

William James, Bill Wilson, and the Origin of Alcoholics Anonymous (A.A.).

John D. McPeake, Ph.D., C.A.S., The Dublin Group, Inc. Dublin NH, 03444,
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Abstract

William Griffiths Wilson, the acknowledged founder of Alcoholics Anonymous (A.A.), says in many of his writings that William James, through his book, *The Varieties of Religious Experience: A Study in Human Nature* (2002), was a co-founder of A.A. Despite this, William James and his work do not appear to be well-known within the circles of individuals interested in alcoholism and recovery from alcoholism through A.A., the premier recovery organization. This article seeks to provide the reader with a description of Bill Wilson's pivotal spiritual experience and similar experiences catalogued by James. Then James' major ideas on spiritual experience are outlined followed for comparison by a similar outline of the main ideas from *Alcoholics Anonymous* (2001). The discussion traces the impact of James' ideas on A.A.'s early development. It is to be hoped that this discussion will stimulate a renewed interest in and broad discussion of spiritual experience and its role in recovery from alcoholism.

Key Words

Religious experience, spiritual experience, William James, *Varieties of Religious Experience*, Bill Wilson, alcoholism, recovery, Alcoholics Anonymous (A.A.), *Alcoholics Anonymous*, Twelve Steps

1. Introduction

In December of 1934 Bill Wilson was in Towns Hospital off Central Park in NYC for what would be his last detoxification. During this hospitalization Bill had a dramatic "spiritual experience." Bill describes this dramatic experience in his history of A.A. (1957, p.63):

"My depression deepened unbearably and finally it seemed to me as though I were at the bottom of the pit. I still gagged badly on the notion of a Power greater than myself, but finally, just for the moment, the last vestige of my proud obstinacy was crushed. All at once I found myself crying out, 'If there is a God, let Him show Himself! I am ready to do anything, anything!'

Suddenly the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe. It seemed to me, in my mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me

that I was a free man. Slowly the ecstasy subsided. I lay on the bed, but now for a time I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence, and I thought to myself, 'So this is the God of the preachers!' A great peace stole over me and I thought, 'No matter how wrong things seem to be, they are still all right. Things are all right with God and His world.'"

While this sudden and dramatic spiritual experience stands alone as an aspect of Bill's personal experience, a number of antecedents probably played some role and prepared Bill for the experience. Several events that happened immediately afterwards are also worth considering.

Bill had been raised in the Vermont village of East Dorset in a Calvinistic tradition that his grandfather who he admired, had rejected. As an adult Bill had a long and agonizing history of heavy drinking seemingly coupled with unbearable depression. Dr. William Silkworth, the Medical Director at Towns, who was Bill Wilson's physician, friend, and mentor, had told him that he was an alcoholic and that alcoholism was a hopeless disease, without a known cure.

In the weeks prior to the spiritual experience described above, Bill had been going to Oxford Group meetings and to some mission meetings in the Bowery with his old school friend, Ebby Thatcher. Ebby had stopped drinking as a result of his experiences with the Oxford Groups. Ebby's neat little summary of the Oxford Group's spiritual program -which he repeated before leaving Bill's hospital room just prior to Bill's dramatic spiritual awakening - was: "You admit you are licked; you get honest with yourself; you talk it out with somebody else; you make restitution to the people you have harmed; you try to give of yourself without stint, with no demand for reward; and you pray to whatever God you think there is, even as an experiment (1957, pp. 62-63, see p. 160 for a slightly more formal rendering of the OG six steps)." This is the beginning of the impact of one alcoholic talking to another. Bill was aware that another Oxford Group friend of Ebby's, also an alcoholic, had been told by no lesser an expert than C.J. Jung that he was a hopeless alcoholic and only a vital spiritual experience would alleviate his disorder.

After Bill Wilson's spiritual experience, Dr. Silkworth confirmed that he was not "crazy" but that he had had just the sort of spiritual experience that sometimes cures alcoholics. The next day Ebby brought Bill a copy of William James' book *The Varieties of Religious Experience: A Study in Human Nature* (VRE). This book contained the Gifford Lectures that were delivered in 1901-1902 and subsequently published as a book (2002) that Bill "...devoured from cover to cover (1957, p. 64)." This remarkable book is still in use today in the fields of psychology, religion, and philosophy (see for example, Charles Taylor's (2002) *Varieties of Religious Today: William James Re-Visited* or Bridgers, L. (2005) *Contemporary Varieties of Religious Experience*. Lanham MD: Lanham, Rowman and Littlefield). VRE provides detailed examples of spiritual experiences similar to Bill's and describes their causes, meanings and consequences.

Bill would have to wait until late spring 1935, when chance took him to Akron, Ohio. There he met Dr. Robert Smith and re-learned the essential lesson that infuses A.A.: it is the power of one alcoholic talking to another alcoholic about the consequences, but particularly the feelings, engendered by this hopeless illness that can lead to lifelong sobriety.

From that day forward, several facts about alcoholism became manifest. Alcoholism was an illness. Alcoholism crushed its victims by making them feel hopeless. There was no “cure” but there was a “spiritual solution,” centered on alcoholics helping each other to refrain from drinking. These positive experiences led to the publication in 1939 of *Alcoholics Anonymous*, containing A.A.’s program of recovery, the Twelve Steps, a version of Ebby’s “neat little formula,” and the shared experiences described in the stories of recovering alcoholics that make up the majority of the book.

Much of the material identified above has been discussed and written about in some detail and is familiar to many recovering people. What often surprises otherwise knowledgeable individuals, however, is Bill Wilson’s claim that he regarded William James (WJ) as a “founder” of A.A. (1957) and that the VRE was one of a small number of books consulted early and often by the people who founded A.A. William James is cited in the text of *Alcoholics Anonymous*, one of only two outside sources cited, Carl Jung is the other, and in the second edition (1955) several footnotes reference the then new Appendix II: “Spiritual Experience,” which discusses William James’ view of spiritual experience, particularly the distinction between the sudden experience of Bill, described above, and the more common, gradual, or educational variety, experienced by the majority of A.A. members. According to Robertson (1988) “He (Wilson) studied Varieties for months, was completely gripped by it, and urged everyone in sight to read it and learn from it. (p. 60)” What I purpose to do in this paper is to review VRE and reflect on its possible impact on Bill Wilson and its relationship to spiritual development within A.A.

Section 2: A brief note on William James

For the reader familiar with William James, no introduction is needed. For the reader unfamiliar with William James these two paragraphs from one of the many recent biographies of James (Richardson, 2006) may be helpful in appreciating James’ significance: “Alfred North Whitehead said, ‘In Western Literature there are four great thinkers, whose services to civilized thought rest largely on their achievements in philosophical assemblage; though each of them made important contributions to the structure of philosophical system. These men are Plato, Aristotle, Leibniz, and William James.’ John McDermott says, ‘William James is to classic American philosophy as Plato was to Greek and Roman philosophy, an originating and inspirational fountainhead.’ James is famous for pragmatism (which he sometimes felt he should have called humanism), though he should be remembered for his radical empiricism (which could be called phenomenology); that is, his belief that reality is confined to what we

experience, with the crucial proviso that nothing we experience can be excluded. His book *The Will to Believe* was about the right to believe, and his *Varieties of Religious Experience* made religion possible for many educated moderns who are uncomfortable with the authority of churches and dogmas. The book is also a cornerstone of the modern field of comparative religion. Though it is nearly a hundred years since James died, his thought is still very much alive. ‘I find him visibly and testably right,’ says Jacques Barzun. ‘He is for me the most inclusive mind I can listen to, the most concrete and the least hampered by trifles. (2006, p. xiv)’

Section 3: Five Cases From WJ’s VRE

What is striking about VRE - and what must have grabbed Bill Wilson’s attention immediately - is that VRE contains case histories of spiritual experiences like Bill’s. Some are even more dramatic and powerful than his. They are drawn from the religious and secular literature. I have included five examples of religious experience taken from the pages of VRE. It is worth noting here that these experiences, called religious experiences by James, are what members of A.A. would call “spiritual experiences”: personal, subjective, emotionally profound encounters with what the subject of the case views as the “spiritual.” It is also worth noting that most members of A.A. do not have the type of dramatic experience described by Bill in the foregoing example, nor the even more dramatic examples described below.

1. GEORGE FOX (2002, pp. 10-11) George Fox was the founder of The Society of Friends, also known as the Quakers, and widely regarded by his peers as a highly intelligent and substantial person.

