

# About AA

## Singleness of Purpose

**George E. Vaillant, M. D.**

**Class A (nonalcoholic) trustee**

**A.A. General Service Board**

“Singleness of purpose” is essential to the effective treatment of alcoholism. The reason for such exaggerated focus is to overcome denial. The denial associated with alcoholism is cunning, baffling, and powerful and affects the patient, helper, and the community. Unless alcoholism is kept relentlessly in the foreground, other issues will usurp everybody’s attention.

Mental health workers, however, have great difficulty with A.A.’s Fifth Tradition: “Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.” Since mental health workers often admire the success and geographic availability of Alcoholics Anonymous, they understandably wish to broaden its membership to include other substance abusers. They also note that pure alcohol abuse is becoming less frequent, and polydrug abuse more common. In addition, mental health workers sometimes view singleness of purpose as outmoded and exclusionary. They worry that the Tradition is a holdover from the early days of A.A. and that the young, the poor and the minority with a criminal record will be barred. Besides, when there is no professional drug treatment center or Narcotics Anonymous (NA) group easily available, mental health workers find it hard to understand why A.A., with its tradition of Twelfth Step work, won’t step in and fill the breach.

As both a mental health worker and a researcher, it seems to me that there are two arguments that trump these concerns. First, the Third Tradition of A.A., “The only requirement for A.A. membership is a desire to stop drinking,” renders A.A. nonexclusionary. Each year A.A. welcomes many thousands of minorities, many thousands of poor, many thousands of alcoholics with coexistent drug problems and tens of thousands of convicts into its membership. Nobody with a desire to stop drinking is excluded.

The second argument, that “Singleness of Purpose” is necessary to overcome denial, is even more compelling. Given a choice, nobody wants to talk about alcoholism. In contrast, drug addiction commands newspaper headlines, research funding and the attention of clinical audiences. After two years of work at the Lexington, Kentucky Federal Narcotics Treatment Center, I, a mere assistant professor, was invited around the world to lecture on heroin addiction. In the late 1990s, as a full professor and after 25 years of research on alcoholism and its enormous morbidity, I was finally asked to give a medical grand rounds on alcohol in my home city. My assigned topic, “Why alcohol is good for your health.” In short, the greatest single obstacle to the proper treatment of alcoholism is denial.

I first began my psychiatric career at a deeply dedicated com-

munity health center. The community had voted alcohol abuse as their biggest problem. After its first ten years of operation the center was still confining itself to addressing the community’s most pressing second, third, and fourth problems. No resources at all were devoted to alcohol treatment.

I moved to another community mental health center that had listened to its citizens and had opened an alcohol treatment center. In being asked to fill the position of co-director of the clinic I was the last staff psychiatrist hired by the mental health center. Significantly, I had had no experience with alcoholism, but no one else wanted the job.

With the exception of cigarettes, alcoholism is a bigger health problem and family problem than all other drugs of abuse. Alcohol abuse costs the nation more than all lung diseases and cancers combined. After smoking and obesity, alcohol abuse is perhaps the nation’s third largest killer. But it is terribly difficult to hold this danger in mind. Alcohol abuse claims 100,000 lives a year, and on medical and surgical wards it costs two to six times, as much to treat the 25% of patients with coexistent alcoholism as to treat the other patients. Yet cost conscious 21st century medical and surgical residencies steadfastly exclude alcoholism from their curricula. There is not enough time, they argue, to pay attention to alcoholism. To combat such denial the principle of singleness of purpose becomes a necessity.

Put differently, the experimentally documented success of A.A. in the treatment of alcoholism is in part because A.A. groups are the only place in the world where the focus is on alcoholism and nothing but alcoholism. There is simply no other way to overcome the denial.

## Nonalcoholic Trustee Takes A Wide-Angled View of A.A.

“Wherever A.A. flourishes, there is a strong ripple effect that can be felt all over the world. So anyone who can help A.A. is helping a lot of other people besides the alcoholic — family, friends, doctors, judges, counselors and many more.” Adds Class A (nonalcoholic) trustee Vincent E. Keefe, of Orlando Park, Illinois, who joined the General Service Board of A.A. last spring: “To be a part of this nonhierarchical fellowship of hope and healing is for me an enormous honor.”



*Vincent E. Keefe*

Vince is no stranger to A.A. Last year he served as a consultant — or what he modestly calls “sort of an apprentice” — to the trustees’ Finance & Budgetary Committee. Six

years ago he retired as CEO, president and director of the Scholle Corporation, a Northlake, Illinois, leader in bag-in-box packaging of liquids, after being with the company for nearly 25 years. From 1996-98 he put his experience to work at TEC — The Executive Committee, based in San Diego, California — an international organization dedicated to enhancing the lives and effectiveness of CEOs. He holds his Bachelor of Business (with a major in accounting) and C.P.A. degrees from Western Illinois University, as well as an M.B.A. from the University of Chicago.

The eighth of 11 children, Vince remembers “growing up in a two-bedroom apartment on the South Side of Chicago.” Although not an alcoholic himself, he vividly recalls “what alcohol did to my father and several siblings. When I was little, my father was a verbally abusive drinker, something that had very harmful repercussions within our family. So I am especially grateful for the miracle of recovery that A.A. can bring into the lives of alcoholics and their families.”

