kind of person who can drink without harmful results. If it were possible, by scientific examination, to spot an alcoholic in the cradle or in the classroom, then that person could be educated never to run the risk of drinking liquor, just as a child showing early symptoms of diabetes can be educated not to use sugar.

While Dr. Ligon is not concerned with the problems of alcohol, he is doing exactly the kind of research just indicated. During the last ten years, more than six thousand boys and girls have gone through the laboratories at Union College. There they have been subjected to tests in motor and sensory impressions, the Benet intelligence rating techniques, their capacities, altitudes and aims carefully studied. The results of these analyses are then interpreted according to certain basic standards of character, derived from the teachings of Jesus and especially from the Beatitudes. (Dr. Ligon is the only man I have ever heard of who is at once a scientist and a clergyman. He got his doctorate in psychology from Yale University and his clergyman's degree from Yale Theological Seminary.) He has demonstrated beyond all question that character can be educated, just as brain and muscle can be educated. Children without ambition can be made ambitious. Those without a sense of humor can be given a sense of humor. Fear can be driven out of the human soul like a demon expelled by the Master.

This book tells the story of Dr. Ligon's tremendous achievements as a "personal coach" in transforming human lives. Some day his techniques may be in use all over the country. Twenty new schools are to be opened in as many states next September. It is too much to hope that the professors will begin to specialize in spotting alcoholics in infancy or in childhood, but the day will surely come when that research will be done.

Meanwhile, every alcoholic can find help in this book. It is not fast or easy reading, but it does show how conflicts in human personality can be resolved. It is often true that the personality conversion that comes with A.A. does not clear up the original conflicts which lead to inebriety and disaster. Many a person will find a psychiatrist unnecessary by studying Ligon carefully. The amazing part of the book is that it shows beyond question that Jesus Christ was the world's greatest psychologist. To understand the true meaning of the Sermon on the Mount is to find the answer to any personality conflict. Because his book makes this clear, I recommend it enthusiastically to alcoholics and to persons with heartache everywhere. — *Grace O.*

*Alcoholics Anonymous* (Works Publishing Co., Box 459, Grand Central Annex, N. Y. 17, N. Y.; price \$3.50).

(Editor's Note—*Alcoholics Anonymous* was out of stock for several weeks but it is now available in a "wartime" edition. The contents of the new edition are the same, of course, and the book has the same number of pages as before. The only difference is that it is printed on different paper stock, the weight previously used being unavailable "for the duration.")

# The Magic Carpet

*A year ago a new A.A., a woman, was having trouble ("even as you and I") catching onto the program. Another woman A.A. wrote her a letter. The letter, from Aslrid I. to Pola K., was published in the May issue of The Grapevine. How that letter, written in December 1943, is bearing fruit today, and how the recipient whom it helped has since been able, to help others, is told in the story that follows.*

It was a sunny breezy day in the middle of February, and I had been airing the carpets on the terrace while dusting my apartment.

When I went to get the carpets, one of my newest and best ones was gone! Nobody could have taken it. I live on the tenth floor. Nobody can enter the terrace from the outside. It was gone—with the wind! I called the superintendent. Nobody had seen it. Probably someone had picked it up as soon as it fell to the sidewalk.

I felt pretty awful. Boy, what a wonderful excuse this would have been to get plastered before I had really started to understand the A.A. program. I had been sober eight months, spoken at several meetings and felt pretty sure of myself. So I had stopped going to the meetings as often as previously. Over many days I had forgotten to pray to the Higher Power, which I call "Conscience." I had neglected my new way of thinking and lied white lies here and there. I never thought about drinking but I was beginning to forget that someone might need me to help them overcome the jitters I had once known so well. In short, I was selfishly enjoying my sobriety.

Now, back to the story. Yes, I felt pretty awful about the loss of my carpet.

When I went to bed I prayed to the Higher Power and I asked Him why was I punished. Here I was, sober for eight months, trying to be good to people. I didn't deserve such punishment!