“ As I was walking with several friends, I lifted up my head, and saw three steeple-house spires, and they struck at my life. I asked them what place that was? They said, Lichfield. Immediately the word of the Lord came to me, that I must go thither. Being come to the house we were going to, I wished the friends to walk into the house, saying nothing to them of whither I was to go. As soon as they were gone I stept away, and went by my eye over hedge and ditch till I came within a mile of Lichfield; where, in a great field, shepherds, were keeping their sheep. Then was I commanded by the Lord to pull off my shoes. I stood still, for it was winter: but the word of the Lord was like a fire in me. So I put off my shoes and left them with the shepherds; and the poor shepherds trembled, and were astonished. Then I walked on about a mile, and as soon as I was got within the city, the word of the Lord came to me again, saying: Cry, ‘Wo to the bloody city of Lichfield!’ So I went up and down the streets, crying with a loud voice, Wo to the bloody city of Lichfield!’ It being market day, I went into the market-place, and to and fro in the several parts of it, and made stands, crying as before, Wo to the bloody city of Lichfield! And no one laid hands on me. As I went thus crying through the streets, there seemed to me to be a channel of blood running down the streets, and the market-place appeared like a pool of blood. When I had declared what was upon me, and felt myself clear; I went out of the town in peace; and returning to the shepherds gave them some

money, and took my shoes of them again. But the fire of the Lord was so on my feet, and all over me, that I did not matter to put on my shoes again, and was at a stand whether I should or no, till I felt freedom from the Lord so to do: then, after I had washed my feet, I put on my shoes again. After this a deep consideration came upon me, for what reason I should be sent to cry against that city, and call it The bloody city! For though the parliament had the minister one while, and the king another, and much blood had been shed in the town during the wars between them, yet there was no more than had befallen many other places. But afterwards I came to understand, that in the Emperor Diocletian's time a thousand Christians were martyr'd in Lichfield. So I was to go, without my shoes, through the channel of their blood, and into the pool of their blood in the market-place, that I might raise up the memorial of the blood of those martyrs, which had been shed above a thousand years before, and lay cold in their streets. So the sense of this blood was upon me, and I obeyed the word of the Lord.”

2. MR. S. H. HADLEY (2002, pp. 223-225)

“One Tuesday evening I sat in a saloon in Harlem, a homeless, friendless, dying drunkard. I had pawned or sold everything that would bring a drink. I could not sleep unless I was dead drunk. I had not eaten for days, and for four nights preceding I had suffered with delirium tremens, or the horrors, from midnight till morning. I had often said, ‘I will never be a tramp. I will never be cornered, for when that time comes, if ever it comes, I will find a home in the bottom of the river.’ But the Lord so ordered it that when that time did come I was not able to walk one quarter of the way to the river. As I sat there thinking, I seemed to feel some great and mighty presence. I did not know then what it was. I did learn afterwards that it was Jesus, the sinner's friend. I walked up to the bar and pounded it with my fist till I made the glasses rattle. Those who stood by drinking looked on the scornful curiosity. I said I would never take another drink, if I died on the street, and really I felt as though that would happen before morning. Something said, ‘If you want to keep this promise, go and have yourself locked up.’ I went to the nearest station-house and had myself locked up.

“I was placed in a narrow cell, and it seemed as though all the demons that could find room came in that place with me. This was not all the company I had, either. No, praise the Lord; that dear Spirit that came to me in the saloon was present, and said, Pray. I did pray, and though I did not feel any great help, I kept on praying. As soon as I was able to leave my cell I was taken to the police court and remanded back to the cell. I was finally released, and found my way to my brother's house, where every care was given me. While lying in bed the admonishing Spirit never left me, and when I arose the following Sabbath morning I felt that day would decide my fate, and toward evening it came into my head to go to Jerry M'Auley's Mission. I went. The house was packed, and with great difficulty I made my way to the space near the platform. There I saw the apostle to the drunkard and the outcast—that man of God, Jerry M'Auley. He rose, and amid deep silence told his experience. There was a sincerity about this man that carried conviction

with it, and I found myself saying, 'I wonder if God can save *me*?' I listened to the testimony of twenty-five or thirty persons, every one of whom had been saved from rum, and I made up my mind that I would be saved or die right there. When the invitation was given, I knelt down with a crowd of drunkards. Jerry made the first prayer. Then Mrs. M'Auley prayed fervently for us. Oh, what a conflict was going on for my poor soul! A blessed whisper said, 'Come'; the devil said, 'Be careful.' I halted but a moment, and then, with a breaking heart, I said, 'Dear Jesus, can you help me?' Never with mortal tongue can I describe that moment. Although up to that moment my soul had been filled with indescribable gloom, I felt that glorious brightness of the noonday sunshine into my heart. I felt I was a free man. Oh, the precious feeling of safety, of freedom, of resting on Jesus. I felt that Christ with all his brightness and power had come into my life; that, indeed, old things had passed away and all things had become new.

"From that moment till now I have never wanted a drink of whiskey, and I have never seen money enough to make me take one. I promised God that night that if he would take away the appetite for strong drink, I would work for him all my life. He has done his part, and I have been trying to do mine."

3. THE OXFORD GRADUATE (2002, pp. 244-246)

"Between the period of leaving Oxford and my conversion I never darkened the door of my father's church, although I lived with him for eight years, making what money I wanted by journalism, and spending it in high carousal with any one who would sit with me and drink it away. So I lived, sometimes drunk for a week together, and then a terrible repentance, and would not touch a drop for a whole month.

"In all this period, that is, up to thirty-three years of age, I never had a desire to reform on religious grounds. But all my pangs were due to some terrible remorse I used to feel after a heavy carousal, the remorse taking the shape of regret after my folly in wasting my life in such a way – a man of superior talents and education. This terrible remorse turned me gray in one night, and whenever it came upon me I was perceptibly grayer the next morning. What I suffered in this way is beyond the expression of words. It was hell-fire in all its most dreadful tortures. Often did I vow that if I got over 'this time' I would reform. Alas, in about three days I fully recovered, and was as happy as ever. So it went on for years, but, with a physique like a rhinoceros, I always recovered, and as long as I let drink alone, no man was as capable of enjoying life as I was.

"I was converted in my own bedroom in my father's rectory house at precisely three o'clock in the afternoon of a hot July day (July 13, 1886). I was in perfect health, having been off from the drink for nearly a month. I was in no way troubled about my soul. In fact, God was not in my thought that day. A young lady friend sent me a copy of Professor Drummond's *Natural Law in the Spiritual World*, asking me my opinion of it as a literary work only. Being proud of my critical talents and wishing to enhance myself

in my new friend's esteem, I took the book to my bedroom for quiet, intending to give it a thorough study, and then write her what I thought of it. It was here that God met me face to face, and I shall never forget the meeting. "He that hath the Son hath life eternal, he that hath not the Son hath not life." I had read this scores of times before, but this made all the difference. I was now in God's presence and my attention was absolutely 'soldered' on to this verse, and I was not allowed to proceed with the book till I had fairly considered what these words really involved. Only then was I allowed to proceed, feeling all the while that there was another being in my bedroom, though not seen by me. The stillness was very marvelous, and I felt supremely happy. It was most unquestionably shown me, in one second of time, that I had never touched the Eternal: and that if I died then, I must inevitably be lost. I was undone. I knew it as well as I now know I am saved. The Spirit of God showed it me in ineffable love; there was no terror in it; I felt God's love so powerfully upon me that only a mighty sorrow crept over me that I had lost all through my own folly; and what was I to do? What could I do? I did not repent even; God never asked me to repent. All I felt was 'I am undone,' and God cannot help it, although he loves me. No fault on the part of the Almighty. All the time I was supremely happy: I felt like a little child before his father. I had done wrong, but my Father did not scold, me, but loved me most wondrously. Still my doom was sealed. I was lost to a certainty, and being naturally of a brave disposition I did not quail under it, but deep sorrow for the past, mixed with regret for what I had lost, took hold upon me, and my soul thrilled within me to think it was all over. Then there crept in upon me so gently, so lovingly, so unmistakably, a way of escape and what was it after all? The old, old story over again, told in the simplest way: 'There is no name under heaven whereby ye can be saved except that of the Lord Jesus Christ.' No words were spoken to me; my soul seemed to see my Saviour in the spirit, and from that hour to this, nearly nine years now, there has never been in my life one doubt that the Lord Jesus Christ and God the Father both worked upon me that afternoon in July, both differently, and both in the most perfect love conceivable, and I rejoiced there and then in a conversion so astounding that the whole village heard of it in less than twenty-four hours.

"But a time of trouble was yet to come. The day after my conversion I went into the hay-field to lend a hand with the harvest, and not having made any promise to God to abstain or drink in moderation only, I took too much and came home drunk. My poor sister was heart-broken; and I felt ashamed of myself and got to my bedroom at once, where she followed me, weeping copiously. She said I had been converted and fallen away instantly. But although I was quite full of drink (not muddled, however), I knew that God's work begun in me was not going to be wasted. About midday I made on my knees the first prayer before God for twenty years. I did not ask to be forgiven; I felt that was no good, for I would be sure to fall again. Well, what did I do? I committed myself to him in the profoundest belief that my individuality was going to be destroyed, that he would take all from me, and I was willing. In such a surrender lies the secret of a holy life. From that hour drink has had no terrors for me: I never touch it, never want it. The same thing occurred with my pipe: after being a regular smoker from my twelfth year the desire for it went at once, and has never returned. So with every known sin, the

deliverance in each case being permanent and complete. I have had no temptation since conversion, God seemingly have shut out Satan from that course with me. He gets a free hand in other ways, but never on sins of the flesh. Since I gave up to God all ownership in my own life, he has guided me in a thousand ways, and has opened my path in a way almost incredible to those who do not enjoy the blessing of a truly surrendered life.”

