

# THREE TALKS TO MEDICAL SOCIETIES BY BILL W., CO-FOUNDER OF AA

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recovery

*ALCOHOLICS ANONYMOUS*® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

- The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.
- A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.
- Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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**Three Talks to  
Medical Societies  
by Bill W.,  
Co-Founder of  
Alcoholics Anonymous**

## **A.A.'s debt to medicine**

Since its founding in 1935 the Alcoholics Anonymous program of recovery from alcoholism has had the support and encouragement of many individual members of the medical profession.

In addition, as A.A. has grown, many recognized groups comprising general practitioners and specialists have become increasingly interested in the unique A.A. approach to a serious health problem.

The three papers excerpted here include the first two detailed reports on the A.A. program to be presented to formal assemblies of leading medical societies, together with a more recent summary of the Fellowship's progress. All three are milestones in the growth of understanding of A.A. by one of its major allies — Medicine. Each presentation was made by Bill W., co-founder of A.A.\*

The most recent paper, presented before the New York City Medical Society on Alcoholism in April, 1958, appears first in this pamphlet. It is followed by an address to the section on Neurology and Psychiatry of the Medical Society of New York at the Society's Annual Meeting in May, 1944. The third section contains excerpts from a presentation read at the 105th annual meeting of the American Psychiatric Association in May, 1949, originally published in the *American Journal of Psychiatry* for November, 1949.

The opinions and viewpoints expressed in the following papers are intended solely to reflect A.A. experience and do not imply the endorsement of the medical groups before which they were presented.

\* Bill W. died January 24, 1971.

THE TWELVE STEPS  
OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

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

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

## **Alcoholics Anonymous — beginnings and growth**

By Bill W.

Presented to the  
New York City Medical Society on Alcoholism  
April 28, 1958

Fourteen years ago, I read a paper before the Medical Society of the State of New York at its annual gathering. (See page 25) For us of Alcoholics Anonymous, that was a history-making event; it marked the first time that any of America's great medical associations had taken favorable notice of our Fellowship. The physicians of that day did far more than take notice of us; they received us with open arms and allowed our account of A.A. to be published in their *Journal*. Reprints of that 1944 paper have since been scattered in tens of thousands of copies throughout the world, convincing physicians everywhere of A.A.'s worth. What this perceptive and generous act has since meant to countless alcoholics and their families, only God Himself knows.

Keenly appreciative that the members of the New York City Medical Society on Alcoholism have in the same generous spirit invited me to be here tonight, it is with a sense of timeless gratitude that I bring you greetings from those 250,000 recovered alcoholics who now comprise our membership in some 7,000 groups, here and abroad.\*

Perhaps the better way to understand A.A.'s methods and results is to have a look at its beginnings — at that time when medicine and religion entered into their benign partnership with us. This partnership is now the foundation of such success as we have since had.

Certainly nobody invented Alcoholics Anonymous. A.A. is a synthesis of principles and attitudes which came to us from medicine and from religion. We alcoholics have simply streamlined those forces, adapting them to our special use in a society where they can work effectively. Our

\* As of 2013, membership exceeds 2,000,000 and more than 114,600 groups are recorded.

contribution was but the missing link in a chain of recovery which is now so significant and of such promise for the future.

Few people know that the first taproot of A.A. hit paydirt some thirty years ago in a physician's office. Dr. Carl Jung, that great pioneer in psychiatry, was talking to an alcoholic patient. This, in effect, is what happened:

The patient, a prominent American businessman, had gone the typical alcoholic route. He had exhausted the possibilities of medicine and psychiatry in the United States and had then come to Dr. Jung as to a court of last resort. Carl Jung had treated him for a year and the patient, whom we shall call Mr. R., felt confident that the hidden springs underneath his compulsion to drink had been discovered and removed. Nevertheless, he found himself intoxicated within a short time after leaving Dr. Jung's care.

Now he was back, in a state of black despair. He asked Dr. Jung what the score was, and he got it. In substance, Dr. Jung said, "for some time after you came here, I continued to believe that you might be one of those rare cases who could make a recovery. But I must now frankly tell you that I have never seen a single case recover through the psychiatric art where the neurosis is so severe as yours. Medicine has done all that it can do for you, and that's where you stand."

Mr. R.'s depression deepened. He asked: "Is there no exception; is this really the end of the line for me?"

"Well," replied the doctor, "there are *some exceptions*, a very few. Here and there, once in a while, alcoholics have had what are called vital spiritual experiences. They appear to be in the nature of huge emotional displacements and rearrangements. Ideas, emotions and attitudes which were once the guiding forces of these men are suddenly cast to one side, and a completely new set of conceptions and motives begin to dominate them. In fact, I have been trying to produce some such emotional rearrangement within you. With many types of neurotics, the methods which I employ are successful, but I have never been successful with an alcoholic of your description."

"But," protested the patient, "I'm a religious man, and I still have faith." To this Dr. Jung

replied, "Ordinary religious faith isn't enough. What I'm talking about is a *transforming experience*, a conversion experience, if you like. I can only recommend that you place yourself in the religious atmosphere of your own choice, that you recognize your personal hopelessness, and that you cast yourself upon whatever God you think there is. The lightning of the transforming experience of conversion may then strike you. This you must try — it is your only way out." So spoke a great and humble physician.

For the A.A.-to-be, this was a ten-strike. Science had pronounced Mr. R. virtually hopeless. Dr. Jung's words had struck him at great depth, producing an immense deflation of his ego. Deflation at depth is today a cornerstone principle of A.A. There in Dr. Jung's office it was first employed in our behalf.

The patient, Mr. R., chose the Oxford Group of that day as his religious association and atmosphere. Terribly chastened and almost hopeless, he began to be active with it. To his intense joy and astonishment, the obsession to drink presently left him.

Returning to America, Mr. R. came upon an old school friend of mine, a chronic alcoholic. This friend — whom we shall call Ebby — was about to be committed to a state mental hospital. At this juncture another vital ingredient was added to the A.A. synthesis. Mr. R., the alcoholic, began talking to Ebby, also an alcoholic and a kindred sufferer. This made for identification at depth, a second cardinal A.A. principle. Over this bridge of identification, Mr. R. passed Dr. Jung's verdict of how hopeless, medically and psychiatrically, most alcoholics were. He then introduced Ebby to the Oxford Group, where my friend promptly sobered up.

My friend Ebby well knew of my plight. I had gone the familiar course. In the summer of 1934 my doctor, William D. Silkworth, had given me up and had pronounced me hopeless. He had been obliged to tell me that I was the victim of a neurotic compulsion to drink that no amount of will power, education or treatment could check. He added that I was also the victim of a bodily derangement which might be in the nature of an allergy — a physical malfunction that virtually



guaranteed brain damage, insanity or death. Here again the god of Science — which was then my only god — had well deflated me. I was ready for the message that was soon to come from my alcoholic friend Ebby.