The following morning I put an ad in the paper. The paper was mailed to me to verify that my ad was in it. Next to my ad, there was another ad which read: "Experienced pianist accompanist wanted for a few evenings. Write P.O. Box 47." While waiting for my carpet to turn up I decided to answer the ad about the pianist. In a week I had the job, accompanying and coaching a Mr. M. who had a magnificent voice but one which needed more expression, more shading.

The first time I went to give Mr. M. his lesson he excused himself after a few songs and went to the kitchen. I heard the familiar sound of a bottle being uncorked—and it never failed at each lesson, that after a few songs he would apologize and disappear into the kitchen.

When the fourth lesson was due, Mr. M's secretary called and asked me to postpone it for a few days. When I went again I did not recognize Mr. M's voice. It was "gone." I asked him what had happened:

"Oh," he said, "just a little too much drinking. How about you having a drink?"

I thanked him and said that I didn't drink. "Why?" he asked me. "Because I have neuritis and it is bad for my hands." We went on with the lesson.

After a few more lessons, again a call came from his secretary. Again, a bad, husky voice. This time Mr. M. said, "This drinking is getting me. When I was on the wagon I began a lot of things which I never finished when I started to drink again." I naively asked, "Does drinking interfere with your life?"

*He:* "What would you know about it? You're lucky you have neuritis and you don't drink. I wish I could stop it. But I can't."

Here's where I decided that I had to act quickly. I said: "Mr. M., I don't drink because I have neuritis. I don't drink because I am an alcoholic."

He almost jumped to the ceiling. "What? What are you talking about?"

I calmed him down and told him all about my previous drinking. A quart a day, plus. About what A.A. did for me, what it could do for him.

At the next lesson I look him the A.A. book.

Then he told me. "You know, Pola, my partner is a worse drunk than I am." I suggested that he read the book first and then worry about his partner.

When I saw Mr. M. the next time, he said, "There's a lot of truth in that book. I'd like to go with you to a meeting."

Imagine my delight, when Mr. M. called me the following morning saying that he hadn't had a drink for 24 hours (he was a daily drinker) and could his partner also come with us to the meeting. I was thrilled. I prayed and was grateful to God for having my carpet taken away because it had brought me Mr. M., whom I had found by putting my ad in the paper. Now I know why I was punished. I was forgetting my needy fellows. Thanks to Mr. M. and his partner, who have now been active in A.A. for a considerable time I am attending meetings regularly, I spoke at one meeting and maybe I will be able again to help someone who wants to stop drinking and does not know how.

—Pola K.

## EDUCATIONAL PLAN

The Wilson Club, one of the four St. Louis A.A. groups, is now using a very satisfactory method of "educating" prospects and new members. It has done much to reduce the number of slippers among new members. In brief, it is somewhat as follows: Each new prospect is asked to attend four successive Thursday night meetings, each one of which is devoted to helping the new man learn something about Alcoholics Anonymous, its founding, and the way it works. The new man is told something about the book, and how this particular group functions.

At the first meeting Bill's background is sketched—his drinking career and the various events which led to his drying up; his trip to Akron, his meeting with Bob, and the subsequent growth of A.A. up to the time it reached St. Louis. We give some of the local history on the formation of the Wilson Club. During a 15-minute recess, each man is asked to write in a few words just what he considers an alcoholic to be. Then a few answers are read, followed by the reading of an address made by one of our best doctors discussing what an alcoholic is from the medical angle.

The second Thursday covers the spiritual angle, trying to help clarify many of the 12 steps. This is followed by the reading of an address by a greatly revered Jesuit priest, Father Dowling, who really started the St. Louis groups.

At the third Thursday meeting, all chapters of the book proper are high-lighted and discussed, followed by the reading of a talk given us by a very prominent Protestant minister, who has read the book many times and has made Alcoholics Anonymous the subject of several of his sermons.

Then at the final meeting, the A.A. literature is reviewed, including our own pamphlets, and the Wilson Club operation is explained to them in detail; such as our method of revolving chairmen, the functions of the board of directors, how to hospitalize prospects. We finish with a serious talk on practicing the 12th step, closing with, "You have the tools and need not fear being unable to explain A.A. or reluctant to make calls."