4. FROM THE AUTOBIOGRAPHY OF J. TREVOR (2002, p. 432)

“One brilliant Sunday morning, my wife and boys went to the Unitarian Chapel in Macclesfield. I felt it impossible to accompany them –as though to leave the sunshine on the hills and go down there to the chapel, would be for a time an act of spiritual suicide. And I felt such need for new inspiration and expansion in my life. So, very reluctantly and sadly, I left my wife and boy to go down into the town, while I went further up into the hills with my stick and my dog. In the loveliness of the morning, and the beauty of the hills and valleys, I soon lost my sense of sadness and regret. For nearly an hour I walked along the road to the ‘Cat and Fiddle,’ and then returned. On the way back, suddenly, without warning, I felt that I was in Heaven – an inward state of peace and joy and assurance indescribably intense, accompanied with a sense of being bathed in a warm glow of light, as though the external condition had brought about the internal effect – a feeling of having passed beyond the body, though the scene around me stood out more clearly and as if nearer to me than before, by reason of the illumination in the midst of which I seemed to be placed. This deep emotion lasted, though with decreasing strength, until I reached home, and for some time after, only gradually passing away.”

5. DR. R. M. BUCKE (originator of the term “cosmic consciousness,” (2002 p. 435)

“ I had spent the evening in a great city, with two friends, reading and discussing poetry and philosophy. We parted at midnight. I had a long drive in a hansom to my lodging. My mind, deeply under the influence of the ideas, images, and emotions called up by the reading and talk, was calm and peaceful. I was in a state of quiet, almost passive enjoyment, not actually thinking, but letting ideas, images, and emotions flow of themselves, as it were, through my mind. All at once, without warning of any kind, I found myself wrapped in a flame-colored cloud. For an instant I thought of fire, an immense conflagration somewhere close by in that great city; the next, I know that the fire was within myself. Directly afterward there came upon me a sense of exultation, of immense joyousness accompanied or immediately followed by an intellectual illumination impossible to describe. Among other things, I did not merely come to believe, but I saw that the universe is not composed of dead matter, but is, on the contrary, a living Presence; I became conscious in myself of eternal life. It was not a conviction that I would have eternal life, but a consciousness that I possessed eternal life then; I saw that all men are immortal; that the cosmic order is such that without any peradventure all things work together for the good of each and all; that the foundation principle of the world, of all the worlds, is what we call love, and that the happiness of each and all is in the long run absolutely certain. The vision lasted a few seconds and

was gone; but the memory of it and the sense of the reality of what it taught has remained during the quarter of a century which has since elapsed. I knew that what the vision showed was true. I had attained to a point of view from which I saw that it must be true. That view, that conviction, I may say that consciousness, has never, even during periods of the deepest depression, been lost.”

Section 4: A summary of the content of VRE¹

In Lecture I: “Religion and Neurology,” WJ establishes that *Varieties of Religious Experience* is a descriptive study of the peculiar capacity of human beings to have transformative religious experiences.² WJ chooses to present descriptions as they are found in religious and secular literature of the people he calls religious “geniuses.” These individuals are extreme examples of a normally distributed human capacity, and he notes that it is in the extreme examples that we can learn the most about any phenomenon. He acknowledges that religious experience may make an individual appear eccentric and in many cases the religious experiences described have elements of mental disorder. “Medical materialism” and “medical materialists” are terms he introduces to describe those individuals who would dismiss religious experience because of its connection to mental disorder or other stigmatized conditions. WJ is adamant that such a critique is invalid. He notes that the evaluation of religious experience should be based on the consequences, the fruits, the results of religious experience in the life of the individual who has the experience and the subsequent effect on the culture in which the individual lives. He describes this as the “empiricist criterion,” evaluation of an experience by its consequences, not by its roots or antecedents. In this process he is introducing us to pragmatism, a uniquely American philosophical point of view that WJ championed and which remains a strong philosophic perspective today. How something works “on the whole” is how WJ will evaluate the value of a thought, concept, or behavior.

Lecture I: “Religion and Neurology”

Main Points

1. Humans have an aptitude or ability to have religious experiences, and thus to dramatically transform themselves. This characteristic is normally distributed.
2. “Medical materialism” or reductionism is an inadequate frame of reference for understanding these transformations.
3. The consequences - the fruits - of these experiences, “how they work on the whole,” is the most valid way to evaluate them.

In Lecture II: “Circumscription of the Topic,” WJ establishes that his subject in these

¹ William James (2002) *Varieties of religious Experience: A Study in Human Nature*. New York: The Modern Library.

² WJ use of the term *religious* is essentially the same as A.A.’s use of the term *spiritual*. This can be seen in the definition of *religious experience* offered in the second lecture.

lectures is personal religious experience, not institutional religion. It is the experience, for example, of the founders of religious institutions and not the followers, or the bureaucrats. He offers the following description of his topic: "...the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine. (2002 p. 36)" In circumscribing his topic WJ begins an emphasis that occurs throughout these lectures: that religious experience is distinguished by marked feeling, by intense affect, by significant emotion. Generally the emotions involved are joyous - or - ecstatic, but serious and solemn as well. Further, the religious experience comes unbidden. It does not generally involve will or effort and adds power to the individual's life, the power to do things seemingly impossible. It also releases the individual from worldly demands and leads them to welcome and embrace pain and suffering as essentially meaningless.

Lecture II: "Circumscription of the Topic"

Main Points

1. Religious experience, what A.A. would call spiritual experience, is the personal experience of individuals encountering the/a higher power(s).
2. The religious experience is characterized by intense emotion.
3. The religious experience does not involve the human will; it comes unbidden. The individual feels passive, acted upon.
4. The religious experience gives the individual "power" to accomplish seemingly impossible things.

In Lecture III: "The Reality of the Unseen," WJ notes that the broadest characterization of religious life is that "there is an unseen order and that our greatest good lies in harmoniously adjusting ourselves to this order. (2002, p.61)" Further, WJ notes that belief in, and response to, abstract ideas ('objects of our consciousness') uniquely characterizes humans and is often more powerful than response to concepts that emerge from sensory experience. These abstract cognitions often appear to have no empirical (sensory) reality. WJ sees this response to unseen things, to felt "presences," as a special "sense" that probably has a neurophysiological locus, similar to vision, hearing, taste, etc. In some cases the power of these abstract concepts is so great that individuals actually "feel" or sense their presence, and sometimes experience them in what we would describe as full-blown hallucinatory experiences. Finally, rational or intellectual argument cannot undercut such experiences, as they often have the quality of authoritative disclosure to the individual who has the experience.

Lecture III: "The Reality of the Unseen"

Main Points

1. Religious life involves belief in an unseen "order" and the adjusting of the self to

- this order.
2. In many cases the unseen is as real - most often more real - than the world of sensory experience.
 3. The experience of the unseen particularly the sense of a “presence” is authoritative and resists intellectual argument.

In Lecture IV and V: “The Religion of Healthy Mindedness,” WJ notes that happiness is almost everybody’s life goal, and religions that produce happiness are often quickly adopted. Further, some individuals are constitutionally optimistic and happy, the “healthy-minded” or the “once-born,” after a distinction of Francis Neuman. For others, however, a conscious, voluntary, systematic pursuit of happiness is needed which emphasizes the positive and eliminates or ignores evil. WJ here turns to the mind-cure movement that swept across the U.S. circa 1900. He chides intellectuals who find mind-cure ridiculous, by emphasizing its positive practical consequences in the life of those who utilize such principles. He further notes that mind-cure emphasizes a subconscious³ part of each person that is god-like or perhaps in some interpretations a part of God.⁴ When the individual recognizes and identifies with their inner self by letting go of conscious striving, relaxing the conscious self or ego, the subconscious mind gives the individual the gift of great power. WJ says that mind-cure methods are suggestive, utilizing subconscious processes that emphasize exercises in passive relaxation, self-suggestion, concentration, meditation, and hypnotic practice. He again emphasizes that mind-cure cannot be dismissed. Mind-cure has practical consequences for the individual, even if it is only a change in attitude. For many it is much more. And to repeat, mind-cure has very practical consequences.

Lecture IV and V: “The Religion of Healthy Mindedness”

Main Points

1. There are constitutional or personality differences among individuals that determine their religious outlook.
2. Focusing on the positive and ignoring evil characterizes “once-born” individuals and the cultivation of this frame of reference underlies Mind-Cure.
3. Mind-Cure cannot be ignored. It demonstrably produces positive consequences in the lives of many people, most notably in recovery from illness.
4. Evil intrudes itself into life and ultimately cannot be ignored.

