

About AA

A.A. Board's New Chairperson

Elaine McDowell, Ph.D., for the past nine years a Class A (non-alcoholic) trustee of Alcoholics Anonymous, was elected chairperson of the General Service Board at its April meeting.



Elaine McDowell, Ph.D.

Dr. McDowell, who holds a B.A. from Morgan State University (Baltimore), and an M.S.W. and Ph.D. (in social work) from the University of Maryland, is the first woman and first African-American to chair the board.

She has more than 28 years' experience in administering treatment, research and prevention programs in the alcohol, drug abuse and mental health fields. During her tenure with the U.S.

Federal Government, she served as deputy director of the National Institute on Drug Abuse. Most recently she was director, from 1988-96, of the Center for Substance Abuse Prevention (CSAP).

Says Dr. McDowell: "A.A. is a world-circling Fellowship whose success in helping alcoholics to get sober and stay sober is truly impressive. As a trusted servant I am honored to join A.A.'s dedicated members, staff and trustees in helping alcoholics from all walks of life—to reach them with A.A.'s message of hope and healing wherever they are."

A.A.'s Singleness of Purpose

So often in A.A., everything old is new again. Today, for instance, many people suffering a variety of ailments other than alcoholism are steered to A.A., causing confusion among members and the professional community alike. A new problem? Not at all. More than 40 years ago the Fellowship was faced with a similar conflict, and Bill W.'s response cut to the heart of A.A.'s reason for being, its singleness of purpose.

"Sobriety—freedom from alcohol—through the teaching and practice of the Twelve Steps, is the sole purpose of an A.A. group," he wrote in the February 1958 issue of the A.A. Grapevine. "Groups have repeatedly tried other activities, and

they have always failed. It has also been learned that there is no possible way to make nonalcoholics into A.A. members. We have to confine our membership to alcoholics, and 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."

'Identification Is the Key to Recovery'

Additionally, points out A.A. member Allan W., Southeast New York's delegate to A.A.'s General Service Conference, that acts as the group conscience for A.A. in the U.S. and Canada, and chairman of the 2002 Conference Committee on Cooperation With the Professional Community (C.P.C.), "Bill was convinced that the more A.A. 'tends to its own affairs and minds its own business,' the more unified, successful and respected we'll be." (*Alcoholics Anonymous Comes of Age*, p. 233) Allan says. "We welcome people who share about things that might threaten their sobriety, but the common denominator must be alcoholism. Alcoholics may wrestle with several other addictions as well, but all addicts are not alcoholics; all overeaters or gamblers or drug-takers are not alcoholics. In hammering out A.A.'s primary purpose—'to stay sober and help other alcoholics to achieve sobriety'—this was the point our founders felt to be so vital to the long-term stability of the Fellowship."

Look to the Newcomer

Says A.A. member and past delegate Susan C., who currently is a director of the Grapevine Corporate Board: "Think of the newcomer. If A.A. swings wide the gates, where's the identification? A.A. never said we were for everybody, though if someone needs help with a problem other than alcohol, individual members will certainly try to help them get it." Moreover, she notes, "A.A. is mindful of the need to encourage any and all ways to help the suffering alcoholic, and we are grateful for any agency or method that tries to solve the problem of alcoholism. But we have Traditions that prevent us from affiliating with anyone, even as outside agencies are under no obligation to abide by our own self-imposed singleness of purpose.

"For years now," Susan relates, "treatment centers and the courts have commonly lumped alcoholism and drug addiction under the term 'substance abuse' or 'chemical dependency.' People, both alcoholic and nonalcoholic, are introduced to A.A. and encouraged to go to meetings on the 'outside' when they leave. This, despite the fact that while anyone is welcome to attend open A.A. meetings, only persons with a drinking problem are encouraged to participate in closed meetings or become A.A. members. It's a continuing problem that causes real difficulty for A.A. groups."

The answer, as she sees it, is to achieve ever more effective public understanding, especially among professionals. One way, she feels, is to communicate with the nonalcoholic addict what A.A. is and isn't. Susan believes that cooperation with professionals—in health care, the legal system, education, the clergy and more—“is essential to our ongoing commitment ‘to be there when anyone, anywhere reaches out for help.’ But, as eternal vigilance is the price of our sobriety, let it also be the watchword for our cooperation without a hint of affiliation.”

‘Singleness of Purpose Is A.A.’s Strength’

Elaine McDowell, Ph.D., A.A.’s new chairperson, believes that “members’ ability to understand and adhere to its primary purpose is A.A.’s real strength.” Noting that “the Fellowship is a program of attraction rather than promotion, in the spirit of its Eleventh Tradition,” she observes that “for 66 years the hand of A.A. has been there for the alcoholic. It works! To waver from its primary purpose would compromise A.A.’s principles and diminish its effectiveness in attracting and retaining alcoholics.”