He came to my house one day in November, 1934, and sat across the kitchen table from me while I drank. No thanks, he didn't want any liquor, he said. Much surprised, I asked what had got into him. Looking straight at me, he said he had "got religion." This was a real crusher, an affront to my scientific training. As politely as possible, I asked what brand of religion he had.

Then he told me of his conversations with Mr. R., and how hopeless alcoholism really was, according to Dr. Carl Jung. Added to Dr. Silkworth's verdict, this was the worst possible news. I was hard hit. Next Ebby enumerated the principles he had learned from the Oxford Group. Though he thought these good people sometimes too aggressive, he certainly couldn't find any fault with most of their basic teachings. After all, these teachings had sobered him up.

In substance, here they are, as my friend applied them to himself in 1934:

1. Ebby admitted that he was powerless to manage his own life.

2. He became honest with himself as never before; made an "examination of conscience."

3. He made a rigorous confession of his personal defects and thus quit living alone with his problems.

4. He surveyed his distorted relations with other people, visiting them to make what amends he could.

5. He resolved to devote himself to helping others in need, without the usual demand for personal prestige or material gain.

6. By meditation, he sought God's direction for his life and the help to practice these principles of conduct at all times.

This sounded pretty naive to me. Nevertheless, my friend stuck to the plain tale of what had happened. He related how, practicing these simple precepts, his drinking had unaccountably stopped. Fear and isolation had left, and he had received a considerable peace of mind. With no hard disciplines nor any great resolves, these changes

began to appear the moment he conformed. His release from alcohol seemed to be a byproduct. Though sober but months, he felt sure he had a basic answer. Wisely avoiding arguments, he then took his leave. The spark that was to become Alcoholics Anonymous had been struck. One alcoholic had been talking to another, making a deep identification with me and bringing the principles of recovery within my reach.

At first, my friend's story generated mixed emotions; I was drawn and revolted by turns. My solitary drinking went on for some weeks, but I could not forget his visit. Several themes coursed in my mind: first, that his evident state of release was strangely and immensely convincing; second, that he had been pronounced hopeless by competent doctors; third, that these age-old precepts, when *transmitted by him*, struck me with great power; fourth, that I could not, and would not, go along with any God concept, that there would be no conversion nonsense for me. Often trying to divert my thoughts, I found it no use. By cords of understanding, suffering and simple verity, another alcoholic had bound me to him. I could not break away.

One morning, after my ~~g~~<sup>th</sup>is realization welled up. "Who are you," I asked, "to choose how you are going to get well? Beggars are not choosers. Supposing medicine said carcinoma was your trouble. You would not turn to Pond's Extract. In abject haste you would beg a doctor to kill those hellish cancer cells. If he couldn't stop them, and you thought religious conversion might, your pride would fly away. If need be, you would stand in a public square, crying 'Amen' along with other victims. What difference then," I reflected, "between you and the cancer victim? His sick body crumbles. Likewise, your personality crumbles, your obsession consigns you to madness or the undertaker. Are you going to try your friend's formula — or not?"

Of course, I did try. In December, 1934, I appeared at Towns Hospital, New York. My old friend, Dr. William Silkworth, shook his head. Soon free of sedation and alcohol, I felt horribly depressed. My friend Ebby turned up. Though glad to see him, I shrank a little. I feared evangelism, but nothing of the sort happened.

After some small talk, I again asked him for his neat little formula for recovery. Quietly and sanely, without the slightest pressure, he told me. Then he left.

Lying there in conflict, I dropped into the blackest depression I had ever known. Momentarily my prideful obstinacy was crushed. I cried out, "Now I'm ready to do anything — anything to receive what my friend Ebby has." Though I certainly didn't really expect anything, I did make this frantic appeal: "If there be a God, will He show Himself!" The result was instant, electric, beyond description. The place seemed to light up, blinding white. I knew only ecstasy and seemed on a mountain. A great wind blew, enveloping and penetrating me. To me, it was not of air, but of Spirit. Blazing, there came the tremendous thought "You are a free man." Then the ecstasy subsided. Still on the bed, I now found myself in a new world of consciousness which was suffused by a Presence. One with the universe, a great peace stole over me. I thought, "So this is the God of the preachers, this is the Great Reality." But soon my so-called reason returned, my modern education took over. I thought I must be crazy, and I became terribly frightened.

Dr. Silkworth, a medical saint if ever there was one, came in to hear my trembling account of this phenomenon. After questioning me carefully, he assured me that I was not mad, that I had perhaps undergone a psychic experience which might solve my problem. Skeptical man of science though he then was, this was most kind and astute. If he had said, "hallucination," I might now be dead. To him I shall ever be eternally grateful.

Good fortune pursued me Ebby brought me a book entitled "Varieties of Religious Experience" and I devoured it. Written by William James, the psychologist, it suggests that the conversion experience can have objective reality. Conversion does alter motivation, and does semi-automatically enable a person to be and to do the formerly impossible. Significant it was that marked conversion experiences came mostly to individuals who knew complete defeat in a controlling area of life. The book certainly showed variety. But whether these experiences were bright or dim, cataclysmic or gradual, theological or intellectual in bearing,

such conversions did have a common denominator — they did change utterly defeated people. So declared William James, the father of modern psychology. The shoe fit, and I have tried to wear it ever since.

For drunks, the obvious answer was deflation at depth, and more of it. That seemed as plain as a pikestaff. I had been trained as an engineer, so the views of this authoritative psychologist meant everything to me. This eminent scientist of the mind had confirmed everything that Dr. Jung had said, and had extensively documented all he claimed. Thus William James firmed up the foundation on which I and many another have stood all these years. I haven't had a drink of alcohol since 1934.

Armored now by utter conviction and fortified by my characteristic power-drive, I took off to cure alcoholics wholesale. It was twin-jet propulsion; difficulties meant nothing. The vast conceit of my project never occurred to me. I pressed the assault for six months, and my home was filled with alcoholics. Harangues with scores produced not the slightest results. (Disappointingly, Ebby, my friend of the kitchen table, who was sicker than I realized, took little interest in these other alcoholics. This fact may have caused his backslides later on, though he did make his eventual recovery.) But I had found that working with alcoholics had a huge bearing on my own sobriety. Nevertheless, none of my prospects were getting sober. Why was this?

Slowly, the defects of my approach came to light. Something like a religious crank, I was obsessed with the idea that everybody must have a "spiritual experience" just like mine. I forgot that James had said that there were many varieties of the transforming experience. My brother alcoholics just stared incredulously or joshed me about my "hot flash." Of course, this spoiled the potent identification that it was so necessary to establish with them. I had turned evangelist. Clearly the approach had to be altered. What had come to me in six minutes might require six months with others. I had to learn that words were things, that one had to be prudent.

