Alcoholics Anonymous: Cult or Cure?

by Arthur H. Cain

A useful idea has turned into a religious movement-and a hindrance to research, psychiatry, and to many alcoholics who need a different kind of help.

In the beginning "They" created Alcoholics Anonymous. ("They" have not yet been credited with the creation of the heavens and earth, but, if present trends continue, they will be.) "They" are "W.W." and "Dr. Bob"--cofounders of a movement which is becoming one of America's most fanatical religious cults: "A.A."

To be sure, the late Dr. Bob and the very current W.W. did not want to be deified. They joined forces in 1935 simply to help each other stop drinking. Today the fellowship they started claims a membership of over 300,000 "arrested" alcoholics in 85 countries. The A.A. idea was based on psychological and spiritual concepts very similar to those of Frank Buchman's then-famous Oxford Group. Conceived in Akron, Ohio, the first A.A. group was formed in New York City. In A.A.'s first five years no more than a few hundred people joined.

Then, in 1941, an article about A.A. by Jack Alexander appeared in the Saturday Evening Post and gave the movement an overnight boost. Membership leaped to over eight thousand by the end of the year.

A.A.'s basic tenet is that only an alcoholic can help another alcoholic; that psychiatric and other treatment is usually unsuccessful; but that alcoholics can, by banding together in a spirit of mutual help and understanding (and "by turning their lives over to God as they understand Him"), manage to lead relatively normal lives. Above all, they must face the fact that they must never again taken even one drink of alcohol.

As long as it restricted itself to informal organization and group "therapy," A.A. enjoyed--and deserved--universal respect. But a disquieting change has developed over the past fifteen years. A.A. is now highly

formalized. The meetings, believed to be absolutely necessary, are ritualistic. And any suggestion to members that The Program is less than divine revelation evokes an irrational outcry.

I have no personal axe to grind. As a practicing psychologist who specializes in alcohol problems, I have been active since 1947 in both therapy and research. I have worked closely with Alcoholics Anonymous. I have also worked for the National Council on Alcoholism and for the Christopher D. Smithers Foundation, a charitable organization whose major interests are alcoholism and cancer.

I am disturbed by the fact that, for many members, A.A. is not as effective as it once was. Moreover, I feel that much-needed scientific research is being diverted to other fields because of A.A.'s omniscient attitude. And I am not alone in my concern. Frequently in my practice, disillusioned men and women appeal to me: "Doctor, I've tried A.A. over and over and I still can't stay sober. There must be something else dreadfully wrong with me! What is it?"

My friends in psychiatry, psychology, and pastoral counseling often ask me in discreet tones, "What's happening to A.A.?" Then, embarrassed at sounding critical, they add hastily, "It is a wonderful organization." Dr. E. M. Jellinek, dean of researchers in alcohol studies, pleaded at a workshop on alcoholism held at Columbia University in June 1959 that A.A. leave science alone--so that scientists might get along with the business of objective research into the problem.

While serving as public-relations counsel to the National Council on Alcoholism in 1959, I attended A.A. meetings in a dozen major cities. This personal survey of A.A. groups convinced me that there is a widening breach not only between A.A. and scientists, but also between practicing A.A.s and other alcoholics.

What has happened to the excellent program that once helped alcoholics stop drinking when medicine and psychology failed? Why has A.A. become a cult that many men and women reverentially call "the greatest movement since the birth of Christianity"?

"UTILIZE--DON'T ANALYZE"

I attended my first A.A. meeting in 1947 and was enormously impressed by the sincerity of the members. They were not professional do-gooders. The speakers seemed genuinely "humble," not piously proud of their humility. The "A.A. Personality"--identifiable by a studied air of serenity and steadfast smile (which I have come to think of, uncharitably, as the "A.A. Smirk")--had not yet come into existence. It is a product of "A.A.: the Cult" as opposed to "A.A.: the Fellowship."