Wilson Club members are not considered full, active members until they have attended these four educational meetings. They are then presented with a Wilson Club membership card—a while one. At the end of one year's sobriety this is replaced by a gold card, not exactly solid gold, but covered with gold paper.

Dick W., St. Louis, Mo.

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

**We are fortunate in having received from an A.A. participant, a sergeant of Infantry, a vivid account of the battle for Germany and his reactions:**

*Somewhere, in Europe  
7th Army, April 10*

"Dear Elliot: Your marvelous New Year's day letter, and also *The Soul's Sincere Desire*, the book you so thoughtfully sent to me, caught up just yesterday. Both meant much more to me than if they had been received earlier in the year. At the first of the year I was called up for combat duty in the general ground forces reinforcement program after our serious losses in the December Ardennes set back.

After a one-month 'get-rich-quick' course in Infantry I left England and subsequently joined the veteran 3rd Division and participated in the final stages of the Colmar Pocket campaign. About a month ago we went into the big campaign as a 'spearhead' unit in cracking the Siegfried Line on the 7th Army front below Saarbrücken, which with General Patton's swing from the North came to be known as the Saar-Moselle-Rhine Triangle bagging 125,000 Krauts—salting away the Saar, as you have been reading in screaming headlines, no doubt. I am most fortunate to be alive! We fought and beat crack Waffen SS units, broke the thickest part of the Siegfried (but as you know you have to spend lots of men to do it) and so I am back here at a General Hospital rapidly recovering from a comparatively slight wound, and enjoying the finest Springtime season of my life and the fragrance of the earth is something to be truly grateful for, to say the least.

"During a counter attack on a fortified Jerry village we had previously taken and lost the night before, I had so many close calls it went beyond any ordinary or extraordinary luck factor, and as you suggested in your letter I felt something, a factor of divine protection. I didn't expect to live through that almost overwhelming maelstrom of utter chaos. Tanks entered the town and ran wild battering down houses and our rubble positions at fifty yards point blank range. We were cut off without artillery or armor support and were nearly up against an impossible tactical setup, i.e., trying to fight Tiger Tanks with your bare fists. An 88 shell tore the air so close to me the suction of it spun me off balance. Bullets tore my combat jacket. Shoe mines exploded nearby as we caught mine fields, shells demolished rooms I had occupied minutes before; mortars, rockets, screaming Meemies (neberwerfel rockets) pounded us

night and day. Caught inside Jerry lines and enveloped, we later were subjected to our own artillery barrages and strafing and dive bombing by our Air Force. Etc., etc.

"The point being I felt something soon after the big floor show started. After our jump-off we were caught and pinned down and Jerry's stuff started to fly as if he thought he was fighting his last battle. I prayed but I couldn't quite see why I should have the gall to ask for personal favors or protection. Someone was going to get it and there were too many fine, clean, happy twenty-year olds with a fresh future ahead in my outfit. Why should God be interested in sparing my rum soaked bones? It didn't make sense and it became practically impossible, but it was easy to pray for the others and a great happiness and inner calm (as you mention) welled up within me in doing so. I know that prayer for all of us was answered! Most of my company were finally captured and are POWs today which approaches the miraculous in view of the severity of the heavy fire power thrown against us, and compared to the general casualty percentages of the overall campaign.

"I felt a nearness to understanding I can't quite explain but I know you know what I am talking about.

"You told me three years ago on a hot summer day standing at 42nd Street and Madison. Your waking in the middle of the night with a great sense of gratitude and merely saying 'Thank you, God,' is the most eloquent prayer I have ever heard.