At this juncture — the spring of 1935 — Dr. Silkworth pointed out to me that I had forgotten

all about deflation at depth. I had simply turned preacher. Said he, "Why don't you pour the grim medical facts into these people before you do anything else? Have you forgotten what William James said about ego deflation at depth? Give them the medical business, and give it to them hard. Skip that account of your 'hot flash.' Recite your symptoms extensively, so as to get an identification at depth. When you do this, your prospects may become willing to adopt the simple moral precepts you have been trying to teach." Here was a most vital contribution to the synthesis. Once again it had been made by a physician.

The emphasis was straightaway shifted from "sin" to sickness — the *fatal malady* — alcoholism. We quoted several doctors to the effect that alcoholism was more lethal than cancer; that it consisted of an obsession of the mind coupled to increasing body sensitivity. These were our twin ogres — Madness and Death. We leaned heavily on Dr. Jung's statement of how hopeless the condition could be, and then poured that devastating dose into every drunk within range. To modern man, science is omnipotent — virtually a god. Hence if science passed a death sentence on the drunk, and we placed that fearful verdict on our alcoholic transmission belt, one victim talking to another, it might shatter the listener completely. Then the alcoholic might turn to the God of the theologian, there being no other place to go. Whatever truth there was in this device, it certainly had practical merit. Immediately our whole atmosphere changed. Things began to look up.

A few months later, I was introduced to Dr. Robert S., an Akron surgeon. He was an alcoholic in a bad way. This time there was no preachment from me. I told him of my experience and of what I knew about alcoholism. Because we understood and needed each other, there was genuine mutuality for the first time. This marked the end of my preaching attitude. This idea of mutual need added the final ingredient to the synthesis of medicine, religion and the alcoholic's experience which is now Alcoholics Anonymous.

Dr. Bob, a very grim ~~sobered~~ almost immediately and never took a drink to the time of his death in 1950. He and I soon commenced to work on numbers of alcoholics that we found at

the Akron City Hospital. Almost immediately there was a recovery, and then another. The first successful A.A. group had been formed. Returning to New York in the fall of 1935, this time with all the ingredients of recovery, another group soon took shape in this city.

Nevertheless, progress of the Akron and New York Groups was painfully slow for the next few years. Hundreds of cases were tried, but only a few responded. Near the close of 1937, however, forty were sober and we began to be far more sure of ourselves. We saw that we had a formula which might — carried from one alcoholic to the next — eventually produce, chain-style, a very large number of recoveries. So came the question: “How can our good news be spread to the millions of alcoholics in America and throughout the world?” One basic answer seemed to be in literature, detailing our methods. Another need was for widespread publicity which would bring great numbers of cases to us.

By the spring of 1939, our Society had produced a book which was called “Alcoholics Anonymous.” In this volume, our methods were carefully described. For the sake of greater clarity and thoroughness, the word-of-mouth program which my friend Ebby had given to me was enlarged into what we now call A.A.’s “Twelve Suggested Steps for recovery.” (See p. 7.) This was the backbone of our book. To substantiate A.A. methods, our book included twenty-eight case histories. We hoped that these stories might fully identify us with readers at a distance, and they certainly have. As we had withdrawn from the Oxford Group, our Fellowship adopted the name of our book, “Alcoholics Anonymous,” as its own. The advent of that volume marked a historical turning point. In the twenty years since, this basic text has gained a circulation of nearly 400,000 copies.\* Countless alcoholics have sobered with no other aid than reading this volume and practicing its principles.

Our next need was publicity, and it was forthcoming. Fulton Oursler, the noted editor and writer, printed a piece in *Liberty* magazine about us in 1939. The following year, John D. Rockefeller, Jr., gave A.A. a dinner which was widely publi-

\* In 2013, distribution passed 33,400,000.

cized. The next year, 1941, there was a feature article in the *Saturday Evening Post*. This story alone brought us thousands of new people. As we gained size, we also gained in effectiveness. The recovery rate went way up. Of all those who really tried A.A., a large percent made it at once, others finally made it; and still others, if they stayed with us, were definitely improved. Our high recovery rate has since held, even with those who first wrote their stories in the original edition of "Alcoholics Anonymous." In fact, 75 percent of these finally achieved sobriety. Only 25 percent died or went mad. Most of those still alive have now been sober for an average of twenty years.

In our early days, and since, we have found that great numbers of alcoholics approach us and then turn away — maybe three out of five, today. But we have happily learned that the majority of them later return, provided they are not too psychopathic or too brain-damaged. Once they have learned from the lips of other alcoholics that they are beset by an often fatal malady, their further drinking only turns up the screw. Eventually they are forced back into A.A.; they must do or die. Sometimes this happens years after the first exposure. The ultimate recovery rate in A.A. is therefore a lot higher than we at first thought it could be.

Another development of recent years has been a source of much comfort. In our early time, we could only deal with last-gasp cases. Nothing could be done until alcohol had nearly wrecked its victim. But nowadays we don't always have to wait while sufferers plumb these depths. We can now help alcoholics to see where they are headed — before they "hit bottom." In consequence, half of today's membership in A.A. is composed of far milder cases. Very often, the family, the job, and the victim's health are relatively unimpaired. Even potential cases are today approaching us, people who have suffered only a little. Here and abroad, too, our Society is making much headway in crossing every barrier of race, creed and circumstance.

Yet we must humbly reflect that Alcoholics Anonymous has so far made only a scratch upon the total problem of alcoholism. Here in the United States, we have helped to sober up scarcely five percent of the total alcoholic population of 4,500,000.

The reasons are these: We can't deal with alcoholics who are too psychopathic or brain-damaged; many alcoholics don't like our methods and they look for an easier or different way; millions still cling to the rationalization that their troubles are wholly due to their personal circumstances and are therefore somebody else's fault. To get the alcoholic or the potential alcoholic to admit that he is the victim of an often fatal and progressive malady is usually a very difficult matter. This is the big problem that still faces all of us, whether physicians, clergymen, families or friends. However, there is much reason to hope. One of the greatest reasons for hope lies in what you physicians are already doing — and may still do. Perhaps some of you may be asking, "How can we help still more effectively?"

Here we A.A.'s can offer nothing authoritative, but we do feel we can make some helpful suggestions. Consider the family physician. Only a few years ago, a drunk was mostly a nuisance. The physician and the hospital could get him over rough hangovers. A little comfort might be afforded the family, but little else could be done.

Now the situation is different. Nearly every city and hamlet in this country has an A.A. group. Yet all too often, the alcoholic will not try A.A. This is just where the family physician can so often step in. He is the one usually called upon when real trouble starts to loom. After getting the victim sobered up and the family quieted down, he can frankly tell the alcoholic what ails him. He can do the same thing for his patients that Carl Jung did for "Mr. R." and that Dr. Silkworth did for me. This is to make it clear to the reluctant drunk that he has contracted a progressive and often fatal malady, that he can't get well by himself, that he needs lots of help. Since a great deal is today known about the emotional and metabolic deficiencies of the alcoholic, family physicians can document their presentation in a far more convincing manner than could our early pioneer doctors .