³ *WJ was working as a physician and psychologist at a time when research into the nature of the conscious and unconscious mind was coupled with hypnosis as a method of exploring these phenomena in both research and medical practice. He himself makes many contributions to consciousness research.*

⁴ *At this juncture, WJ introduces Vedantic concepts and the teachings of Vivekananda. Later he discusses Bhuddhist and Islamic Sufi teachings, illustrating a cultural breadth remarkable for 1900.*

As opposed to the optimism of the naturally healthy minded, in Lecture VI and VII: “The Sick Soul,” WJ observes there is a contrasting pessimistic or morbid constitutional type. Such individuals are excruciatingly sensitive to the evil in the world and the evil in themselves (e.g. doctrine of original sin). They cannot be happy until such evil is overcome. It may be overcome only by a total regeneration of the self and a rebirth, often through a supernatural remedy. These are the “twice-born” of Neuman’s distinction, mentioned earlier. They have, in contrast to the healthy-minded, their own “peculiar form of consciousness.” WJ suggests that any thoughtful person perceives the existence of evil and the need to explain, and in some way counter, this evil. Without an understanding of the genesis and resolution of pain, sickness, death and inhumanity, life is insincere and inauthentic.⁵

Lecture VI and VII: “The Sick Soul”

Main Points

1. Evil must be incorporated into the religious frame of reference of most authentic lives.
2. Some individuals are constitutionally predisposed to sensitivity to evil; they are the “twice-born.”
3. For the twice-born there is a need for a religious experience that transforms them and solves the problem of evil.

WJ notes in Lecture VIII: “The Divided Self and The Process of Unification” that the basis of the twice-born character is a “discordancy” or heterogeneity in the innate temperament. There is a continuum for individuals in this inner discordancy, this divided self, from a very mild to a very intense inner conflict among impulses. The acting out of these discords is as WJ says euphemistically “inconvenient in the extreme” for some and just an annoyance for others. Normal human development is about resolving these conflicts and developing a unified inner self.⁶ WJ argues that much of the process of unification takes place in the subconscious realm of the mind. The process involves internalizing of the conflicting impulses until a “ripening” leads to an “irruption” into consciousness. The process of unification of the divided self may be gradual or abrupt and may be caused by emotion, “altered powers of action,” intellectual insight, or as a result of mystical experience.⁷

⁵ *To the extent that “soul sickness” represents a difficult point of view to engage, one need only meditate on the Holocaust and other contemporary genocides to fully engage the issues developed in this chapter.*

⁶ *Carl Rogers is one of many contemporary psychologists who take the notion of the division of the real and ideal self and the need for integration as a core idea of theory and practice.*

⁷ *It is worth noting that WJ allows for the sudden or gradual integration of the self through means other than the spiritual and provides a number of secular examples.*

Lecture VIII: “The Divided Self and the Process of Unification”

Main Points

1. There is a normal distribution of inner conflict as well as a normal distribution for its resolution.
2. The resolution of this division within the self, between a real and ideal self, may occur gradually or suddenly.
3. The process of unification of the self takes place in the subconscious “beyond” the conscious self. The conscious self is a passive spectator to the process.
4. Strong emotion plays an important role in the conclusive integration of a divided self, but other variables may also be at work.

“Conversion,” Lecture IX, is defined by WJ as the gradual or sudden unification of the divided self through a firmer grasp of religious realities. We are constantly undergoing slight changes in our thinking, behavior, and mental state but when such quotidian alterations cease and become suddenly fixed in one way or another, WJ says we speak of a “transformation” of the individual. WJ says that such a permanent change is often precipitated by strong emotion. When the change is of a religious variety, we speak of conversion. Again, WJ notes that this process may be understood as based on subconscious “cerebration” and “incubation” of ideas whose “irruption” into consciousness and permanency are precipitated by emotion. Conversion for WJ is a subspecies of normal adolescent developmental phenomena, although it occurs more rapidly. The form of the experience itself is determined by cultural factors. Principal among them are imitation and suggestion. WJ states that some individuals have no aptitude for religious conversion, often this due to the intellect. He notes that most spiritual traditions see the intellect as a barrier to spiritual development. WJ distinguishes a conscious and voluntary type of conversion, the “volitional type,” from the involuntary and unconscious type, the “type by self-surrender.” The former is usually gradual, although there may be high points that feel like mini-alterations of conscious experience (there is an athletic and musical analogy here). A key element in either case is relaxing, yielding or letting go. This surrender may coincide with or be caused by total exhaustion resulting from the inner vs. the outer battle.

Lecture IX: “Conversion”

Main Points

1. Conversion is the gradual or sudden unification of the self through religious experience.
2. When the self is unified or fixed relatively suddenly we speak of a “transformation” of the individual.
3. The conversion process can be understood as an outcome of subconscious cerebration on, and incubation of, ideas that “irrupt” into consciousness, are

- usually permanent changes in the self, and are often precipitated by emotion.
4. Most religious traditions see the intellect as a barrier to the conversion experience.
 5. Gradual conversions are caused by the same process acting more slowly and producing “mini” transformations (e.g., athletics, musical training).
 6. A key element in conversion is relaxing or letting go, often associated with exhaustion.

In Lecture: “X Conversion—Concluded,” WJ discusses instantaneous conversion. James acknowledges “saints of the once born type” and a process of gradual growth in holiness. Nevertheless, the instantaneous conversion is the prototype in the religious literature. Here WJ gets into a quite lengthy exploration of the field of consciousness. He discusses the limen, threshold, or margin of consciousness, the material that can be voluntarily brought into consciousness from beyond the limen by the individual, and the vast store of subconscious material that may emerge unbidden from time to time - particularly in times of stress. WJ notes that most of the knowledge about processes and “areas” in consciousness, the limen’s permeability, and ultra-marginal or subliminal material emerging there from comes from research on hypnosis and post-hypnotic suggestion. The good hypnotic subject is one who has a broad area where ultra-marginal or subconscious work may be done, allowing conversion to “burst” forth in a manner inexplicable to the subject. All these processes are part of natural psychological phenomena experienced by everyone to some degree, but perhaps in a much greater degree by the person subject to instantaneous conversion. He particularly notes again that it is the consequences of these activities, their fruits, which should define their usefulness, rather than any a priori judgments about such unusual and bizarre events. WJ further notes that when such changes occur in the instantaneous conversion type they usually represent permanent alterations in the subject.

Lecture X: “Conversion—Concluded”

Main Points

1. There is a constant interplay between consciousness and various regions of the subconscious.
2. There is an ongoing dynamic process that occurs outside the conscious self that intrudes into consciousness in a variety of different ways.
3. Hypnosis research, notably post-hypnotic suggestion, offers an analogue for understanding the relationship between the conscious and the unconscious.
4. The individual subject to instantaneous conversion is atypical and may have the characteristics of the excellent hypnotic subject.

In Lecture XI, XII, and XIII: “Saintliness,” WJ examines the fruits or consequences of the conversion experience, what is generally called saintliness. It is WJ’s opinion that “on the whole” the consequences of saintliness represent the highest flights of the human spirit and saintly persons have done the greatest deeds that history has recorded. WJ

notes again that it is emotional excitement that fuels these extraordinary behaviors, primarily by overcoming normal inhibitions to positive action. Interestingly, the most numerous examples observed, WJ says, are of “reformed drunkards.” More specifically, in saintly persons one observes: 1. Participation in a much wider world than just the petty personal. 2. A close identification with a higher power. 3. A feeling of elation and freedom as “self” breaks down. 4. Loving and harmonious emotions toward others and the world.

These features are associated with increases in asceticism, strength of soul (personal motives are absent, blissful equanimity reigns), purity, and the disappearance of anxiety and fear. WJ sees this transformation as a unique potential of the human being at her highest level of development. The truly saintly person happily throws themselves, completely and joyously, onto their higher power, taking no regard for self.

Lecture XI, XII, and XIII: “Saintliness”

Main Points

1. These chapters discuss the consequences of saintliness. WJ sees these consequences as of extraordinary value in human history.
2. A common aspect of saintliness is the removal of inhibition and the resultant freeing of positive impulses.
3. The saintly person is beyond the narrow, petty, personal worldview; “self” no longer matters.
4. The saint identifies themselves with the higher power(s) and seeks only to do good toward others and the world.
5. By “dying to self,” by giving up “self,” saintly individuals joyously give themselves to the higher power’s purposes.

In Lecture XIV and XV: “The Value of Saintliness,” WJ wishes to assess the value of saintliness by common sense and human standards. He reminds his reader again that he is speaking of the value of the individual religious experience and the resulting personal transformation, not the consequences of organized institutional religion. In essence WJ sees the saintly individual as a genuinely creative social force, perhaps unsuited to his time and place, yet pointing toward a better future for mankind. Without the saintly, WJ imagines a world of “spiritual stagnation.” He also argues that the saint with her self-denial, love of others, espousal of poverty, and courage in the face of tyranny and repression, provides an example of “heroic” existence in the world that we would all do well to follow. Such persons, WJ argues, often say that they see the world and truth in a special way, in the manner called mystical.