But one remark disturbed me even then. One man arose--a forerunner of the seer-and-pundit type now prevalent in A.A.--and declared, "There's an aggregate of two thousand years of drinking experience in this meeting room. If we don't understand alcoholism then nobody does." My own reaction was that nobody understood alcoholism (no one does now, either) and it was ludicrous for a group which admittedly had lost control of its drinking to claim superior knowledge of the subject.

As I began to attend meetings regularly, other aphorisms troubled me. One favorite cliche appeared to be of special importance and still is: "Utilize--don't analyze."

For some members this was fine. They were weary of trying to figure out how to drink normally; or how to endure sobriety now that it was achieved; or why they had become alcoholic in the first place. They were ready to accept blindly anything that would end the agonies of compulsive drinking.

But for others, such faith was impossible. Some people simply must analyze--it is their most characteristic personality trait. Perhaps, during the early, frightening days of their newly found sobriety they take comfort in letting others think for them. But as their heads clear and their nerves stop quivering, the need to comprehend ideas intellectually is reasserted and they find themselves examining their own behavior with healthy curiosity. As one relapsed member mournfully described his "slip": "I had been dry for over a year and, like the window washer, stepped back to appraise my handiwork. I woke up two weeks later on the Flight Deck [the violent ward at Kings County Hospital] wondering what had happened."

Relapses occur frequently among such alcoholics trying to stay sober in A.A. Many A.A. members are unsympathetic to these less fortunate brothers, whom they regard as "hopeless psychotics" or "nuts who aren't 'real' alcoholics at all." Thus, we see in A.A. two disturbing tendencies: (1) to define an alcoholic as a person who stays sober in A.A.; and (2) to relegate all other problem drinkers to the limbo of psychosis.

A.A.s are fond of quoting such "statistics" as: "Fifty per cent of all alcoholics coming into A.A. get sober and remain sober; 25 per cent have one or two slips, then 'get the program' and maintain sobriety; the other 25 per cent are either psychotic or not alcoholic at all."

A question arises: how do A.A. members garner these figures? Because A.A. considers itself a deliberately permissive fellowship made up of autonomous groups which do not keep exact records, no real statistics exist. Nevertheless, individual members advance these generalizations as incontrovertible truths.

This kind of misinterpretation has narrowed A.A.'s once flexible philosophy into exclusive dogma. One undesirable effect is that those alcoholics who are not able to make A.A. work for them lose all hope; they fear that nothing is left for them except insanity (Korsakoff's Syndrome or the dreaded "wet brain") or death. This is not so. Many alcoholics achieve a sobriety made happy and creative through medical, psychiatric, psychological, and pastoral techniques. The

sometimes tragic misunderstanding--that only A.A. can help--is fostered by A.A.'s growing rigidity.

If A.A.'s intolerance were confined to its own community, we could "live and let live," as it exhorts its members to do. But A.A.s are indefatigable crusaders who greatly influence the national crusade against alcoholism--a malady which today afflicts five million Americans and costs taxpayers and industry over a billion dollars annually, according the National Council on Alcoholism. The Department of Health, Education, and Welfare has called alcoholism the nation's fourth most serious public-health problem, ranking in importance with heart disease, cancer, and mental illness.

A.A.s hold key positions in city, state, and private agencies dealing with alcoholism. Many executive directors of local committees and information centers are members of A.A. This means that public education on alcoholism is almost entirely in the hands of A.A.s. Furthermore, nearly all information about research, treatment, and community action is disseminated by public-relations directors who adhere to the A.A. party line. Thus, almost everything we read on alcoholism in newspapers and magazines is A.A. propaganda.

Zealous members spread this propaganda, not for personal gain, but to "flush out" alcoholics and help them share their own dubious serenity. I have had the unnerving experience of hearing a spontaneous remark made by an A.A. speaker in New York on a Monday repeated as gospel in Chicago on the following Friday. Much worse, I have heard a federal department chief publicly parrot a "statistic" I knew had been invented by an A.A. the week before. It is perhaps no coincidence that the A.A. publication is know as "The Grapevine."