It is very gratifying to know that today the subject of alcoholism is being taught in many of our medical schools. In any case, the facts about alcoholism are easy to obtain. Organizations like the National Council on Alcoholism, the Yale School of Alcoholic Studies,\* plus innumerable

\* Since 1962, the Rutgers School of Alcohol Studies.



state rehabilitation and clinical efforts, are ready sources of helpful knowledge. So armed, the family physician can — as we say in A.A. — “soften up” the drunk so that he will be willing to take a look at our Fellowship. Or, if he balks at A.A., he may be directed to a clinic, a psychiatrist, or an understanding pastor. At this stage, the main thing is that he recognize his illness and that he start to do something about it.

If the family physician's job is carefully done, the results are often immediate. If the first attempt doesn't work, the chances are better than even that persistent and successive approaches will bring results. These simple procedures do not rob the family physician of much time, nor will they be necessarily hard on the patient's pocket-book. A concerted effort of this sort by family physicians everywhere could not fail to achieve immense results. In fact, the effect of the family physician's work of this sort has already been great. And for this, I would like to set on our record the very special thanks of A.A. to them.

Now we come to the specialist, usually the psychiatrist. I'm glad to say that psychiatrists in great numbers are referring alcoholics to A.A. — even psychiatrists who more or less specialize on alcoholics. Their understanding of alcoholics is now great. Their patience and their tolerance of us, and of A.A., have been monumental.

In 1949, for example, the American Psychiatric Association allowed me to read a paper on A.A. before a section of its Annual Meeting (see page 39). As these doctors specialize in emotional disorders — and alcoholism is certainly one of them — this act of theirs has always seemed to me a wonderful example of fine humility and generosity. The reprints of even that one paper have had a vast effect, worldwide. I'm sure that we A.A.'s have never been sufficiently appreciative of all of this. It used to be the fashion among some of us in A.A. to decry psychiatry, even medical aid of any description, save that barely needed for sobering up. We pointed to the failures of psychiatry and of religion. We were apt to thump our chests and exclaim, “Look at us. We can do it, but they can't!” It is therefore with great relief that I can report this to be a vanishing attitude. Thoughtful A.A. members everywhere realize that psychia-

trists and physicians helped to bring our Society into being in the first place and have held up our hands ever since.

We also realize that the discoveries of the psychiatrist and the biochemist have vast implications for us alcoholics. Indeed, these discoveries are today far more than implications. Your president and other pioneers in and outside your society have been achieving notable results for a long time, many of their patients having made good recoveries without any A.A. at all. It should here be noted that some of the recovery methods employed outside A.A. are quite in contradiction to A.A. principles and practice. Nevertheless, we of A.A. ought to applaud the fact that certain of these efforts are meeting with increasing success.

We know, too, that psychiatry can often release the big neurotic overhang from which many of us suffer after A.A. has sobered us. We know that psychiatrists have sent us innumerable alcoholics who would have never otherwise approached A.A., and many clinics have done likewise. We clearly see that by pooling our resources we can do together what could never be accomplished in separation, or in shortsighted criticism and in competition.

Therefore I would like to make a pledge to the whole medical fraternity that A.A. will always stand ready to cooperate, that A.A. will never trespass upon medicine, that our members who feel the call will increasingly help in those great enterprises of education, rehabilitation and research which are now going forward with such promise.

So menacing is the growing specter of alcoholism that nothing short of the total resources of society can hope to vanquish or much lessen the strength of our very dangerous adversary, John Barleycorn. The subtlety and power of the alcoholic's malady is revealed on every page of mankind's history — and never so starkly and so destructively as in this century.

When our combined understanding and knowledge have been fully massed and applied, we of A.A. know that we shall find our friends of medicine in the very front rank — just where so many of you are already standing today.

When such an array of benign and cooperative action is in full readiness, it can, and will, surely be a great tomorrow for that vast host of men who suffer from alcoholism and from all its dark and baleful consequences.

### **Statement on alcoholism**

*The American Medical Association identifies alcoholism as a complex disease with biological, psychological and sociological components and recognizes medicine's responsibility in behalf of affected persons. The Association recognizes that there are multiple forms of alcoholism, and that each patient should be evaluated and treated in an individualized and comprehensive manner.*

— House of Delegates  
American Medical Association, 1971

## **Is Alcoholism really an illness?**

*The American Medical Association and the World Health Organization, as well as many other professional groups, regard alcoholism as a disease. The judiciary and law-makers also are recognizing it as a disease.*

*Some authorities continue to see alcoholism only as an expression of underlying emotional problems. Others see it starting as a symptom which precedes an illness and requires treatment in itself*

*The Committee on Alcoholism and Drug Dependence of the American Medical Association defines alcoholism as an illness in which there is preoccupation with alcohol and loss of control over its consumption, as a type of drug dependence that can harm a person's health and interfere with his ability to work and get along with other people.*

*The alcoholic usually drinks heavily and gets drunk often. Quantity and frequency, however, are only one sign. Although some alcoholics actually drink less than some social drinkers, this does not change their basic condition nor make it less serious. The key factor is loss of control and craving for the drug, alcohol.*

*Physical disabilities and difficulties adjusting to life may contribute to the development of the illness, as well as result from it. Drinking by one's self, or drinking early in the morning, may be signs of alcoholism, but they are not always present.*

*Similarly, living on skid row, being irresponsible and other behavior commonly regarded as fundamental to alcoholism, are neither limited to the disorder nor necessarily part of it. In fact, the class of alcoholics made up of financially successful professional persons may well be one of the largest, and certainly one of the most seriously neglected, groups in this country.*

— From the pamphlet "The Illness Called Alcoholism," published by the American Medical Association (Committee on Alcoholism and Drug Dependence, Council on Mental Health, Department of Health Education); reprinted with permission.



## **Basic concepts of Alcoholics Anonymous**

By Bill W.

Excerpts from an address presented to the  
Medical Society of the State of New York  
Section on Neurology and Psychiatry  
Annual Meeting, New York, N.Y., May 1944

Alcoholics Anonymous has but one purpose — one objective only — “to help other alcoholics to recover from their illness.”

Nothing is asked of the alcoholic approaching us save a desire on his part to get well. He subscribes to no membership requirements — no fees or dues — nor is a belief in any particular point of view, medical or religious, demanded of him. As a group we take no position on any controversial question. Emphatically we are not evangelists or reformers. Being alcoholics who have recovered, we aim to help only those who want to get well. We do this because we have found that working with other alcoholics plays such a vital part in keeping us all sober.

You may inquire, “Just how does A.A. work?” I cannot fully answer that question. Many A.A. techniques have been adopted after a ten-year process of trial and error which has led to some interesting results. But, as laymen, we doubt our own ability to explain them. We can only tell you what we do, and what seems, from our point of view, to happen to us.