In his position as trustee, Vince brings years of financial experience to bear. He chairs the trustees’ Finance & Budgetary Committee and serves on the Nominating and International Conventions/A.A. Regional Forums Committees. Additionally he is treasurer of the General Service Board. “The continuing good health of A.A. as a self-supporting, nonprofit entity is of course vital,” Vince says, “But at the same time I don’t view it as I would a financial organization. What’s paramount, I believe, is the Fellowship’s unwavering adherence to its Three Legacies — Recovery, Unity and Service. Because, you know, A.A. is still one of the only things that truly works for the alcoholic.”

As one of seven nonalcoholic trustees, Vince can perform numerous public functions that, in the spirit of A.A.’s Traditions, the 14 Class B (alcoholic) trustees cannot. Experience has shown that for A.A.s, being in the public eye is hazardous both to individual sobriety and to A.A.’s collective survival as a Fellowship. Vince and the other six nonalcoholic trustees can face the camera head-on and use their last names without violating the Traditions and principles of A.A. — and in the process they carry the A.A. message of sobriety to many a suffering alcoholic and, importantly, to the professionals who treat them.

## **Dialoguing with Professionals At World Forum Montreal 2002**

In September 2,500 professionals from around the world came together at World Forum Montreal 2002. The objective of the forum was to gather and share integrated and balanced approaches to the problem of substance dependencies now and in the future.

Representing A.A. at the forum were five Class A (nonalcoholic) trustees: Allen L. Ault, Ed.D., chief of the National Institute of Corrections; Leonard Blumenthal, L.L.D., who for 30 years was with the Alberta (B.C.) Alcohol and Drug Abuse Commission; Linda Chezem, J.D., a former judge who started the first certified court alcohol and drug program in Indiana; Elaine McDowell, Ph.D., trustee chair of A.A.’s General Service Board, who for eight years served as the director of the Center for Substance Abuse Prevention; and George E. Vaillant, M.D., professor, Department of Psychiatry, Harvard Medical School, and former senior physician, Brigham and Women’s Hospital. Also on hand were Greg M., general manager of A.A.’s General Service Office, and Susan U., a G.S.O. staff member who currently has the C.P.C. (Cooperation With the Professional Community) assignment.

On the second day of the forum, which was held Sept. 22-27, trustee Linda Chezem, participating in a panel discussion with French-speaking professionals, spoke on “Ethical Sentencing of Criminal Defendants.” Later, when interviewed by the Canadian

Broadcasting Company (CBC), she was asked her opinion about whether marijuana should be legalized, and also if state legislatures should be more informed about drug abuse. Linda explained that A.A., in the spirit of its Tenth Tradition, “has no opinion on matters beyond its primary purpose: to carry the A.A. message to the alcoholic who still suffers.”

Speaking about A.A. as a free resource to professionals, trustee Leonard Blumenthal observed, “I have been working in the substance-abuse field for 35-plus years and have found that A.A. provides the best ‘recipe for living’ of any that I have seen. Alcohol is mentioned only in the first of the program’s Twelve Steps; everything else emphasizes recovery and growth.” With a smile he added, “I would encourage every professional who deals with alcoholics to call the A.A. number in the phone book and arrange to attend an open meeting. You might get the same surprise I did — seeing many of your former clients doing very well without you!”

At another session, trustee Allen Ault gave a presentation on “Rehabilitation and Social Reintegration” of inmates. He said that in the United States there are 1,405,531 individuals in prison, 2,500,000 people on parole, and that violent crime has decreased by 27 percent since 1994. He further pointed out that 80 percent of inmates have substance-abuse problems, with only 12 percent receiving treatment. “The 2,500 A.A. groups in prisons serve about 66,000 members,” he added, “and a lot of recovery is achieved by inmates who participate. Important to those outcomes are outside A.A. sponsors who take meetings into the prisons and connect with inmates upon their release to help them make the transition to mainstream A.A.”

Speaking on “A.A.’s Singleness of Purpose in a Multifaceted Environment,” trustee chair Elaine McDowell said that “it is commonly believed by many professionals that ‘a drug is a drug’ and, therefore, regardless of the substance used, clients will benefit from attending A.A. meetings. This thinking is often carried over into practice by referrals to A.A. of individuals who suffer from problems other than alcoholism.” She explained that A.A.’s singleness of purpose was spelled out by co-founder Bill W., who in the February 1958 issue of the A.A. Grapevine wrote, “Sobriety — freedom from alcohol — through the teaching and practice of the Twelve Steps, is the sole purpose of an A.A. group. Groups have repeatedly tried other activities, and they have always failed. It has also been learned that there is no possible way to make non-alcoholics into A.A. members. We have to confine our A.A. groups to a single purpose. If we don’t stick to these principles, we shall almost certainly collapse. And if we collapse, we cannot help anyone.”

Expanding on the theme “Alcoholics Anonymous: Cult or Cure?” trustee George Vaillant remarked that some professionals have difficulty seeing A.A. as medicine. Noting that “will power alone doesn’t work,” he said that “A.A. is the most successful program for recovering alcoholics.” Nonetheless, he stressed, “A.A. is not a magic bullet for every alcoholic. As Bill W. made clear in his foreword to *Alcoholics Anonymous*, ‘Upon therapy for the alcoholic himself, we surely have no monopoly.’ “Nor” George added, “is professional treatment ineffective; the difference is that A.A. attendance does not stop when the patient leaves the clinic.”

Luke Chabot, president, CEO and chairman of the Organizing Committee said: “This forum was the realization of a vision to work toward international mobilization to tackle the worldwide epidemic of [alcohol and drug] addiction through cooperation between organizations and individuals in the addiction field.”

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