Lecture XIV and XV: “The Value of Saintliness”

Main Points

1. Examined in the light of common sense and human standards, the saintly person stands out as a genuinely creative social force, often well ahead of their time. In their own time they may appear odd, ridiculous or ill-adapted.
2. The saintly person provides an example of the “heroic” existence.
3. Saintly persons often see truth in the peculiar manner called “mystical.”

WJ notes in Lecture XVI and XVII: “Mysticism,” that personal religious experience has its roots in mystical states of consciousness. In this chapter he describes the characteristics that define such states: ineffability, noetic quality, transiency, and passivity. He describes various levels of such states. He introduces Bucke’s concept of “cosmic consciousness” as a type of non-specific mystical state of consciousness. WJ ventures into the consciousness produced by intoxicants and anesthetics, especially alcohol. He sees the use of alcohol and other drugs as initiating individuals into valuable states of consciousness at the same time that they poison their adherents. Nevertheless, these altered states of consciousness cannot be ignored in any serious attempt to understand the universe. He describes Hindu methods of yoga, Buddhist training in meditation, as well as Sufi methods, all designed to attain mystical states of consciousness. WJ notes that while mystical states are extremely significant for the individual who has them and carry powerful authority for that individual, no one else needs to be bound by that insight. Importantly, WJ notes that mystical states show that “normal consciousness” is only one type of consciousness. He points out that these other types of consciousness are significant and need to be studied and explored to get a full understanding of the universe. WJ then goes on to discuss the mystic states associated with mental disorder, whose consequences cannot commend them. Finally, he again mentions the relationship of such states to the transmarginal, the subconscious, and hypnosis.

Lecture XVI and XVII: “Mysticism”

Main Points

1. Mystical states of consciousness are defined by ineffability, a noetic quality, transiency, and passivity. In such states people experience truth that is powerful but often quite idiosyncratic.
2. There are levels of mystical states. The lowest level is epitomized by the “ah-hah” experience that comes from “hearing” a slogan or quotation in a new way.
3. Other mystical states include “cosmic consciousness,” alcohol and drug induced states, altered states produced by nature, states cultivated through hypnosis, yoga, meditation and prayer.
4. Mystical states demonstrate that normal consciousness is only one type of consciousness. These other, altered states need to be explored to determine what they say about the universe of our experience.
5. To the person who has such experiences they are amazing and authoritative.

However, they need not be so for anyone else, as they are diverse and often contradictory in their content.

In Lecture XVIII: “Philosophy,” WJ turns to the question of whether it is possible to establish the personal experience of the divine as expressed in the life of saintly individuals as anything that is objectively “true.” Both before and after working his way through classic philosophic/intellectual arguments for the existence of higher powers and their characteristics, WJ says that it is feeling and emotion, the primitive and the unreflective, which establish the existence of powers beyond the conscious self, not the intellect. The intellect can only rationalize and find reasons for what emotion and feeling establish. In this chapter WJ formally introduces the pragmatism of his colleague Charles Sanders Peirce, from which he derives his own pragmatic approach. The core message is that the consequences of a thing define its usefulness and its truth.

Lecture XVIII: “Philosophy”

Main Points

1. Philosophy, i.e., the intellect, can only provide rationalization for religious experience.
2. Feeling, emotion, the primitive, the unreflective; these establish “powers” beyond the self.
3. Once an individual has experienced such a higher power, the intellect can do little to dissuade or explain.
4. WJ formally introduces the Pragmatism he has derived from Charles Sanders Peirce: that the consequences of a thing define its usefulness and truth.

In Lecture XIX: “Other Characteristics,” WJ fleshes out the religious consciousness by describing several additional characteristic elements: aesthetics, sacrifice, confession, prayer (a lengthy discussion), and the connection between the manifestations of religious life and the subconscious part of our existence. In addition, WJ re-emphasizes his empirical philosophy that the true is what “works well on the whole.” Prayer, taken as an inward communication or conversation with a higher power, is seen as the defining characteristic of religious experience. The belief that something is actually transacted, some mutual exchange occurs, is at the core of the experience. Finally, WJ notes that there are hardly any religious leaders who do not experience “automatisms”: visions, lights (photisms) ecstasies, voices, rapt conditions, etc. that are closely associated with the transmarginal regions and the subconscious. These experiences strongly reinforce belief.

Lecture XIX: “Other Characteristics”

Main Points

1. WJ picks up on some points of religious consciousness he has only alluded to previously: aesthetics in one's choice of religion, the role of sacrifice, the value of confession. He ends with a lengthy discussion of prayer.
2. Prayer is viewed as an inward communication with a higher power and is seen as the defining element of religious experience. It is a process that has tangible results in the real world.
3. WJ re-emphasizes that truth is determined by "what works well on the whole," his empirical or pragmatic criterion.
4. There is a discussion of the various "automatisms" which characterize the religious experience and seem strongly associated with the subconscious.

In Lecture XX: "Conclusions," WJ restates that religious experience involves emotion. He notes, in fact, that in re-reading his manuscript he is "almost appalled" at the amount of emotion he finds, but simply suggests that this is the reality of personal encounters with whatever is perceived as divine. He sees the limits of his final conclusion as anti-climactic but offers it as the best hypothesis that can be drawn from his data: There is something MORE than the conscious self. Whatever this MORE is, individuals can draw power and transformative strength from it either spontaneously or through practices such as prayer and meditation. This MORE adds an additional facet to life and to the universe, which reassures us and serves as a source of equanimity.

Lecture XX: "Conclusions"

Main Points

1. Emotion is a central feature in religious experience.
2. There is something MORE than the conscious self that can give an individual power, transformational strength, reassurance, and equanimity.
3. Whether the subconscious MORE is in any way connected to some larger MORE in the universe, some supernatural MORE, is unclear.

Postscript

WJ writes:

"... in the interests of intellectual clearness, I feel bound to say that religious experience, as we have studied it, cannot be unequivocally supporting the infinitist belief. The only thing that it unequivocally testifies to is that we can experience union with SOMETHING larger than ourselves and in that union we find our greatest peace."

"Meanwhile the practical needs and experiences of religion seem to me sufficiently met by the belief that beyond each man and in a fashion continuous with him there exists a larger power which is friendly to him and to his ideals. All that the facts require is that the power should be other and larger than our conscious selves. Anything larger will do, if only it be large enough to trust for the next step. It need not be infinite, it need not be solitary. It might conceivably even be only a larger and more godlike self, of which the present self would be but the mutilated expression, and the universe might conceivably be

a collection of such selves, of different degrees of inclusiveness, with no absolute unity realized in it at all.”

Postscript Main Points

1. There is some power greater than the conscious self.
2. Union w this higher power can lead to peace and serenity.

Section 5: Summary of the Original Didactic Pages of Alcoholics Anonymous 1-164

The “Forward” to the first edition of *Alcoholics Anonymous*, the “Doctor’s Opinion,” “Bill’s Story,” and the subsequent eleven chapters of didactic material (including “Dr. Bob’s Nightmare,” the personal story of Dr. Bob Smith, the cofounder of A.A.,) have all been maintained in their original form based on a decision of the General Service Conference of Alcoholics Anonymous (2001). This material is published in a convenient short version of the larger book. Since this material is historically the closest to the founders original ideas and intent it represents one of the best places to look for the influence of William James and VRE on A.A. The content in this section summarizes the main ideas of A.A.

The forward to the first edition (1939) indicates that the purpose of *Alcoholics Anonymous* is: to show other alcoholics “*precisely how we have recovered*” and indicates the only requirement for membership is “an honest⁸ desire to stop drinking.”

In “The Doctor’s Opinion” (p. xxiii-xxx), William D. Silkworth, M.D. indicates that a “competent businessman” (Bill Wilson, one of his patients) had developed a concept of recovery from alcoholism based on his own personal experience that had helped over one hundred men to recover. Dr. Silkworth marveled that the philosophy and methods presented in the book *Alcoholics Anonymous* “appear to be of extraordinary medical importance” and that “... these men may well have a remedy for thousands of such situations.”