At the very outset we would like it made ever so clear that A.A. is a synthetic concept — a synthetic gadget, as it were, drawing upon the resources of medicine, psychiatry, religion, and our own experience of drinking and recovery. You will search in vain for a single new fundamental. We have merely streamlined old and proved principles of psychiatry and religion into such forms that the alcoholic will accept them. And then we have created a society of his own kind where he can enthusiastically put these very principles to work on himself and other sufferers.

Then, too, we have tried hard to capitalize our one great natural advantage. That advantage is,

of course, our personal experience as drinkers who have recovered. How often do doctors and clergymen throw up their hands when after exhaustive treatment or exhortation, the alcoholic still insists, "But you don't understand me. You never did any serious drinking yourself so how can you? Neither can you show me many who have recovered."

Now when one alcoholic who has got well talks to another who hasn't, such objections seldom arise, for the new man sees in a few minutes that he is talking to a kindred spirit, one who understands. Neither can the recovered A.A. member be deceived, for he knows every trick, every rationalization of the drinking game. So the usual barriers go down with a crash. Mutual confidence, that indispensable of all therapy, follows as surely as day does night. And if this absolutely necessary rapport is not forthcoming at once it is almost certain to develop when the new man has met other A.A.'s. Someone will, as we say, "click with him."

As soon as that happens we have a good chance of selling our prospect those very essentials which you doctors have so long advocated, and the problem drinker finds our Society a congenial place to work them out for himself and his fellow alcoholic. For the first time in years he thinks himself understood and he feels useful; uniquely useful indeed, as he takes his own turn promoting the recovery of others. No matter what the outer world still thinks of him he now knows that he can get well, for he stands in the midst of scores of cases worse than his own who have attained the goal. And there are other cases precisely like his own — a pressure of testimony which usually overwhelms him. If he doesn't succumb at once, he will almost surely do so later when Barleycorn builds a still hotter fire under him, thus blocking off all his other carefully planned exits from dilemma. The speaker recalls seventy-five failures during the first three years of A.A. — people we utterly gave up. During the past seven years sixty-two of these cases have returned to us, most of them now making good. They tell us they returned because they knew they would die or go mad if they didn't. Having tried everything else within their means, having exhausted their pet rationalizations, they

came back and took their medicine. That is why we never need evangelize alcoholics. If still in their right minds they come back, since they have been well exposed to A.A.

Now to recapitulate. Alcoholics Anonymous has made two major contributions to the program of psychiatry and religion:

1. Our ability, as ex-drinkers, to secure the confidence of the new man — to “build a transmission line into him.”

2. The provision of an understanding society of ex-drinkers in which the newcomer can successfully apply the principles of medicine and religion to himself and others.

So far as we A.A.’s are concerned, these principles, now used by us every day, seem to be in surprising agreement. Let’s compare briefly what in a general way medicine and religion tell the alcoholic:

1. Medicine says: The alcoholic needs a personality change.

Religion says: The alcoholic needs a change of heart, a spiritual awakening.

2. Medicine says: The patient ought to be analyzed and should make a full and honest mental catharsis.

Religion says: The alcoholic should make examination of the “conscience” and a confession — or a moral inventory and a frank discussion.

3. Medicine says: Serious “personality defects” must be eliminated through accurate self-knowledge and realistic readjustment to life.

Religion says: Character defects (sins) can be eliminated by acquiring more honesty, humility, unselfishness, tolerance, generosity, love, etc.

4. Medicine says: The alcoholic neurotic retreats from life, is a picture of anxiety and abnormal self-concern; he withdraws from the “herd.”

Religion says: The alcoholic’s basic trouble is self-centeredness. Filled with fear and self-seeking, he has forgotten the “Brotherhood of Man.”



5. Medicine says The alcoholic must find “a new compelling interest in life,” must “get back into the herd.” Should find an interesting occupation, should join clubs, social activities, political parties or discover hobbies to take the place of alcohol.

Religion says The alcoholic should learn the “expulsive power of a new affection,” love of serving man, of serving God. He must “lose his life to find it,” he should join the church, and there find self-forgetfulness in service. For “faith without works is dead.”

Thus far religion and medicine are seen in hearty accord. But in one respect they do differ. When the doctor has shown the alcoholic his underlying difficulties and has prescribed a program of readjustment, he says to him, “Now that you understand what is required for recovery you should no longer depend on me. You must depend on yourself. *You go do it.*”

Clearly then, the object of the doctor is to make the patient self-sufficient and largely if not wholly dependent upon himself.

Religion does not attempt this. It says that *faith in self is not enough*, even for a nonalcoholic. The clergyman says that we shall have to find and depend upon a Higher Power — God. He advises prayer and frankly recommends an attitude of unwavering reliance upon Him who presides over all. By this means we discover a strength much beyond our own resources.

So, the main difference seems to add up to this: Medicine says, “Know yourself, be strong and you will be able to face life.”

Religion says, “Know thyself, ask God for power and you become truly free.”

In Alcoholics Anonymous the new man may try either method. He sometimes eliminates “the spiritual angle” from the Twelve Suggested Steps to recovery and wholly relies upon honesty, tolerance, and “working with others.”\* But it is curious and interesting to note that faith always comes to those who try this simple approach *with an open mind* — and in the meantime they stay sober. If, however, the spiritual content of the Twelve Steps

\* The Twelve Steps of the A.A. program are reproduced at the front of this pamphlet.

is actively denied, they can seldom remain dry. That is our A.A. experience everywhere. We stress the spiritual simply because thousands of us have found we can't do without it.

Boiled down, these Steps mean, simply:

- a. Admission of alcoholism
- b. Personality analysis and catharsis
- c. Adjustment of personal relations
- d. Dependence upon some Higher Power
- e. Working with other alcoholics

Most strongly, we point out that adherence to these principles is not a condition of A.A. membership. Any alcoholic who admits he has a problem is an A.A. member regardless of how much he disagrees with the program. Based upon our experience, the whole program is a suggestion only. The alcoholic, objecting at first to the spiritual factor, is urged to keep an open mind, meanwhile treating his own A.A. group as a power greater than himself. Under these conditions the newcomer commences to undergo a personality change at such a rate and of such dimensions that he cannot fully account for it on the basis of self-realization and self-discipline. Not only does his alcoholic obsession disappear, but he finds himself progressively free of fear, resentment and inferiority. These changes seem to have come about almost automatically. Hence he concludes that a Power greater than himself must indeed have been at work. Having come to this point, he begins to form his own concept of God. He then develops confidence in that concept which grows as he gets proof in everyday life that his new faith actually works, really produces results.

This is what most A.A.'s are trying to say when they talk about a spiritual experience. They mean a certain quality of personality change which, in their belief, could not have occurred without the help and presence of the creative Spirit of the universe.

