

Psychotherapy Guidebook

ALCOHOLICS ANONYMOUS

General Service Staff

Alcoholics Anonymous

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From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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DEFINITION

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.

This statement, usually read at the beginning of A. A. meetings, gives the core of the purpose of Alcoholics Anonymous, the way it works, and the role of the structure that holds it all together.

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HISTORY

Identification with the “common problem” is what Bill W., a New York stockbroker, found was the key ingredient. After he shared his experience with Ohio surgeon Dr. Bob, he was able to get sober. Both had been considered hopeless alcoholics, yet neither man was to drink again. That was in 1935. From the initial success of one sober alcoholic’s sharing his “experience, strength, and hope” with an alcoholic still drinking, an informal society of more than one million recovered alcoholics in more than ninety countries has blossomed.

A.A. has found that it cannot furnish the initial motivation for sobriety. While alcoholism has now generally become recognized as a disease, acceptance of one’s own condition, in the final analysis, seems to be the result of self-diagnosis. Doctors and other informed persons may clearly see the symptoms and give helpful guidance, but the alcoholic makes the determination that brings acceptance and a desire to stop drinking. Then, these facts can be pointed out to the problem drinker: medical testimony indicates that alcoholism is a progressive illness, that it cannot be cured in the ordinary sense of the term, but that it can be arrested through total abstinence from alcohol in any form.

TECHNIQUE

At an A.A. meeting, the alcoholic finds people who know the pain, loneliness, fear, and hopelessness that he has been living with, all the while thinking, "I'm different. Nobody really understands what I'm going through!" As other alcoholics describe their lives under the influence of alcohol, the newcomer realizes that no theories or generalities are being presented. These are people who understand because they have lived through these emotions and experiences. If they have lived through the same emotions and experiences of degradation and despair, there can be no judgment involved. Before this, the guilt, remorse, and ensuing judgment, by others and oneself, have been reinforcing the drinking pattern.

The alcoholic has now met people who truly understand. The A.A. members then say, "I found out I had a disease, and I found a way to arrest it." There is recognition of the suffering person's condition, and what is more, there is indication of a way out. At this point, the encounter with A.A. has offered the suffering alcoholic understanding, equality, and a proved solution to the problem.

Whatever deep troubles the person has, there is only one place for the alcoholic to start: he must first stop drinking. The newcomer is told that all recovery is dependent on the decision to stay away from the first drink. Total abstinence is the key. But the newcomer also is told that it is done only one

day at a time. Here is the beginning of the training to bring life into perspective. By placing the decision to drink or not to drink squarely in the moment at hand, it becomes apparent — perhaps as a previously unthought-of possibility — that the alcoholic actually has a choice.

If the alcoholic is to become willing to make the choice not to drink, changes in attitude must take place. He felt relief in finding people who truly understand, but now he recognizes that this compassion does not lead to indulgence. As well as knowing the pain of the newcomer, the newfound friends also know all about the evasions, dishonesty, and manipulating techniques. Self-deception and self-pity are noted for what they are. Members explain that self-honesty is the key to recovery, and this confrontation, without judgment, lessens the need for self-deception and reinforces the basis for trust. Once trust begins to be established, recovery is on the way.

“Twelve Steps” to recovery in A. A. are suggested. Never is a person required to follow any prescribed program of therapy in order to be considered a member. But the identification and trust that develop do encourage the member to try the methods that have helped others.

Alcoholics Anonymous is not organized, in any formal sense. There are no governing officers, rules, or regulations. What structure there is has grown as A. A. has expanded, and communication and some standardization of

approach have become necessary. The principle of consistent rotation of responsibility is followed in virtually all A. A. service positions.

APPLICATIONS

A.A. does not claim to be the whole and only answer to alcoholism, though its success as a maintenance program for sobriety is uncontested. Since A.A.'s goal is to help the suffering alcoholic to recover, it is eager to cooperate with individuals or groups sharing this goal. Members of A.A. have traditionally refrained from disclosing their A. A. membership in any media, whether it be press, radio, television, or films.