A.A.’s wide network of service committees—including Correctional Facilities, Treatment Facilities, Public Information and Cooperation With the Professional Community — “are all focused on making the hand of A.A. available to the suffering alcoholic,” Elaine points out. These committees, made up of dedicated A.A.s, will go to any lengths to reach the professionals who see, treat and counsel alcoholics. Even now many of them have limited knowledge or understanding of A.A.’s singleness of purpose, which is one reason why a sizable segment of people still think of A.A. as a catch-all treatment program—they believe that if it can work for the alcoholic it will work for any addict. So the answer is to inform the public and professionals alike—in lawyers’ offices, jails and prisons, hospital waiting rooms, seminaries, medical schools—wherever they are.”

Keep Talking, Keep Communicating

Class A (nonalcoholic) trustee George E. Vaillant, M.D., immediate past chairman of the trustees’ C.P.C./Treatment Facilities Committee, has consistently emphasized the role of hope in recovery from alcoholism, but with a caveat: “Hope is not something we can simply hand to another,” he affirms. “We can share only our own hope, just as A.A.s can share only their own strength and experience in sobriety. More and more,” he points out, “A.A. is seeing newcomers who are addicted to alcohol and one or more other substances besides, and often they’ll share more about shooting up and snorting and popping than about their drinking. Many A.A.s can’t identify and get upset. But if these newcomers express a desire to stop drinking, or think they might be alcoholics, it’s possible, even likely, that they didn’t land in an A.A. meeting by error.

“Some people may see the singleness of purpose of A.A. as exclusive rather than focused. That is a mistake. Each year alcoholism kills 100,000 people—more than die from diabetes or from all other drugs (except nicotine) combined. Alcoholism is enough of a problem for any program of recovery to focus on.”

On balance, says George, “if everyone just keeps talking, keeps communicating, then I believe that those who would fare better in another program, such as N.A. or P.A. [Pills Anonymous], will find an appropriate home—and hopefully the alcoholic will stick around A.A. and get well. Patience is called

for, and tolerance. Alcoholism is a killer illness, and we don’t want even one alcoholic seeking help to fall between the cracks.”

Other Twelfth-Step Programs Look at A.A.

Dozens of self-help programs flourishing today borrow from A.A.’s Steps, Traditions and Concepts—just as A.A. itself came about through the experience and wisdom of others, including various religions and the Oxford Group. One such is Narcotics Anonymous, founded in 1953, which lists thousands of groups worldwide. Some years ago, in their newsletter *Newsline*, N.A.’s trustees shared “Some Thoughts on Our Relationship to A.A.”

“N.A.,” the trustees stated, “is modeled after, though not identical to A.A. Nearly every N.A. group in existence has leaned to some degree on A.A. in its formative stages. Our relationship with that Fellowship over the years has been very real and dynamic.” The trustees noted that “one of A.A.’s greatest strengths is its single-minded focus on one thing only: By limiting its primary purpose to carrying the message to alcoholics, avoiding all other activities, A.A. is able to do that one thing supremely well. . . .

“From early on, A.A. was confronted by a perplexing problem: ‘What do we do with drug addicts? They come in here talking about drugs, inadvertently weakening our atmosphere of identification.’ The Steps were written, the Big Book was written—were they supposed to rewrite it all? Allow identification to blur so that no one acquired a clear sense of belonging? Kick these dying people back into the street?” In the end, the N.A. trustees noted, “A.A. said that while they cannot accept nonalcoholic addicts as members, they freely offer their Steps and Traditions for adaptation by any groups who wish to use them. They pledged their support in a spirit of ‘cooperation, not affiliation.’ This farsighted solution to a difficult problem paved the way for the development of the N.A. fellowship.”

Another fast-growing self-help organization that views A.A. as its model is Cocaine Anonymous (C.A.), now nearing its 20th anniversary. Reflecting on C.A.’s “excellent relationship” with A.A., past C.A. world service trustee Jennifer R., of Costa Rica, explained, “In C.A. our common identification is expressed in Step One: ‘We admitted we were powerless over cocaine and all other mind-altering substances—that our lives had become unmanageable.’ Even as we look to A.A. for guidance, we are separate, because each fellowship has a unique primary purpose. Each time someone recovers—whether from alcoholism in A.A. or from mind-altering substances in C.A.—we are helping each other.”

Some Resources

Cocaine Anonymous, Box 1367, Culver City, CA 90232, 213-559-5833; **Narcotics Anonymous**, 16155 Wyandotte St., Van Nuys, CA 91406; **Overeaters Anonymous**, 219 - 190th St., Torrance, CA 90504, 213-542-8363; **National Self-Help Clearinghouse**, Graduate School & University Center, City University of N.Y., 33 W. 42nd St., New York, NY 10036, 212-840-1259.

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