"You see, Elliot, how much I appreciate and treasure your letter and book. The author suggested in the first chapter something I liked very much. Write up or think up some of your own psalms and prayers, don't be a slave to set forms. You can't beat the 23rd Psalm or the Lord's Prayer as great literature but maybe something you can express your own way will have more of that essence of sincerity, for you at least. Likewise I like to sing hymns and work in some barber shop harmonies with my rather dubious baritone. Why can't people really enjoy their religion? That's why I have trouble sitting in church as they seem to want you to, with a puss this long. People are supposed to be happy and not fearful I am sure. And as you say, 'kicking against the traces.' Best regards."  
*Hugh B.*

***ACCEPT THOSE THINGS  
WE CANNOT CHANGE***

*One of our A.A. correspondents who has been actively engaged in the Pacific War writes us about a subject that probably applies to servicemen especially but seems to have significance for all A.A.s:*

"Waiting is one of the biggest problems in the service. And at certain times, a five-minute wait can be a real torture. Ernest Hemingway said the same in one of his books, and when I read it, I thought the concept foolish. But waiting (or rather patience) is one of the hardest traits to develop and one of the most necessary. At one of those times of stress I believe it would be extremely easy to completely lose one's outlook and perspective. And it doesn't seem to make any difference whether or not the thing for which you are waiting is dangerous. There is no question that at times the hold of A.A. over one is lessened. It can't be otherwise, but I do think that experience teaches one certain danger signals and only a fool would ignore them. For instance, when a person is rotated and goes home, he is in a very dangerous period because we know that one can be so happy that, all of a sudden one may be caught very, very drunk. I know that there must be people in A.A. who would raise their hands in horror at the idea that an A.A. doesn't have complete control at all times. They may be right, but it hasn't been my experience. The reason may well be because I have been able to attend only one meeting in the last three years. And I do heartily approve of meeting attendance as insurance against possible slips. But for the person who does not have the advantages that meetings give, these blind spots must be recognized, understood and controlled.

"I guess I have been trying to say that the course is not always smooth and a person new to A.A. might very well become discouraged. When a blank period arrives there is only one possible course of 'inaction'—just don't drink. Sometimes in the space of a very few minutes the upset has passed and all is serene again."

*John N., Lt. U. S. Army*

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Copies of *The Grapevine* are sent free to all A.A. servicemen and women. If you know of any member of the Armed Forces who is not on the mailing list, please send his or her name to the Editors.

# Chicago Doctor Cites A. A.

**A.A. was the recipient of another highly significant endorsement from medical circles in an article by Dr. D. B. Rotman, M.D., Director of the Psychiatric Institute of the Municipal Court, Chicago, published in the March 10 issue of The Journal of the American Medical Association.**

**The article is entitled, *Alcoholism, a Social Disease*. That part of it in which reference is made to A.A. is reprinted below:**

Whatever alcoholism is or is not, its universality makes it something of the people, and its partial solutions can very properly be expected to come from the people. What other explanation do we have of the phenomenal growth of the Alcoholics Anonymous? This organization in a short period of ten years has embraced over 12,000 ex-alcoholic addicts. Although we must agree with its leaders in giving religion the most of the credit for the success of this movement, I think we must look deeper if we are to understand its real worth. Those of us who have repeatedly witnessed the failure of the purely religious approach, that is the alcoholic addict's pledge to his clergyman, and the failure of treatment of alcoholic addicts in secular institutions, must indeed be skeptical as to the efficacy of the purely religious program. Truly, Alcoholics Anonymous has used religion, but what it has actually done is to implement the best principles of modern mental hygiene simultaneously. Its approach has been entirely positive. Heretofore, we of the profession have treated the alcoholic addict by constantly keeping before him the mirror of his present and ultimate degradation. This was obviously a negative attack. Alcoholics Anonymous courageously reverses this process by pointing out that good citizenship and social decency can be arrived at and sustained by ex-alcoholic addicts. Who are the mentors of the Alcoholics Anonymous movement? They are not Olympians. Indeed, they are of the common clay of sinners and sufferers: the ex-alcoholic addicts themselves. It is not tenable for these tutors to explain to their pupils how it is possible to refrain from drinking if the mentors do not continue to refrain themselves. By this maneuver a solid foundation to the movement is already set up. It may also be that the doctors and the therapist have been too stern in their attitude toward the alcoholic addicts and have driven them to the bosoms of their fellow alcoholic addicts. This stentorian stand of our profession can be said to be best embodied in the words of Strecker:<sup>13</sup> "The skilled therapist is strictly impersonal, objective and unemotional and from the very beginning must decline to deal with anything but

the mature segment of the personality of his patient.<sup>a</sup>, no matter how minute that segment, may happen to be." By thus refusing him a narcissistic bargain the therapist in many instances succeeds only in alienating the alcoholic addict from his therapist.

