

November 1963

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Recommended Citation

Marie, Jeanne (1963) "The Alcoholic ... and Alcoholics Anonymous," *The Linacre Quarterly*: Vol. 30 : No. 4 , Article 6.
Available at: <http://epublications.marquette.edu/lnq/vol30/iss4/6>

THE ALCOHOLIC . . . and ALCOHOLICS ANONYMOUS

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The history of alcohol is as ancient as the history of man. Its effects have become so complex and multiple throughout time that today the problem of alcohol is a topic that is receiving tremendous publicity, and rightly so. Each year, statistics indicate a sharp rise in drinking of alcoholic beverages in the United States, with a corresponding increase in social, economic and medical problems associated with excessive drinking. Current figures indicate:^{1, 2}

1. The average American adult consumes 2.6 gallons of absolute alcohol a year.

2. The annual cost of liquor consumed in this country is estimated at \$10,500,000,000.

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¹Excerpts from paper presented to "California School on Alcoholism" published by Associated Press, June 19, 1963 and Medical Tribune, Inc., July 19, 1963.

²Committee on Alcoholism, Council on Mental Health of the American Medical Association, 535 N. Dearborn Street, Chicago, Illinois.

3. It is estimated that one out of 16 adult drinkers becomes an alcoholic.

4. Alcoholism is the fourth leading public health problem in the United States (it is outranked only by mental illness, heart disease, and cancer).

5. There are approximately 6,000,000 alcoholics in the United States, of whom about 1,000,000 are women.

6. More than 30,000,000 people suffer harm because of an alcoholic member in family, social, or business relationships. (It is estimated that a minimum of 5 people are severely and adversely affected by the alcoholic).

7. Tragedies caused by alcoholism cost the nation approximately \$220,000,000 each year.

8. More than 4,000 deaths are officially attributed to alcoholism annually. A conservative estimate would increase this number by 12,000.

Alcoholism is a disease which results from inappropriate, over-consumption of alcoholic beverages. Its victims are described as those who because of compulsive, repetitive over-drinking exhibit impairment of physical, social, emotional, and economic

functioning. The disease is difficult to understand, prevent, treat, and reverse. Its causes remain obscure though its dire physical, psychological, and social consequences are constantly in prominent focus before the public.

Much has been written regarding the causes of alcoholism. The question still remains unanswered, "Why does a person continue to sacrifice personal self-esteem, family, friends, and economic status to the compelling force which addicts him to alcohol?" Many social, psychological and physiological factors are proposed as possible causes. Each of these must be considered as it applies to the individual, in planning a total rehabilitation program for the victim of alcohol.

The "average" alcoholic in need of medical care does not present a serious problem for the physician. Treatment, however, extends beyond merely restoring the patient to physical health through the "drying up process." Since alcoholism is a disease that includes serious social, economic, and medical problems, physicians have a grave responsibility to help the alcoholic while he is attaining sobriety, to come to grips with the realities of life. Environmental facilities and life experiences must be utilized to help the patient maintain, as well as understand, the importance of total abstinence from alcoholic beverages. This involves on the part of the alcoholic, a frank admission of his inability to tolerate alcohol and often includes a need to achieve a radical personal reorientation in regard to

methods of dealing with inner conflicts and responsible participation in life activities. Obviously this type of treatment necessitates the use of social services and community resources, as well as intensive medical care.

The American Medical Association urges physicians and local medical societies to work with other groups within the community concerned with the problem of alcoholism. One such group that has been particularly effective in this area is Alcoholics Anonymous. While physicians for the most part are acquainted with the A.A. program and possibly regard it very highly, many often hesitate to refer their patients to this group for various reasons. Some of these may include: the physician's own personal bias or prejudice, a non-psychiatric orientation to the problem of alcoholism, a lack of familiarity with the A.A. program, or a belief that the alcoholic, if he really wants to be cured, "can make it on his own."

The organizational framework of Alcoholics Anonymous is built on sound sociological and psychological principles. "No man is an island;" he is dependent upon others for life, growth, and survival. This is especially true of the person who is trying to fight successfully the battle against alcoholism. A.A. had its beginning when two men, one a physician and the other a stock broker, were faced with the urgent necessity of overcoming alcoholism in their own lives. They discovered that their desire to drink was lessened when they were trying to help each other solve their common problem of alcoholism. An extension

of this help to others with similar problems made their efforts to maintain sobriety and happiness in their personal lives even more effective. From its beginning in 1935, membership in A.A. has grown to its present total of more than 300,000 men and women (women comprise about one-fifth of the membership). Membership in the organization depends on: 1) a sincere desire to abstain completely from alcohol and, 2) an equally strong desire to help others overcome the same problem. The core of A.A. is the local group with its regular meetings which permit alcoholics and their families to meet in an atmosphere of "fellowship and helpfulness." There are now more than 9,000 groups throughout the world, including some in hospitals, prisons, and other institutions.