With the average A.A., many months may elapse before he is aware of faith in the spiritual sense. Yet I know scarcely an A.A. member of more than a year's standing who still thinks his transformation wholly a psychological phenomenon based entirely upon his own normal

resources. Almost every one of our members will tell you that, while he may not go along with a clergyman's concept of God, he has developed one of his own on which he can positively depend — one which works for him.

We A.A. s are quite indifferent to what people may call this spiritual experience of ours. But to us it looks very much like conversion, the very thing most alcoholics have sworn they never would have. In fact, I am beginning to believe that we shall have to call it just that, for I know our good friend Dr. Harry Tiebout\* is sitting here in this room. As you may know, he is the psychiatrist who recently told his own professional society, the American Psychiatric Association, that what we A.A.'s get is conversion — sure enough and no fooling! And if the spirit of that great psychologist, William James, could be consulted, he'd doubtless refer us to his famous book, "Varieties of Religious Experience," where personality change through the "educational variety of spiritual experience or conversion" is so ably explored. Whatever this mysterious process is, it certainly seems to work, and with us who are on the way to the asylum or the undertaker anything that works looks very, very good indeed.

And I'm very happy to say that many other distinguished members of your profession have pronounced our Twelve Steps good medicine. Clergymen of all denominations say they are good religion, and of course we A.A.'s like them because they do work. Most ardently we hope that every physician here today will find himself able to share this happy agreement. In the early years of A.A., it seemed to us alcoholics that we wandered in a sort of "no man's land" which appeared to divide science and religion. But all that has changed, since A.A. has now become a common meeting ground for both concepts.

Yes, Alcoholics Anonymous is a cooperative venture. All cases requiring a physical treatment are referred to you physicians. We frequently work with the psychiatrist and often find that he can do and say things to a patient which we cannot. He in turn avails himself of the fact that as ex-alcoholics we can sometimes walk in where he

\* Dr. Tiebout died in 1966.

fears to tread. Throughout the country we are in daily touch with hospitals and sanatoriums, both public and private. The enthusiastic support given us by so many of your noted institutions is something for which we are deeply grateful. The opportunity to work with alcoholics means everything; to most of us it means life itself. Without the chance to forget our own troubles by helping others out of theirs, we would certainly perish. That is the heart of A.A. — it is our lifeblood.

We have torn still other pages from the Book of Medicine, putting them to practical use. It is from you gentlemen we learn that alcoholism is a complex malady; that abnormal drinking is but a symptom of personal maladjustment to life; that, as a class, we alcoholics are apt to be sensitive, emotionally immature, grandiose in our demands upon ourselves and others; that we have usually “gone broke” on some dream ideal of perfection; that failing to realize the dream we sensitive folk escape cold reality by taking to the bottle; that this habit of escape finally turns into an obsession, or as you gentlemen put it, a compulsion to drink so subtly powerful that no disaster, however great, even near death or insanity, can, in most cases, seem to break it; that we are the victims of the age-old alcoholic dilemma: our obsession guarantees that we shall go on drinking, but our increasing physical sensitivity guarantees that we shall go insane or die if we do.

When these facts, coming from the mouths of you gentlemen of science, are poured by an A.A. member into the person of another alcoholic, they strike deep — the effect is shattering. That inflated ego, those elaborate rationalizations by which our neurotic friend has been trying to erect self-sufficiency on a foundation of inferiority, begin to ooze out of him. Sometimes his deflation is like the collapse of a toy balloon at the approach of a hot poker. But deflation is just what we A.A.’s are looking for. It is our universal experience that unless we can start deflation, and so self-realization, we get nowhere at all. The more utterly we can smash the delusion that the alcoholic can get over alcoholism “on his own,” or that someday he may be able to drink like a gentleman, the more successful we are bound to be.

In fact we aim to produce a crisis, cause him to "hit bottom" as A.A.'s say. Of course you will understand that this is all done by indirection. We never pronounce sentences nor do we tell any alcoholic what he *must* do. We don't even tell him he is an alcoholic. Relating the seriousness of our own cases, we leave him to draw his conclusions. But once he has accepted the fact that he is an alcoholic and the further fact that he is powerless to recover unaided, the battle is half won. As the A.A.'s have it, "he is hooked." He is caught as if in a psychological vise. If the jaws of it do not grip him tightly enough at first, more drinking will almost invariably turn up the screw to the point where he will cry — "enough." Then, as we say, he is "softened up." This reduces him to a state of *complete dependence* on whatever or whoever can stop his drinking. He is in exactly the same mental fix as the cancer patient who becomes dependent, abjectly dependent if you will, on what you men of science do for cancer. Better still he becomes "sweetly reasonable," truly open-minded, as only the dying can be.

Under these conditions, accepting the spiritual implications of the A.A. program presents no difficulty even to the sophisticate. About half the A.A. members were once agnostics or atheists. This dispels the notion that we are effective only with the religiously susceptible.

These are some of the basic factors which perhaps partly account for such success as we have had. I wish time permitted me to give you an intimate glimpse of our life together, of our meetings, of our social side, of those fast friendships unlike any we had known before, of our participation by thousands in the war effort and the armed services where so many A.A.'s are discovering they can face up to reality — no longer institutionalized even within an A.A. group. We have found that God can be relied upon both in Alaska and India, that strength can come out of weakness, that perhaps only those who have tasted the fruits of reliance upon a Higher Power can fully understand the true meaning of personal liberty, freedom of the human spirit.

Surely, you who are here this morning must realize how much we A.A.'s are beholden to you, how much we have borrowed from you, how much

we still depend upon you. For you have supplied us ammunition which we have used as your lay assistants — gun pointers for your artillery. I have put out for inspection our version of the factors which bring about personality change, our method of analysis, catharsis and adjustment. I have tried to show you a little of our great new compelling interest in life — this Society where men and women understand each other, where the clamors of self are lost in our great common objective, where we can learn enough of patience, tolerance, honesty, humility and service to subdue our former masters: insecurity, resentment, and unsatisfied dreams of power .



Comment by

Foster Kennedy, M.D.\*  
Neurologist, New York City

We have heard a truly moving and eloquent address, moving in its form and in its facts.

I have no doubt that a man who has cured himself of the lust for alcohol has a far greater power for curing alcoholism than has a doctor who has never been afflicted by the same curse.

No matter how sympathetic and patient the doctor may be in the approach to his patient, the patient is sure either to feel, or to imagine, condescension to himself, or to get the notion that he is being hectored by one of the minor prophets.

This organization of Alcoholics Anonymous calls on two of the greatest reservoirs of power known to man, religion and that instinct for association with one's fellows, which Trotter has called the "herd instinct."

Religious faith has been described by Matthew Arnold as a convinced belief in a power greater than ourselves that makes for righteousness, and a sense of helpfulness from this can be acquired through a kind of spiritual conversion which might well be called a variety of religious experience.

The sick man's association with those who, having been sick, have become or are becoming well, is a therapeutic suggestion of cure and an obliteration of his feeling of being, in society, a pariah; and his tapping of deep internal forces is shown by the great growth of this sturdy and beneficent movement. Furthermore, this movement furnishes an objective of high emotional driving power in making every cured drunkard a missionary to the sick.