## No Limits to Growth

Group psychotherapy is all the Vogue today. Its rationale and efficacy was never better demonstrated than in this mass movement known as Alcoholics Anonymous. Alcoholics Anonymous is dynamic and its potentialities for healthy contagion are limitless. It has the spread power of the chain letter. By its extreme efforts to arrive at nondenominationalism it has evolved a naive and beatific level of thinking in which the Deity is pictured as an energy source. The profile of that deity is flexible to meet any individual's need. Borrowing heavily from William James, Alcoholics Anonymous has agreed that the acceptance of this energy source need not be immediate or spontaneous or even emotional. By so doing Alcoholics Anonymous has eliminated the pyrotechnics and pitfalls usually attendant on the sawdust trail type of conversion. Above all it has eliminated the devil from its scheme of things. Any one who has seen a case of alcoholic hallucinosis and has seen the look of terror in the eyes of persons suffering from the effects of alcohol squirming under the fancied machinations of the devil and his cohorts can appreciate the subtle therapeutic shift of this simple deletion.

## Cooperation Needed

What the Alcoholics Anonymous movement needs is a closer cooperation with the medical profession, and what the medical profession needs even more is a closer cooperation with Alcoholics Anonymous. As time goes on the Alcoholics Anonymous movement could stand for a more rigorous bookkeeping system in its credit and debit ledger, i.e., of its successes and failures. It must cultivate a stronger capacity for autocriticism if it is to steer clear of an unrealistic optimism which could easily cause the movement to disintegrate into a species of Coueism.

In 1932, two years before the movement was crystallized, Meyer<sup>14</sup> anticipated such a mass effort in the following words: "A great share of the work, therefore, lies in a better understanding of the social as well as individual resources of satisfaction for the patient. Much of this work of adjustment is carried on upon a strongly individualizing basis; but even then, in the end, there will always be persons who do best when treated in groups, with the help of a sense of belonging, and being accepted, and of sharing the common convictions, whether they be religious or some kind of mystery, and an open treatment turning to the facts as found, and as they are, either under an intimate patient-physician relationship or a more socialized and open survey and utilization of assets and recognition of specific difficulties."

## Broader Vista Opened

Can the doctor alone solve the problem of alcoholism? The answer is definitely no! More and more because of the many aspects in the problem, which I have only attempted to highlight, we must come to the inexorable conclusion that alcoholism is a social disease and that at best the doctor can be busy with only a segment of the problem. As a corollary to this conclusion we must not allow the doctor to become pessimistic of his role. Indeed it should spur him on to added effort. The medical man has an excellent precedent for a broadening of his vista regarding alcoholism. Only when we ceased looking on venereal diseases as venereal diseases per se and began to look on them as social diseases did we as doctors make real progress in the venereal problems. Working under this large canopy does not mean that we lose our identity as doctors. The greatest advance in specific chemotherapy as far as venereal diseases are concerned have come recently when we have acknowledged the total situation. It is only when we as doctors begin to see the whole problem that we can make our maximum contribution. We cannot but agree with the forthright and frank statement of Carlson,<sup>b</sup> who honestly says "As I see it it is too complex for the biological and medical disciplines." The proper approach to the problem is exemplified in the pioneering efforts of the Yale projects of the Research Council on Problems of Alcoholism, wherein all facets of the problem are under scientific investigation and wherein particular stress is placed on the biologic, psychologic, sociologic, anthropologic and religious aspects. To these efforts the American medical profession should lend its best support.

<sup>a</sup> Meyer, Adolf: Alcohol as a Psychiatric Problem, In Emerson, I t . . ; and others: Alcohol and Man: The Effects of Alcohol on Man in Health and Disease, New York. Macmillan Company, 1932, pp. 299 and 300.