Dr. Silkworth elaborates that the medical community has realized “for a long time” that some type of “moral psychology” was needed for alcoholics, but that the scientific orientation of medicine made such an approach “outside” the area of competence of medicine. Moreover he says that while in the hospital one of the “leading contributors” to *Alcoholics Anonymous* had developed some ideas that seemed to work quite effectively. Dr. Silkworth argues, in addition, that hospitalization for medical treatment of the active alcoholic is a needed first step - but only a first step - before a person may be approached “psychologically.” He advances one of the first physiological explanations, his allergy theory for alcoholism, and argues that the only successful treatment for

⁸ In subsequent editions the word “honest” would be dropped from the membership requirement.

alcoholics “must be grounded in a power greater than themselves.” Dr. Silkworth states that people drink because they “like the effect produced by alcohol” but they generally do so in a controlled manner. Alcoholics, on the other hand, as a result of their allergy, develop an irresistible craving for alcohol. This craving compels them to continue drinking despite the disastrous consequences. This behavior of excess will continue until the alcoholic is locked in a hospital or a prison, or dies. Alcoholism is a hopeless condition unless the person can experience “an entire psychic change.” Faced with hundreds of hopeless alcoholics in this dire situation, “One feels that something more than human power is needed to produce the essential psychic change.” Dr. Silkworth briefly describes a case of a patient he had treated who accepted and put into practice the ideas in *Alcoholics Anonymous*. Seeing the man a year later, Dr. Silkworth experienced “a very strange sensation...I talked with him for some time, but was not able to bring myself to feel that I had known him before. (2001, p. xxix).”

Main Points of the “Forward” and the “Doctor’s Opinion”

1. *The main point of Alcoholics Anonymous is to show “precisely how we have recovered.”*
2. *Dr. Silkworth contends that the discoveries outlined in this book are of extraordinary medical importance and may represent a remedy for alcoholism.*
3. *The medical community has recognized but cannot provide a remedy based on “moral psychology.”*
4. *Alcoholism is a “hopeless” “illness” because there is no effective treatment.*
5. *Alcoholics need some “power” greater than themselves to recover.*
6. *Dr. Silkworth describes loss of control and craving as central symptoms of alcoholism.*
7. *To produce the essential psychic change needed to cure alcoholism something more than human power is needed.*

In Chapter 1 “Bill’s Story” (2001, p. 1-16) we have an example of one of the cornerstones of A.A. practice: the telling of one’s story. We have an autobiographical account of Bill’s early life, his educational and professional experience, and his marriage. He then describes the gradually increasing role that alcohol played in his life: its initial pleasures and benefits, the enjoyment he derived from its use, and then the increasing problems associated with out-of-control drinking. This is followed by the inevitable ultimate negative consequences, often referred to within A.A. as the “bottom.” The bottom is an **emotional** experience, frequently described, as Bill does here: “The remorse, horror and hopelessness of the next morning were unforgettable...No words can tell of the loneliness and despair I found in that bitter morass of self pity.” One’s bottom is thus about emotions, not about circumstances. Bill and the other recovering people would come to see an alcoholic’s “bottom” as the most opportune moment to try and help her begin to get well.

At any rate during such a cycle Bill describes receiving a call from an old school friend who was uncharacteristically sober, and inexplicably different. The man who visited Bill, Ebby Thatcher, had “got religion” by participating in Oxford Group activities and he

had come to pass his “experience along (2001, p.9).” The relatively open steps of the Oxford Group described earlier in this paper seemed acceptable to Bill and he could see the evidence in Ebby’s new persona. The idea of a “Power greater than myself”- heretofore a stumbling block - fell before the hopelessness and emotional pain of his condition and the liberating notion of “choosing his own conception of God.” Subsequent to this visit from Ebby, Bill and Ebby participated in Oxford Group activities for several months. Bill carried out the Oxford Group Steps using Ebby as his “sponsor (2001, p.13).” Bill then had his final bout of drinking and ended up in Town’s Hospital where he had the dramatic spiritual experience that changed him for the rest of his life. Bill consulted with Dr. Silkworth about this spiritual experience, worried that he had gone “insane.” Dr. Silkworth reassured him that he had not and that he had better “hang onto” the experience. Bill reasoned that he had discovered a method that might also work for other alcoholics and proceeded to “work” the principles of the Oxford Groups “in all his affairs.” He resolved to help other alcoholics, *discovering in the process that in working with other alcoholics he helped himself*. Gradually, a core of recovering alcoholics emerged in Akron, Ohio, (Dr. Bob’s hometown), NYC (Bill’s hometown), and in a few other cities. Together they developed the ideas presented in the book: *Alcoholics Anonymous*.

Main Points of Chapter 1: “Bill’s Story.”

1. *The telling of one’s story is a key aspect of the recovery process.*
2. *The importance of the consequent “hopelessness” or emotional “bottom.”*
3. *The delivery of the message of recovery by another alcoholic, i.e., one alcoholic talking to another.*
4. *The importance of the prototypic instantaneous spiritual experience that leads to recovery.*
5. *The distinction between “spiritual experience” and “insanity” based on the consequences.*
6. *The development of a method of practice leading to a spiritual experience.*

In Chapter Two: “There is a Solution,” the authors present the core of their message. Alcoholism is a hopeless illness that at its center involves a loss of control over alcohol consumption coupled with an obsession that, the alcoholic can have one drink, the first drink, in “safety.” The obsession is maintained despite all contradictory evidence. Alcoholics are at war with themselves. They are intellectually aware that if they drink they may, and ultimately will, die but they are also powerless to prevent the initiation of drinking. However “the ex-problem drinker who has found this solution, who is properly armed w the facts about himself, can generally win the entire confidence of another alcoholic in a few hours. (2001, p. 18)” The real alcoholic has lost control of his drinking once he starts to drink and the obsession, the dream of every alcoholic, to have that “one drink,” propels him toward his death. Exactly “why” this is the case, the authors relate, is not known, but the fact is clear: alcoholics have lost control and are as little able to explain to themselves or others why they take that first drink. This is the special insanity

of the alcoholic. This is described in this chapter in italics as follows: *“The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called will power becomes practically non-existent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defense against the first drink. (2001, p. 24)”* Once this situation prevails the authors argue that the alcoholic has placed himself “beyond human aid.” But “there is a solution,” demonstrated in the life of the recovering alcoholic who has grasped the principles described in *Alcoholics Anonymous*. “The great fact is just this, and nothing less: “That we have had deep and effective spiritual experiences. (2001, p.25)” and been “...rocketed into a fourth dimension of existence of which we had not dreamed. (2001, p. 25)” Support for this position is found, the authors note, in the work of Carl Jung and William James. Specifically, in VRE, there is support for a multitude of ways that men have discovered their individual conception of God.

Main Points of Chapter 2:“The Spiritual Solution.”

1. *Alcoholism is a hopeless illness marked by loss of control and obsession with the first drink.*
2. *There is healing power in one alcoholic talking to another.*
3. *Because of the unique insanity before the first drink, the alcoholic is beyond human aid.*
4. *The solution to the situation of the alcoholic involves deep and effective and ongoing spiritual experiences.*
5. *Carl Jung, but particularly William James in VRE, support the need for spiritual experience and document the multitude of ways men discover their individual conception of God.*

Chapter Three “More About Alcoholism” describes the delusion that the alcoholic is like non-alcoholics, who can use alcohol in safety. The life of an alcoholic is “characterized by countless vain attempts to prove we could drink like other people. (2001, p. 30)” Thus conceding “to our innermost selves that we were alcoholics. (2001, p. 30)” is the first step in the recovery process. The loss of control of alcohol use is the central and irreversible feature of the disease. There is a discussion in this chapter of the mental states that precede the first drink in an alcoholic and an appreciation of these states as forms of subtle “insanity” that do not yield to will power, or self-knowledge. Numerous anecdotal examples make this point. The authors conclude that their experience discloses that only a spiritual answer will suffice, that apart from divine help the alcoholic is hopeless.

Main Points in Chapter 3: “More About Alcoholism.”

1. *The delusion that the alcoholic can be like other people in regard to alcohol is exploded.*

2. *The need to accept one's alcoholism is the first step in the recovery process.*
3. *Loss of control over drinking is the central and irreversible feature of alcoholism.*
4. *The mental state that precedes the first drink is described as a state of temporary insanity.*
5. *These states of temporary insanity do not yield to self-will or to self-knowledge.*
6. *Only a spiritual answer, only divine help, can save the alcoholic from incarceration, a mental hospital, or death.*

Chapter Four: "We Agnostics" suggests how difficult it is to face the fact that the choice is living a spiritual existence or dying an alcoholic death. The basic issue the authors note is the need for power, power greater than the self. The authors note that in *Alcoholics Anonymous* another core theme is about finding a power greater than the self that can solve this dilemma for the alcoholic. As soon as the alcoholic is willing to believe in any conception of a Power greater than the self, recovery will begin. The authors' emphasize that "...the Realm of the Spirit is broad, roomy, all inclusive... When we, therefore, speak of God, we mean your own conception of God. (2001, p. 46-47)" This question is posed to the reader: "Do I now believe, or am I willing to believe, that there is a Power greater than myself?" Faced with the pain, loneliness and emotional desolation of alcoholism, an affirmative answer to this question is generally not difficult to obtain from the sick and suffering alcoholic. Further, the chapter proceeds to demonstrate that it is the practical effect of such a belief – and nothing else - that commends it to the alcoholic. All of the stories in the book show the practical consequences of belief in diverse conceptions of "Power" greater than the self, followed by a set of specific actions.

Main Points of Chapter 4: "We Agnostics."