We physicians, I think, have always had difficulty in finding an occupation for our convalescent patients of sufficient emotional driving power by which to replace the psychical results of the alcohol that has been withdrawn.

These men grow filled with a holy zeal and

\* Deceased



their very zealously keeps the missionary steady while the next man is being cured.

I think our profession must take appreciative cognizance of this great therapeutic weapon. If we do not do so we shall stand convicted of emotional sterility and of having lost the faith that moves mountains, without which medicine can do little.

## **What do medical authorities think of A.A. ?\***

In 1967 the American Medical Association stated that membership in A.A. was still the most effective means of treating alcoholism and quoted Dr. Ruth Fox, an eminent authority on alcoholism and then medical director of the National Council on Alcoholism: "With its thousands of groups and its 300,000 recovered alcoholics [now upwards of 2,000,000], A.A. has undoubtedly reached more cases than all the rest of us together. For patients who can and will accept it, A.A. may be the only form of therapy needed."

"I have the utmost respect for the work A.A. is doing, for its spirit, for its essential philosophy of mutual helpfulness. I lose no opportunity to express my endorsement publicly and privately where it is of any concern."

*Karl Menninger, M.D.  
Menninger Foundation*

"Perhaps the most effective treatment in the rehabilitation of the alcoholic is a philosophy of living which is compatible with the individual and his family, an absorbing faith in himself which comes only after he has learned to understand himself, and a close association with others whose experiences parallel his own. The physician's cooperation with Alcoholics Anonymous is one way of obtaining these things for his patient."

*Marvin A. Block, M.D., member of the  
American Medical Association's Committee  
on Alcoholism and Drug Dependence*

\* Also see pamphlet "A.A. as a Resource for the Health Care Professional."



## **The Society of Alcoholics Anonymous**

By Bill W.

Excerpts from an address presented to the  
American Psychiatric Association  
105th Annual Meeting  
Montreal, Quebec, May 1949

Alcoholics Anonymous is grateful for this invitation to appear before the American Psychiatric Association. It is a most happy circumstance. Being laymen we have naught but a story to tell, hence the quite personal and unscientific character of this narrative. Whatever their deeper implications, the attitudes and events leading to the formation of Alcoholics Anonymous are easy to portray.

[The speaker here described his personal experience in achieving sobriety, his early unsuccessful work with other alcoholics and his eventual meeting, in Akron, Ohio, in May, 1935, with Dr. Bob S., who became the co-founder of Alcoholics Anonymous.]

When I left Akron in September, 1935, three alcoholics were staying sober. Arrived at New York, I set to work and another A.A. group took shape. But nothing was very sure; we still flew blind.

Then commenced a three-year season of trial and error eventuating in our textbook, "Alcoholics Anonymous," published in 1939.

That book, now the backbone of our A.A. Society, opens with a typical story of drinking and recovery. Next comes a chapter of hope, entitled "There Is a Solution." In A.A. vernacular two chapters describe alcoholism and the alcoholic, their object being, of course, to first identify and then deflate. A chapter is devoted to softening up the agnostic. This leads to the Twelve Steps of present-day Alcoholics Anonymous. The heart of

our therapy, and a practical way of life, these "Steps" are little but an amplified and streamlined version of the principles enumerated by my friend of the kitchen table.

The balance of the text is mostly devoted to practical application of these Twelve Steps, and to reducing inner resistances of the reader. Working with other alcoholics is very heavily emphasized. Chapters are devoted to wives, family relations, and employers. The final chapter pictures the new Society and begs the recovered alcoholic to form a group himself. This ideology is then shored up by thirty case histories, or rather stories, written by A.A. members. These complete the identification and stir hope. The 400 pages of "Alcoholics Anonymous" contain no theory; they narrate experience only.

When the book appeared in April, 1939, we had about 100 members. One-third of these had impressive sobriety records. The movement had spread to Cleveland and drifted toward Chicago and Detroit. In the East it inclined to Philadelphia and Washington. There was an extraordinary event at Cleveland. The *Plain Dealer* published strong pieces about us, backed by editorials. A barrage of telephone calls descended on twenty A.A. members, mostly new people. A.A. book in hand, they took on all comers. New members worked with the still newer. Two years later, Cleveland had garnered by this chain reaction hundreds of new members. The batting average was excellent. It was our first evidence that we might digest huge members rapidly.

Then came great national publicity. ~~The~~ *Saturday Evening Post* piece (March, 1941) shot thousands of frantic inquiries into our tiny New York office. This gave us lists of alcoholics in hundreds of cities. Businessmen traveling out of established A.A. centers used these names to start new groups. By sending literature and writing often, A.A. groups sprung up by mail. With no personal contact whatever, this was astounding. Clergy and medical men began to give their approval. I wish to say that Dr. Harry Tiebout, chairman of our discussion today, was the first psychiatrist ever to observe and befriend us. Alcoholics Anonymous mushroomed. The pioneering had ended. We were on the U.S. map.

[The speaker here summarized the size of the Society in 1949 — approximately, 80,000 members in 3,000 groups in thirty countries — and its general composition.]

Of alcoholics who stay with us and really try, a large percent get sober at once and stay that way; others do so after some relapses; and still others show improvement. But many problem drinkers do quit A.A. after a brief contact, maybe three or four out of five. Some are too psychopathic or damaged. But the majority have powerful rationalizations yet to be broken down. Exactly this does happen providing they get what A.A. calls a “good exposure” on first contact. Alcohol then builds such a hot fire that they are finally driven back to us, often years later. These tell us that they *had* to return; it was A.A. or else. They had learned about alcoholism from alcoholics; they were hit harder than they had known. Such cases leave us the agreeable impression that half our original exposures will eventually return, most of them to recover. So we just indoctrinate the newcomer. We never evangelize; Barleycorn will look after that. The clergy declare we have capitalized the Devil. These claims are considerable but we think them conservative. The ultimate recovery rate will certainly be larger than once supposed.

Such is a glimpse of our origin, central therapeutic idea, and quantity result. The qualitative result is assuredly too large a subject for this paper.

Alcoholics Anonymous is not a religious organization; there is no dogma. The one theological proposition is a “Power greater than one’s self.” Even this concept is forced on no one. The newcomer merely immerses himself in our Society and tries the program as best he can. Left alone, he will surely report the gradual onset of a transforming experience, call it what he may. Observers once thought A.A. could appeal only to the religiously susceptible. Yet our membership includes a former member of the American Atheist Society and about 20,000 others almost as tough. The dying can become remarkably open-minded. Of course we speak little of conversion nowadays because so many people really dread being God-bitten. But conversion, as broadly described by James, does seem to be our basic process; all other devices are but the foundation. When one alcoholic works with

another, he but consolidates and sustains that essential experience.