<sup>b</sup> Carlson, A. J.: The Alcohol Problem: Possible Lines of Useful Research, Quart. J. Stud. on Alcohol 2: 672-676 (March) 1912.

<sup>13</sup>Strecker: Chronic Alcoholism, p. 15.

# A.A.'s COUNTRY-WIDE NEWS CIRCUIT

The Knickerbocker Hospital (70 Convent Ave., Manhattan), service for alcoholics, developed and sponsored by A.A., has been going over big since it got under way April 1. At that time 8 beds were assigned to alcoholics. The hospital was so pleased with the service that on May 1 they increased the number to 12.

The charge is \$10 per day, plus an overall doctor's fee of \$10. Those who have hospital insurance are covered thereby and pay only the doctor's fee. The alcoholics at Knickerbocker are under the expert supervision of Dr. W. D. Silkworth, for many years an enthusiastic supporter of A.A.

Here's the procedure for hospitalizing an alcoholic: Phone Knickerbocker to make certain a bed is available, then haul your patient up there—or down or over, as the case may be. *Only members of A.A. may hospitalize an alcoholic.*

The A.A. Rehabilitation Fund lends to responsible sponsors the wherewithal to hospitalize a patient who is broke. If you are 12th stepping with such a patient, call the Manhattan Clubhouse, 405 W. 41st St., and the secretary will put you in touch with a member of the A.A. Hospital Committee who will determine if the loan is to be made. Besides Manhattan, the secretaries of Brooklyn, Bronx, Flushing and Forest Hills, which groups are represented on the Committee, will do likewise for you.

In addition to availing themselves of Knickerbocker's splendid facilities when working with on alcoholic in need of hospitalization, A.A.s are invited to visit the alcoholics at any time from 9 a.m. to 9 p.m. Jack N., Chairman of the Hospital Committee, urges that more A.A. women make a point of calling on the women patients at Knickerbocker. The men have been doing a bang-up 12th-step job, with frequent calls on the men patients.

It isn't necessary to know the name of an alcoholic under hospitalization when you are planning a visit.

Since every alcoholic bedded at Knickerbocker is sponsored by an A.A., obviously he or she is interested in A.A., and both wants and needs visits from our members. Out-of-towners, too, are welcomed as callers. As patients, too, if necessary.

\*

Indiana's latest A.A. venture, a clinic for alcoholics, also appears to be headed for success. The newly instituted Indiana Home, in Muncie, with an 18-bed capacity, had 6 patients during its first week of operation. Managed by A.A., the clinic not only gives alcoholics a six-day treatment but, like the Knickerbocker Hospital in New York, serves as a focal point for A.A.

members to do 12th-step work, via visits to the patients who are being relieved of the jitters, and interesting them in the philosophy of A.A.

\*

Over Station WWJ — *The Detroit News*, a series of A.A. stories is being voiced from Detroit, little dramas written from the real life stories of A.A. members. The program is scheduled for each Saturday at 7 p.m. The series began as an experiment several weeks ago with the dramas programmed for every other Saturday at 11:15 p.m. WWJ has now moved the program forward to its present early evening spot, every Saturday. . . . The *March of Time* recently broadcast dramatized excerpts from Eliot Taintor's book, *September Remember*. . . . As further evidence that A.A. is becoming increasingly known in the educational field, Willard Waller, Professor of Sociology at Barnard, the women's college of Columbia University, recently gave to his students an illuminating and comprehensive lecture on Alcoholics Anonymous. . . . Reporting on the progress of the group in Montreal, Canada, a Buffalo member who led the first open meeting, writes that Montreal has two meetings a week, one closed

and one open, the latter being for "members and their wives." What!—no women alcoholics in Montreal?

Regular A.A. meetings are held by the alcoholic patients at Howard State Hospital, Howard, R. I., since members of the Boston Group visited the hospital several months ago, and received the encouragement of Drs. Vera and Friz Berhendt. . . . A new group in Providence, R. I., an outgrowth of the Akron, Ohio, group, is receiving the cooperation not only of the doctors of Howard State Hospital but of the State Welfare Department, social workers and clergy alike.