Alcoholics Anonymous is hostile to criticism from any source. "All we ask is to be left alone," they cry. But they do not leave the American public alone. They influence public-health officials; they write extensively;

they take positions on medical subjects such as diet and drugs (tranquilizers, sedatives, and stimulants all fall under the rubric of "goof-balls" to A.A.), and hold themselves up as final arbiters on any matter pertaining to alcoholism.

One result of this authoritarianism is that well-meaning laymen organize committees and sponsor "research"--which leads qualified professionals to assume that the job of fighting alcoholism is getting done. But it isn't--largely because of a basic fallacy in A.A. thinking: that it takes an alcoholic to understand an alcoholic. The trouble lies in defining the word "understanding." Scientists agree that alcoholics are more empathetic to other alcoholics than anyone else; but when they venture the opinion that trained specialists might be better equipped to conduct formal treatment and research than untrained alcoholics, they run into a storm of protest. A.A.s seem almost afraid that science will come up with a "cure" (an absolutely taboo word in the A.A. lexicon) and render A.A. unnecessary.

"What will we do if someone discovers a pill that cures alcoholism? It's our dedication that's keeping us sober and serene!" the executive director of an influential agency on alcoholism recently said to me. Needless to say, this person and most of this agency's staff are practicing members of A.A. All are dedicated to combating alcoholism. But just as sobriety is a vocation for many A.A.s, for many agency people it is a career.

SOBRIETY...NOT SLAVERY

Another dangerous aspect of A.A. as a religious cult is the concept of sobriety as the ultimate goal of life. The very word "sobriety" has taken on a religious flavor and is uttered with hushed awe, rather than spoken of as a condition necessary to health and happiness. Practically all members who have passed the pigeon, or novice, stage speak of the quality of so-and-so's sobriety, as if evaluating degrees of spirituality.

Sobriety has, indeed, become the A.A.'s end which justifies any means. I know men

whose wives work and support them so that they may devote their full time to "A.A. Work." I have talked with these women at Al-Anon meetings (groups formed especially for the spouses of alcoholics). Most are not complaining about their lot as A.A. wives; they insist that anything is better than living with a practicing alcoholic. But other women confess that eating, sleeping, and talking A.A. twenty-four hours a day is almost worse than having an alcoholic husband. The masculine point of view was summed up by a legendary souse at a bar who indignantly denied that he was an alcoholic. "I'm no blankety-blank alcoholic," he shouted, "I'm a drunk!" When asked about the difference he retorted, "Alcoholics have to go to those blankety-blank meetings all the time!"

I have heard husbands of alcoholics complain that A.A. has become a network of women's auxiliaries devoted to gossip and the "chanting of A.A. litanies such as, 'There but for the Grace of God...'; 'Easy does it'; and 'Living one day at a time."

A.A. dogmatism has prevented many people from seeking a more moderate solution: sobriety in Alcoholics Anonymous without slavery to it.

And there are still other possibilities such as psychotherapy or pastoral counseling. But A.A.s would probably retort, justifiably, that they'll stick to what they've got until something better comes along. Many alcoholics who come to A.A. have had unhappy experiences with psychologists or psychiatrists. Some therapists follow their own party lines, usually Freudian, too strictly and write off alcoholism as "just a symptom of some underlying emotional disorder"--implying that once the disorder is uncovered the problem of alcoholism will automatically be solved. Too many alcoholics are worsened by this oversimplified approach. Many others instinctively know better, especially when psychoanalysts begin probing their Oedipal Situations. However, most psychotherapists now understand that alcoholism is a complex, distinct illness and must be treated accordingly.