1. *The alcoholic needs to find a power – any power - greater than herself.*
2. *What a power greater than self may be is quite open, but the alcoholic must acknowledge that this power is greater than the conscious self.*
3. *It is the practical effect of such a belief as shown in the stories in the book *Alcoholics Anonymous* that commend such a belief.*
4. *The belief in a power greater than self coupled with a set of actions described in subsequent chapters "works."*

Chapter Five: "How it Works" describes the specific practices that push the sick and suffering alcoholic toward the curative spiritual experience described in the preceding chapters. These practices are outlined in the now familiar Twelve Steps (note that each step begins explicitly or implicitly with "we"):

The Twelve Steps

1. *We admitted that we were powerless over alcohol-- that our lives had become unmanageable.*
2. *Came to believe that a Power greater than ourselves could restore us to sanity.*

3. *Made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *Made a searching and fearless moral inventory of ourselves.*
5. *Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *Were entirely ready to have God remove all these defects of character.*
7. *Humbly asked Him to remove our shortcomings.*
8. *Made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *Continued to take personal inventory and when we were wrong promptly admitted it.*
11. *Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as the result of these steps, we tried to carry the message to alcoholics, and to practice these principles in all our affairs.*

It is worth noting that the essential difference between the specific practices recommended to the alcoholic by the 12-steps of A. A., and any other program of spiritual development is the specific, repeated acknowledgement of powerlessness over a specific psychoactive substance, (i.e., alcohol.) Except for offshoots from A.A., such as Narcotics Anonymous (N.A.), there is no other program of spiritual development that begins with the rejection of a psychoactive substance and continuously focuses on the rejection of that substance for the lifetime of the individual. One could argue that this specific, implacable focus on and rejection of the drug alcohol, coupled with the program's delivery of recovery principles to one sick alcoholic by another less sick alcoholic, represent two of the several innovative aspects of A.A. practice.

This chapter, in addition to introducing the A.A. Twelve Steps for the first time in print, discusses how to practice the first four steps. Assuming the alcoholic has accepted their alcoholism, their powerlessness, and their need for a Higher Power, the chapter moves to the pivotal third step requirement of overcoming self-will, self-centeredness, and egocentricity. It introduces prayer and in particular one specific prayer (2001, p.63) to help in this task. With this in mind the "personal housecleaning" of step four begins as an action-oriented, strenuous effort to remove barriers to experience of a Higher Power through abnegation of self. A specific, simple, written method is outlined, for identifying the "common manifestations" of self. "Resentments" considered the "number one" manifestation of self is dealt with in some detail.

Main Points in Chapter 5 "How it Works"

1. *The specific practices outlined in the Twelve Steps are introduced.*
2. *While not an unusual program of spiritual development, it is the only one*

known that specifies a desire to stop using a psychoactive substance as the first step of practice and is presented only by individuals with alcoholism to other individuals w alcoholism.

3. *How to “work” the first four steps is presented in this chapter.*

Chapter Six: “Into Action” promotes confession of the personal inventory (Step 5) to a carefully selected person, usually a member of a religious community or one’s “sponsor” (i.e. an A.A. mentor). The process of the fifth step may, *Alcoholics Anonymous* contends, produce a “spiritual experience” that leads to the feeling that “the drinking problem has disappeared.” A meditation is proposed subsequent to this step (2001, bottom p. 75) prior to proceeding to the “readiness” sixth step. Another prayer completes the seventh step (2001, p.76). Steps eight and nine require more written action, a list of all persons harmed through one’s alcoholism, and then – if possible - personal contact, communication, and reparations to persons harmed. Making amends is considered to be part of the healing spiritual experience so necessary to recovery. These action steps remind the alcoholic “to go to any lengths to find a spiritual experience... (2001, p. 79).” Furthermore, the A.A. member is enjoined: “The spiritual life is not a theory. *We have to live it.* (2001, p. 83),” emphasizing the distinction between thinking and doing. The ninth step concludes with Promises, described in a paragraph (2001, p. 83 ff). The Promises are frequently read at A.A. meetings and represent the remarkable outcomes expected of this step process. Step ten advises the alcoholic to continue, “to take personal inventory and when we were wrong promptly admitted it.” That combined with the previous actions, leads us to “the world of the spirit” and strongly urges the daily, repetitive practice of this “way of living.” Without this daily practice the text tells the alcoholic that they are vulnerable to returning to alcohol use. (“What we really have is a daily reprieve contingent on the maintenance of our spiritual condition. (p. 85)”) The text also notes that if we have “carefully followed directions” we have begun to have a “sixth sense” detecting the flow of the “Spirit” into ourselves. The chapter ends with a call to action (“Faith without works is dead.”) and a discussion of how to pray and meditate and what to pray and meditate about. The key to prayer is: “Thy will be done.”

Main Points of Chapter 6: “Into Action.”

1. *This chapter, in discussing steps 5-11, emphasizes action, the distinction between thinking and doing, and actually “living” the Step program.*
2. *A set of super-normal behaviors, thought to begin to be demonstrated in recovering alcoholics lives after the completion of step nine, called the Promises are described.*
3. *The step practices described are conceived of as daily and repetitive.*
4. *A “sixth sense” is described as emerging that allows the recovering alcoholic to detect the presence of Spiritual or Higher Power into the self.*
5. *There is a very practical description of what is meant by prayer and meditation.*
6. *The pragmatic criteria is underscored: “It works.”*

Chapter 7 “Working with Others” continues the pragmatic emphasis and discusses how to work with other alcoholics, i.e. twelfth step-work. “Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics...because of your own drinking experience you can be uniquely useful to other alcoholics. (p. 89)” In addition to more specific suggestions, i.e., approach a “prospect” through a doctor or institution is better than through a family member or “dwell on the hopeless feature of the malady.” there is throughout the chapter the emphasis on a “horizontal” helping relationship, versus the vertical (doctor: healthy, authority figure, patient: dependent, sick) relationship, based on one’s own experience of alcoholism and the fact, usually overtly explained to the prospect that s/he is helping you perhaps more than you are helping them. The spiritual features of recovery are to be stressed but with a great openness. The prospect must be free to choose his own version of a higher power, his own spiritual approach, and in italics the following is observed: *The main thing is that he be willing to believe in a Power greater than himself and that he live by spiritual principles.* (p.93)” Further constructive action along Twelve Step lines is emphasized but also that while “our” approach “works” for us we have no monopoly on spiritual approaches. The issue to emphasize, the chapter notes, is the entrance to a period of spiritual growth.

Main Points of Chapter 7 “Working with Others”

1. *This chapter discusses in some detail how the alcoholic’s experience of illness and recovery can be uniquely useful in helping other alcoholics recover.*
2. *This chapter also emphasizes that working with other alcoholics insures immunity from drinking.*
3. *This chapter emphasizes tolerance, specifically that the alcoholic being aided need only believe in a power, any power, greater than himself and live by spiritual principles, personal choice is emphasized.*
4. *The fact that the Step approach works for the alcoholics offering it, certifies it, but does not demand that that specific spiritual approach be followed.*

Chapter 8 “To Wives” is a reminder that *Alcoholics Anonymous* was first published in 1939 and pictures the husband as the alcoholic and addresses the wife and children as the audience. It urges wives of alcoholics to utilize the principles of the Twelve Steps for their own benefit, and offers very practical experience from their own often misguided attempts to deal with their alcoholic husbands. It serves as the basis for Al-Anon which was formally instituted in 1952. The message of the chapter is that if the family can learn to live along spiritual principles, then the best possible outcomes for all will occur.

Main Points of Chapter 8: “To Wives”

1. *The chapter urges wives to adopt the principles of the Steps for their own benefit and introduces ideas that will in 1952 become Al-Anon.*
2. *Very practical methods of dealing with a recovering alcoholic spouse are offered from the experience of the wives of the early members including*

circumstances under which separation and divorce are desirable.

Chapter 9: “The Family Afterward” presents what was at the time, a novel notion that cessation of drinking is only the first step in dealing with the highly abnormal situation of living with an active alcoholic. As a result of such an experience “The entire family is, to some extent, ill. (2001, p. 122)” This chapter describes the obstacles and barriers to the “recovery” of the family and from the experience of recovering people the methods that have worked well. More specifically, the chapter suggests that the prudent avoidance of secrets and the development by family members of their own spiritual program based on the Steps will lead to the best possible outcome. Family members are enjoined to remember that the alcoholic was and is a sick person “beyond human aid. (p. 128),” and that balance is what all must strive for. There is also a remarkable section about the fact that “enjoying life,” “cheerfulness and laughter,” and living “happy, joyous and free” is a very desirable goal.