Judge E. J. Shea, as guest-speaker at a recent meeting of the Springfield (Vermont) group, spoke about the number of highway accidents in which the contributing factor was intoxication. He said the increase in arrests in the past few years for drunkenness has brought out more and more the interest of the people in the A.A. movement.

The latest of the new groups in this hemisphere is in Rio de Janeiro, Brazil. . . . Under  
(Continued on Page 8)

## Letters to the Grapevine . . .

*Dear Grapevine:* One of our most important phases in A.A. centers around the slogan "First things first."

The other day I happened to be curious about this slogan as it applied to our every-day use of the telephone book.

Truly, A.A. (in its abbreviated initials) does rank *first* in the phone book, just ahead of A.A.A. (American Automobile Association). The only problem is whether the use made of this listing would justify the 25 cents or 50 cents per month additional that is charged by the telephone company.

It occurs to us that the A.A. listing at the very top of the first column in the telephone book might be of tremendous help to a slipping member in search of help. He wouldn't have to grope down the pages for the number under its full classification. A number of members in both the Boston and Newton groups feel that this suggestion might be a good thing to pass along—so, if you feel that it has a germ of a thought for *The Grapevine*, it's yours for the taking.

Paul K.

Newton Group, Mass.

*Dear Grapevine:* Met Herb B. very early this

morning and we stopped off to have a few drinks. We got to the corner and had a few more, then one of us got nasty. I wanted to go uptown to the decent places and Herb figured it was more romantic on the Bowery, so we parted. I am sorry to say that Herb hit all the dives and was drinking 10- and 15-cent hooch, but none of that cheap stuff for me. I know how to drink, so I went up to the Men's Bar at the Waldorf and had 70-cent drinks. I had a real good time. *Whoa*. . . ! This is all imaginary, see. But here's the point: I figured that in the past I would have spent \$250 getting just as drunk as Herb in the past might have done on the Bowery for \$50. We were just talking it over and we decided to send you both these amounts for the A.A. Cosmopolitan Club. We feel very good and don't have a hangover to look forward to. Perhaps it will help somebody else out of—I was going to say predicament, but it's really a pickle. Herb joins me in wishing to you and the A.A. continued success, especially to the new clubhouse in New York, which we know is an infinitely better place to hang out in than the gutter.

W. George H. and Herb W. B.,  
New York, N. Y.

## A Prescription

(Continued from, Page 1)

strain! and other ingenuous ideas have failed in 95 per cent of the cases. A second is that all movements of reform minus a moral issue have passed into oblivion.

"Whatever may be the opinions one professes in the matter of philosophy—whether one is a spiritualist or a scientific materialist—one should recognize the reciprocal influence which the moral and physical exert upon each other. Alcoholism is a mental and physical issue. Physically a man has developed an illness. He cannot use alcohol in moderation, at least not for a period of enduring length. If the alcoholic starts to drink, he sooner or later develops the phenomenon of craving. Mentally this same alcoholic develops an obsessive type of thinking which, in itself a neurosis, offers an unfavorable prognosis through former plans of treatment. Physically science does not know why a man cannot drink in moderation. But through moral psychology—a new interpretation of an old idea—A.A. has been able to solve his former mental obsession. It is the vital principle of A.A., without which A.A. would have failed even as other forms of treatment have failed..

"To be sure, A.A. offers a number of highly useful tools or props. Its group therapy is very effective. I have seen countless demonstrations of how well your '24-hour-plan' operates. The principle of working with other alcoholics has a sound psychological basis. All of these features of the program are extremely important.

"But, in my opinion, the key principle which makes A.A. work where other plans have proved inadequate is the way of life it proposes based upon the belief of the individual in a Power greater than himself and faith that this Power is all-sufficient to destroy the obsession which possessed him and was destroying him mentally and physically.