"ARRESTED" OR "RECOVERED"

But A.A.s veer to the other extreme. They assert vehemently that there's nothing wrong with alcoholics except alcohol, and all the alcoholic has to do is to stay away from that first drink. (There is a standard gag in A.A. about the alcoholic who always orders two drinks and only drinks the second one.) The facts are: (1) the alcoholic obviously wouldn't be an alcoholic if it weren't for alcohol (what would he be?) and he certainly must abstain from it if he is to get well; but (2) he undoubtedly is suffering from some sort of psychological disorder: emotional, mental, or social. Unfortunately, "psychology" is a synonym for "psychosis" to most A.A.s. When a recent Ph.D. dissertation on alcoholism was published in popular book form (Sever Sinners, by Arthur King, Harcourt, Brace and World, 1961), A.A.s immediately took the author to task for suggesting that alcoholics could be placed in categories of psychopathology like any other victims of a behavior disorder: the manic-depressive or compulsive-obsessive cases, for example, complicated by uncontrolled drinking. What was the big idea of saying alcoholics were a bunch of nuts, A.A.s demanded. Yet, they insist that "alcoholism is a disease." The President of the National Council of Alcoholism, an exceptional executive with a scientific mind, goes further, calling alcoholism a respectable disease. It can happen to anyone, he implies, and should not have social or moral stigma attached to it. I couldn't agree more heartily.

But A.A.s prefer to regard alcoholism as a purely physical disease: organic, glandular, metabolic, dietary--anything but mental. The only time this dread word is used is in an A.A. definition of alcoholism: "A physical allergy, coupled with a *mental* compulsion."

According to the American Medical Association (Journal of the American Medical Association, May 25, 1957), "alcoholism can be classified into (1) primary alcoholism, which includes (a) those patients who from the very first drink of an alcoholic beverage are unable to control their desire for it and (b) those who

through use over a great many years have developed an inability to take a drink or leave it alone and have become like group (a); and (2) secondary alcoholism, which includes those who use alcohol for its sedative action as a means of escape from reality and, in particular, from their personal problems. . . . This secondary group comprises by far the majority of patients suffering from alcoholism; however, most alcoholic patients prefer to be in the primary group." (Emphasis mine.)

By refusing to take into account problems of mental confusion, emotional immaturity, and social maladjustment, A.A.s are seriously hindering not only their own recovery, but scientific research as well.

If A.A.s are to be rescued from fanaticism, they must thoroughly understand two crucial words--"arrested" and "recovered." These are terms used to describe alcoholics who do not drink any more. Most members of A.A. fall into the former category; that is, they have arrested the development of their disease and have learned to live with it. To these men and women, alcoholism is something real in itself, like an incurable cancer. "Once an alcoholic, always an alcoholic" is one of A.A.'s most holy doctrines. They mean that once a person has lost control of his drinking he will never again be able to drink normally, even to the extent of one glass of beer. He must work regularly at the business of not taking that first drink.

This means he must practice A.A. in all his affairs; attend meetings without fail; do "Twelfth Step Work" (the analogy between A.A.'s "Twelve Steps" and the Ten Commandments is unmistakable); and proselyte other alcoholics into Alcoholics Anonymous. If he doesn't live A.A., he's sunk. He gets drunk again sooner or later and--alcoholism being in the dogma of A.A. a progressive disease--he'll be worse off than ever.

It is true, of course, that the drinking alcoholic becomes worse and worse in his drinking behavior. But what A.A. does is to superimpose this concept on the behavior of the non-drinking alcoholic. According to A.A.,

the disease itself progresses. This is erroneous thinking. An alcoholic who relapses after a period of abstinence may very well get sicker than ever, but because he has aged, not because his alcoholism has "progressed."