The forces of anarchy, democracy, and dictatorship play impressive roles in the structure and containment of our Society; Barleycorn the Tyrant Dictator is quite impersonal. But Hitler never did have a Gestapo half so effective. When the anarchy of the alcoholic faces his tyrant, that alcoholic must become a social animal or perish. Perforce, our Society has settled for the purest kind of democracy. Naturally, the explosive potential of our rather neurotic Fellowship is enormous. As elsewhere, it gathers closely around those eternal provocateurs: power, money, and sex. Throughout A.A. these subterranean volcanoes erupt at least a thousand times daily; explosions we now view with some humor, considerable magnanimity, and little fear at all. We think them valuable object lessons for development. Our deep kinship, the urgency of our mission, the need to abate our neurosis for contented survival; all these, together, with love for God and man, have contained us in surprising unity. There seems safety in numbers. Enough sandbags muffle any amount of dynamite. We think we are a pretty secure, happy family. Drop by any A.A. meeting for a look.

Many an alcoholic is now sent to by A.A. his own psychiatrist. Relieved of his drinking, he returns to the doctor a far easier subject. Practically every alcoholic's wife has become, to a degree, his possessive mother. Most alcoholic women, if they still have a husband, live with a baffled father. This sometimes spells trouble aplenty. We A.A.'s certainly ought to know!

Now to conclude: we of A.A. try to be aware that we may never touch but a segment of the total alcohol problem. We try to remember that our growing success may prove a heady wine; that our own resources will always be limited. So then, will you men and women of medicine be our partners, physicians wielding well your invisible scalpels, workers all, in our common cause? We like to think Alcoholics Anonymous a middle ground between medicine and religion, the missing catalyst of a new synthesis. This to the end that the millions who still suffer may presently issue from their darkness into the light of day!

I am sure that none attending this great Hall of Medicine will feel it untoward if I leave the last word to our silent partner, Religion:

God grant us the serenity to accept the things we cannot change, courage to change the things we can, and wisdom to know the difference.



## THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

## THE TWELVE CONCEPTS FOR WORLD SERVICE

1. Final responsibility and ultimate authority for A.A. world services should always reside in the collective conscience of our whole Fellowship.

2. The General Service Conference of A.A. has become, for nearly every practical purpose, the active voice and the effective conscience for our whole Society in its world affairs.

3. To insure effective leadership, we should endow each element of A.A. — the Conference, the General Service Board and its service corporations, staffs, committees, and executives — with a traditional “Right of Decision.”

4. At all responsible levels, we ought to maintain a traditional “Right of Participation,” allowing a voting representation in reasonable proportion to the responsibility that each must discharge.

5. Throughout our structure, a traditional “Right of Appeal” ought to prevail, so that minority opinion will be heard and personal grievances receive careful consideration.

6. The Conference recognizes that the chief initiative and active responsibility in most world service matters should be exercised by the trustee members of the Conference acting as the General Service Board.

7. The Charter and Bylaws of the General Service Board are legal instruments, empowering the trustees to manage and conduct world service affairs. The Conference Charter is not a legal document; it relies upon tradition and the A.A. purse for final effectiveness.

8. The trustees are the principal planners and administrators of overall policy and finance. They have custodial oversight of the separately incorporated and constantly active services, exercising this through their ability to elect all the directors of these entities.

9. Good service leadership at all levels is indispensable for our future functioning and safety. Primary world service leadership, once exercised by the founders, must necessarily be assumed by the trustees.

10. Every service responsibility should be matched by an equal service authority, with the scope of such authority well defined.

11. The trustees should always have the best possible committees, corporate service directors, executives, staffs, and consultants. Composition, qualifications, induction procedures, and rights and duties will always be matters of serious concern.

12. The Conference shall observe the spirit of A.A. tradition, taking care that it never becomes the seat of perilous wealth or power; that sufficient operating funds and reserve be its prudent financial principle; that it place none of its members in a position of unqualified authority over others; that it reach all important decisions by discussion, vote, and, whenever possible, by substantial unanimity; that its actions never be personally punitive nor an incitement to public controversy; that it never perform acts of government, and that, like the Society it serves, it will always remain democratic in thought and action.

**A.A. PUBLICATIONS** Complete order forms available from  
General Service Office of ALCOHOLICS ANONYMOUS,  
Box 459, Grand Central Station, New York, NY 10163

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FREQUENTLY ASKED QUESTIONS ABOUT A.A.  
A.A. TRADITION—HOW IT DEVELOPED  
MEMBERS OF THE CLERGY ASK ABOUT A.A.  
THREE TALKS TO MEDICAL SOCIETIES BY BILL W.  
ALCOHOLICS ANONYMOUS AS A RESOURCE FOR  
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IS A.A. FOR ME?  
THIS IS A.A.  
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IS THERE AN ALCOHOLIC IN THE WORKPLACE?  
DO YOU THINK YOU'RE DIFFERENT?  
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QUESTIONS AND ANSWERS ON SPONSORSHIP  
A.A. FOR THE WOMAN  
A.A. FOR THE NATIVE NORTH AMERICAN  
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A.A. FOR THE OLDER ALCOHOLIC—NEVER TOO LATE  
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BRIDGING THE GAP  
IF YOU ARE A PROFESSIONAL  
A.A. MEMBERSHIP SURVEY  
A MEMBER'S-EYE VIEW OF ALCOHOLICS ANONYMOUS  
PROBLEMS OTHER THAN ALCOHOL  
UNDERSTANDING ANONYMITY  
THE CO-FOUNDERS OF ALCOHOLICS ANONYMOUS  
SPEAKING AT NON-A.A. MEETINGS  
A BRIEF GUIDE TO A.A.  
A NEWCOMER ASKS  
WHAT HAPPENED TO JOE; IT HAPPENED TO ALICE  
(*Two full-color, comic-book style pamphlets*)  
TOO YOUNG? (*A cartoon pamphlet for teenagers*)  
IT SURE BEATS SITTING IN A CELL  
(*An illustrated pamphlet for inmates*)

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**VIDEOS**

A.A.—AN INSIDE VIEW  
A.A. VIDEOS FOR YOUNG PEOPLE  
HOPE: ALCOHOLICS ANONYMOUS  
IT SURE BEATS SITTING IN A CELL  
CARRYING THE MESSAGE BEHIND THESE WALLS  
YOUR A.A. GENERAL SERVICE OFFICE,  
THE GRAPEVINE AND THE GENERAL SERVICE STRUCTURE

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**PERIODICALS**

A.A. GRAPEVINE (monthly)  
LA VIÑA (bimonthly)

## **A Declaration of Unity**

This we owe to A.A.'s future:  
To place our common welfare first;  
To keep our fellowship united.  
For on A.A. unity depend our lives,  
And the lives of those to come

## **I am responsible...**

When anyone, anywhere,  
reaches out for help, I want  
the hand of A.A. always to be there.  
And for that: I am responsible