"For many years I faced this alcoholic prob-

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I am being sure of one scientific fact—that detoxication by medical treatment must precede any psychiatric approach. I have tried many of these orthodox psychiatric approaches and invented some new ones of my own. With some patients I would be coldly analytical, if they were of the so-called 'scientific' type who is apt to have a superior attitude toward anything emotional or spiritual. With others, I would try the 'scare' method, telling them that if they continued to drink they would kill themselves. With still others, I would attempt the emotional appeal, working both the patient and myself into a lather. He might be moved to the point of shaking hands dramatically and telling me, with tears streaming down his face, that he was never going to take another drink. And I knew that the probability was he would be drunk again within two weeks, or less.

"Since I have been working with A.A. the comparative percentage of successful results has increased to an amazing extent.

"The percentage of success that A.A. has scored leaves no doubt that it has something more than we as doctors can offer. It is, I am convinced, your second step. Once the A.A. alcoholic has grasped that, he will have no more 'slips.'"

## Do Unto Others

(Continued from Page 3)

and calls. Perish the thought. I am simply suggesting that we be more rational and balanced in our planning. In my drinking days I put the bottle first and now, I'm putting sobriety there. That's as it should be.

But while working with other alcoholics is one of the most important parts of our program, A.A. can be practiced in other ways. If it works miracles on drunks, why not try it on our family and friends, those who bore the brunt of our thoughtlessness, our selfishness? And even on the strangers we meet in the course of a day? Result<sup>1</sup>—more miracles!

One less long-winded A.A. telephone call, made solely for personal pleasure, might give you just enough time to get that letter off to your favorite serviceman. One evening's bashing over the past with the boys could occasionally be sacrificed to ask your wife to go out stepping—just the two of you, for some good clean normal enjoyment.

Giving and receiving help from other alcoholics, going to meetings, talking to A.A. friends and giving a hand to the newcomer must be paramount, but more and richer dividends may be ours if we but open the door and go out on the open road bearing the standard of A.A. "and practice these principles in all our affairs."

Lois B.

## News Circuit

(Continued from Page 7)

a Massachusetts legislative recess-commission recommendation made in May, the state's liquor drinkers would pay \$2 a year for a "personal license" and a state hospital would be established with the money to treat alcoholics. A 448-page report declared that crime, mental illness and charity costs from inebriety in the state totaled \$60,000,000 annually, compared with liquor revenues of \$13,139,266 in 1943. Licenses would be revoked for abuse. The commission also recommended labeling liquor with "directions" for moderation and a warning against over-indulgence. \*

Dr. Laurence L. Cross, a clergyman of Berkeley, California, as guest-speaker at the fourth anniversary meeting of the East Bay Group in Oakland last month, praised the group for "not only wanting to cure itself, but knowing how to do it." Dr. Cross declared he "wouldn't want to improve on your Twelve Steps of recovery any more than I would want to improve on the Ten Commandments." Over 350 people attended the meeting of the East Bay Group, which includes members from Alameda, Albany, Berkeley, El Cerrito, Hayward, Oakland and San Leandro. \*

In Marshalltown, Iowa, the A.A.s are starting a library of their own. ... At the 5th annual banquet of the Little Rock, Arkansas Group, with over 350 present, a clergyman member told his interesting story...The Glendale-Burbank, California, women's group which began with four women seven months ago now numbers 20. ... Of 18 talks on miscellaneous topics at the Springfield, Mass. Speakers Club, one of the two chosen as best by a guest critic was on Alcoholics Anonymously. \*

Webster gives the definition of "lovelorn" as "forsaken by one's love." So it's not surprising to find alcoholics discussed every now and then in the Beatrice Fairfax syndicated column "Lovelorn," always accompanied by a lucid exposition of some phase of A.A. A late column cites Edgar Allan Poe as one tragic case of an alcoholic who was also a genius. And Stephen Foster, who wrote "Way Down Upon the Swanee River," and many of our cherished songs, drank up a fortune and died in a Broadway flophouse. A realist, the writer of "Lovelorn" doesn't fail to mention, along with the geniuses and near-geniuses, us common mortals who make up the majority of alcoholics—among whom are many returning veterans taking the short cut of alcoholic relief from battle fatigue and bomb neurosis; and the home-keeping men and women who have rushed to drink to blunt the raw anguish of the death of loved ones.