The Al-Anon Family Groups, Inc., established shortly after A.A., is founded on the basis that alcoholism is a disease that affects the entire family. Al-Anon is comprised of adult family members, ordinarily husbands or wives of alcoholics. A more recent off-shoot of A.A. is the Alateen Group which is comprised of teen-agers who have an alcoholic parent. These groups also meet on a regular basis. Through a mutual exchange of ideas and experiences and through a study of the "Twelve Steps" of A.A., family members obtain a better understanding of themselves and the alcoholic. Al-Anon and Alateen programs try to inspire the

members with a desire for personal improvement in their own lives. It is hoped that this in turn will minimize the effects of alcoholism within the family and better help the alcoholic member to deal with his problem. Thus it may be advisable and often happens that family members attend Al-Anon or Alateen meetings even though the alcoholic does not accept the A.A. program and may still be drinking.

The basic textbooks for all groups are, *Alcoholics Anonymous* originally published in 1939, and *Twelve Steps and Twelve Traditions* published in 1953.³ Both are interpretive and inspirational in their approach. They provide directives for better living for each of its members as well as methods of organization and operation for the program.

Whether members of Alcoholics Anonymous would have maintained total abstinence without the group fellowship of A.A. is a debatable and moot question. It is certain, however, that each A.A. member is much happier in his sobriety because of companionship with others who share the urgent need to fight successfully and together the battle against alcoholism.

While Alcoholics Anonymous does not pretend to have a miraculous answer, or to be able to help every alcoholic, every alcoholic deserves at least an opportunity to become acquainted with, and to have the choice of accepting or rejecting this program in his efforts to maintain sobriety. Ordinarily, it is best to introduce the patient to the A.A. program while he is in the pro-

cess of trying to achieve sobriety. This is usually during or immediately after the time he is recovering from the acute effects of alcohol. It is then that he probably will be most receptive to receiving help from all sources.

The telephone directory is the guide for finding Alcoholics Anonymous groups in most cities and local areas. The physician should be familiar with the Alcoholics Anonymous group in his area. If there are no listings in the telephone book, information regarding the nearest A.A. group can be obtained by writing to the General Service Office in New York. This often can be the key that turns the lock to the door of happiness and sobriety for many alcoholics and their families. It can also be one of the physician's greatest strengths in his efforts to help overcome alcoholism and its effects on our society.

Hospitals — private, public, general or specialized — also have the unique opportunity to participate in the A.A. program, by providing hospitality for its various groups. The small group is the core of the Alcoholics Anonymous fellowship, and obtaining convenient and desirable meeting facilities often presents a problem for its members. This ordinarily means securing a place that insures privacy and anonymity for about 20-50 people, as well as having available simple refreshments such as coffee, soft drinks and cookies or cakes. Such arrangements can be made available in most hospitals. The groups meet one or more times weekly. Ample remuneration is provided to the

host institution by A.A. for hospitality and accommodations.

Since alcoholism is considered a family problem it is ideal to have separate meeting facilities for A.A., Al-Anon and Alateen groups, all arranged for the same time. This will in many instances resolve transportation difficulties and contribute to family solidarity. The meetings of each group are ordinarily closed, that is each has its own membership, closed to other groups; however, about once a month an "open" meeting is conducted when members of all groups combine, and also interested non-A.A. persons are invited to attend the meeting.

On closed meeting nights, groups are autonomous, desire anonymity and are self-sufficient, beyond the provision of meeting facilities and refreshments. It is good at these times to have several specific hospital personnel responsible for details of hospitality services and to greet the members before and after their meetings. In addition some members will have established friendships because of previous hospitalization. Mutual positive dividends result for both hospital personnel and individuals of the various groups because of this friendly exchange.

The hospital gives meeting and hospitality facilities. In return the institution receives benefits which include the ability to continue its efforts towards the rehabilitation of alcoholics, and its services toward family welfare and unity beyond hospital discharge. The open monthly meeting is ideal for medical and nursing staff educa-

³Alcoholics Anonymous World Services, Inc., General Service Office, P.O. Box 459, Grand Central Station, New York, New York.

tion regarding the problem of alcoholism and the A.A. program. Participation in the A.A. program provides an excellent opportunity for extending the hospital into the community.

The Alcoholics Anonymous program can be most effective in

helping alcoholics who are sincere in their desire to use its resources in overcoming the disease of alcoholism. It also can be very helpful in promoting an increased bond of friendship between patient, physician, hospital and community.