The term "recovered" means something different: it implies that the patient's alcoholism is no longer a problem. He may not be able to drink normally again, although some investigators such as D. L. Davies, Dean of the Institute of Psychiatry at the Maudsley Hospital, London, believe there are many such This hospital's work has been conscientiously reported by the Quarterly Journal of Studies on Alcohol (at the Rutgers Center of Alcohol Studies; "Normal Drinking in Recovered Alcohol Addicts," March 1962). Here is an excellent example of the true scientific method, for the Quarterly Journal reports both fact and theory. It is not surprising that Dr. Davies' article has been either ignored by A.A., or brushed off with typical illogic: "Well, if these people drink normally, then they couldn't have been alcoholics in the first place." No A.A.s I queried had actually read the piece, though all were firm in their denunciation of it. I have heard A.A.s say that the report was immoral on the grounds that they might be tempted to drink again after hearing of it. Scientific truth was of no consequence.

The expression "recovered alcoholic" means that the patient no longer has to treat himself or take treatment from others at least twice a week for the rest of his life. He accepts life without alcohol; he makes certain adjustments within himself and in his attitude toward society; and he gets back into the mainstream of life. He might devote part of his time to helping alcoholics or others--probably he does--but because he can and wants to, not as a device to keep himself sober.

TRY A.A. FIRST, BUT...

There are many such recovered alcoholics, both in and out of Alcoholics Anonymous. These men and women have learned one thing: neither A.A. nor psychotherapy, nor any other treatment is more than a bridge between alcoholism and real recovery. Good bridges,

perhaps. I still believe that A.A. provides the best possible way, at present, for most alcoholics to get sober and start a new life without alcohol. Others need some form of psychotherapy and/or pastoral counseling--perhaps in conjunction with A.A. These disciplines are especially helpful to people who cannot, without professional guidance, sincerely practice certain of A.A.'s Twelve Steps, such as Step Four--"Make a Searching and Fearless Inventory of Ourselves"; or Step Ten--"Continue to Take Personal Inventory and When We Are Wrong Promptly Admit It"; or those Steps that refer to "a Power greater than ourselves."

Alcoholics Anonymous is not a sustaining Way of Life. Sobriety can never be a satisfactory ultimate goal; it is, after all, merely the absence of intoxication. It is what one does with one's sobriety that is important. A.A. is a man-made means for attaining this sobriety.

Alcoholics Anonymous should not be a cult for the retardation of the "arrested" alcoholic. I do not suggest for a moment that a single A.A. quit the fellowship. On the contrary, I strongly urge sticking with it. To anyone who is having trouble with alcohol I say: try A.A. first; it's the answer for most people.

But to those who insist upon serving A.A. as if it were a holy and apostolic church, I say, Beware. Observe those members who seem genuinely serene. Talk with those who have been in A.A. a long time and who really practice "live and let live." Though A.A. is an important part of their lives, it is an adjunct, not the whole. They have crossed the bridge from arrested alcoholism to true recovery.

And if even then they cannot stay sober and happy, they should not despair. There are other ways, other bridges--physicians and psychiatrists, psychologists and pastoral counselors, who are capable and anxious to help them. Some specialize in helping alcoholics who have conscientiously tried A.A. and failed. Most agree that there's no such person as a hopeless alcoholic.

A.A. as a group must recognize its real function: to serve as a bridge from the hospital or the jail to the church--or to a sustaining personal belief that life is worthwhile. It must not pose as a spiritual movement that provides everything the alcoholic needs to fulfill his destiny. It must not teach its young (as it does in Alateen, its Sunday School for the children of alcoholics) such catechisms as: "We will always be grateful to Alateen for giving us a way of life and a wonderful healthy program to live by and enjoy." It must realize that "the actual coffee pot Anne used to make the first A.A. coffee (shown in "Alcoholics Anonymous Come of Age," Harper 1957, a commentary on the A.A. bible, Alcoholics Anonymous, Works Publishing Company, 1946) is not the Holy Grail. The cake and coffee served after meetings are just refreshments, not the body and blood of Jesus Christ.

Only then will Alcoholics Anonymous "come of age." Then, perhaps, more of its members will become "recovered" instead of "arrested" alcoholics. Science may then be stimulated to further research. And those alcoholics who are unable to make A.A. work for them may look elsewhere and find their serenity, too.

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