Main Points of Chapter 9 “The Family Afterward”

1. *This chapter emphasizes that as a result of the impact of an alcoholic the whole family has “to some extent” become sick.*
2. *From the invaluable experience of family members of recovering alcoholics methods of behaving that have worked in alcoholic families in recovery are offered.*
3. *A critical theme offered in this situation is that “secrets” are to be avoided whenever possible.*
4. *Family members are reminded that the alcoholic was and is a sick person “beyond human aid” until his recovery.*
5. *There is also a theme in this chapter of being shown how to enjoy life, and how to live “joyous, happy and free.”*

Chapter 10 “To Employers” is written by an A.A. “who has spent much of his life in the world of big business” and describes in specifics how to intervene with employees who are having difficulty with alcohol. This chapter serves as the historical foundation for the Employee Assistance Movement in American business and corporate life. The emphasis in the chapter is that no one should be discharged because they suffer from alcoholism. But the sick employee should understand, “...that he must undergo a change of heart. To get over drinking will require a transformation of thought and attitude. We all had to place recovery above everything. (2001, p. 143)” The practical message that the program outlined in *Alcoholics Anonymous* “works” is coupled with the clear message that employees not seriously interested in recovery should be terminated.

Main Points of Chapter 10: “To Employers.”

1. *Since alcoholics are sick individuals and valuable employees they should not be discharged without attempts to help them accept the message in *Alcoholics Anonymous*.*

2. *Employed alcoholics must accept the radical notion of a complete transformation of thought and attitude or termination is the correct course.*
3. *Once again the practical message that the program outlined in Alcoholics Anonymous "works" is emphasized.*

Chapter 11: "A Vision for You" sums up the dire situation of the sick alcoholic in emotional terms: equal measures of terror, bewilderment, frustration and despair; and as a result "...a wish for the end." Against this painful emotional reality A.A. offers a substitute, "...Should you wish...above all else... and be willing to make use of our experience... The age of miracles is still with us. Our own recovery proves that! (2001, p.153)" The chapter emphasizes that a spiritual experience is absolutely necessary and that continuing spiritual activity, (helping other alcoholics in particular), is also a necessity. The chapter further re-emphasizes the practical approach to the alcoholic's problems, (i.e., working the Twelve Steps) that grants access to the power necessary to exchange the hopeless situation of the active alcoholic to a "life second to none." The chapter ends with the stirring admonition, "Abandon yourself to God, as you understand God. Admit your faults to Him and to your fellows. Clear away the wreckage of your past. Give freely of what you find and join us. We shall be with you in the Fellowship of the Spirit, and you will surely meet some of us as you trudge the Road of Happy Destiny. (2001, p. 164)"

Main Points of Chapter 11: "A Vision for You."

1. *The sick and suffering alcoholic is in a terrifying emotional situation and suicide is a real and present danger.*
2. *Alcoholics Anonymous offers an effective substitute for alcohol use as demonstrated in the lives of recovering A.A. members.*
3. *This chapter re-emphasizes that a "spiritual experience" and a life lived on spiritual principles is absolutely necessary to get well and stay well.*
4. *Spirituality, while an inner experience, is also a practical, action-oriented way of living.*

Section 6: Discussion

WJ's VRE is a detailed, dense, highly academic discussion of the peculiar and unique human ability for self- transformation through religious experience. The religious experience is quite specifically defined: a personal, experiential, intensely emotional, encounter with what the individual believes is the Divine. It is thus quite distinct from organized religion, although such experiences may serve as the basis for organized religions. The experience itself has many of the components we associate with mental disorders, but is distinguished from them by the highly positive consequences in the life of the individual and sometimes in the individual's society. The religious experience often is preceded by a highly stressful, exhausting period of "soul sickness." WJ argues that the most startling examples of this transformative ability are instantaneous conversions that produce an individual who is subsequently and permanently more

“ideal,” and often a power for unique, creative social change. WJ argues further that religious experience may occur gradually through various forms of “practice” that eliminate barriers to such experiences (common examples of barriers include self-striving behaviors, interest in material acquisitions, and sensual pursuits, and intellectual analysis). WJ notes that whether this religious experience involves connection with a supernatural power or force is impossible to demonstrate empirically, although individuals who have had such experience are completely convinced of the reality of some external power greater than themselves. The deep and powerful emotions of these transformative religious experiences trump any intellectual argument no matter how cogent.

Alcoholics Anonymous is a straightforward, relatively simple work, presented as a practical way to recover from alcoholism. It focuses on spiritual experiences, achieved through suffering and helping other suffering alcoholics. The first 164 pages of the book recount the spiritual experience that cured a hopeless alcoholic, Bill Wilson, and fueled the development of the A.A. program. Similar treatments of alcoholism and other “ancient vices,” (i.e., nicotine addiction, sexual promiscuity,) are described in VRE. *Alcoholics Anonymous* goes beyond these fortuitous recoveries by implementing a systematic program of actions designed for alcoholics, the Twelve Steps, to lead other alcoholics toward a spiritual awakening and continuous sobriety. This is achieved through regular work with other alcoholics a practice of the Step principles. What is notable in *Alcoholics Anonymous* is the application of many of the insights identified by WJ in VRE to a specific illness, and the adaptation of a specific methodology adopted from the organized religious group with which Bill Wilson was most familiar, the Oxford Groups. Like VRE, *Alcoholic Anonymous* includes case histories or autobiographical stories of illness and recovery. These document how individuals adapted the program to fit their individual needs and achieve sobriety. The book emphasizes that if the program described is thoroughly followed, the addiction to alcoholism will be controlled.

One way to demonstrate the effect of William James and VRE on the development of A.A. is to look at early A.A. literature. The first mention of William James in the A.A. literature occurs in Chapter 2 of *Alcoholics Anonymous*: “There is a Solution.” It follows the more lengthy discussion of CJ Jung’s pronouncement to Roland H., an eventual A.A. member, that the only cure for his alcoholism was a “vital spiritual experience.” It reads: “The distinguished American psychologist William James in his book “Varieties of Religious Experience,” indicates a multitude of ways in which men have discovered God. We have no desire to convince anyone that there is only one way by which faith can be acquired. If what we have learned and felt and seen means anything at all, it means that all of us, whatever our race, creed, or color are the children of a living creator with whom we may form a relationship upon simple and understandable terms as soon as we are willing and honest enough to try. Those having religious affiliations will find here nothing disturbing to their beliefs or ceremonies. There is no friction among us over such matters... Each individual, in the personal stories, describes in his own language and

from his own point of view the way he established his relationship w God. (2001, p.28 ff).” In this quote we can see that A.A. formally adopts a broad, open, non-dogmatic approach to things spiritual, to spiritual development, and to each person’s own understanding of the word “God.” This eclecticism on spiritual issues is a consistent theme in VRE.

In the second edition of *Alcoholics Anonymous* (1955) three footnotes are added: pp. 25, 27, and 47, directing the reader to a new appendix, Appendix II, titled “Spiritual Experience.” Appendix II seeks to dispel the notion that the writers believe was erroneously created in the first edition, that spiritual experiences are “in the nature of sudden and spectacular upheavals.” Citing William James, the authors note that while sudden and spectacular upheavals occur, most notably from an A.A. perspective Bill Wilson’s own spiritual experience, “Most of our experiences are what the psychologist William James calls the ‘educational variety’ because they develop slowly over a period of time.” We know that William James chose extreme examples of spiritual experience in VRE because these extremes would highlight aspects of the nature of religious experience. Like every other spiritual organization, A.A. needed to come to grips with the fact that the experience of the founder, in this case Bill Wilson, would be different from the majority of A.A. members.

By 1952, in the newly published *Twelve Steps and Twelve Traditions*, the authors offer an even more eclectic definition of the spiritual awakening of step 12. While not citing William James specifically, readers familiar with VRE would note a heavy reliance on that work, notably his chapter “Mysticism”: “Maybe there are as many definitions of spiritual awakening as there are people who have had them. But certainly each genuine one has something in common with all the others. And these things which they have in common are not too hard to understand. When a man or a woman has a spiritual awakening, the most important meaning of it is that he has now become able to do, to feel, and believe that which he could not do before on his unaided strength and resources alone. He has been granted a gift which amounts to a new state of consciousness and being. He has been set on a path which tells him he is really going somewhere, that life is not a dead end, not something to be endured or mastered. In a very real sense he has been transformed, because he has laid hold of a source of strength which, in one way or another, he has hitherto denied himself. He finds himself in possession of a degree of honesty, tolerance, unselfishness, peace of mind, and love of which he had thought himself quite incapable. What he has received is a free gift, and yet usually, at least in some small part, he has made himself ready to achieve it. (1952, p. 106 ff)” This definition, remarkable because of its apparent movement toward contemporary consciousness studies, is followed by an important re-statement of A.A.’s practice: “A.A.’s manner of making ready to receive this gift lies in the practice of the Twelve Steps in our program.”

By 1957, Bill Wilson could finally take the time to write his history of A.A., *Alcoholics Anonymous Comes of Age*, in which he cites William James’ VRE in a number of

contexts. His first citation (p. 13) is in the context of his first six months of failure to sober up any other alcoholics after his own spiritual experience in November of 1934. Dr. Silkworth remonstrates Bill, and tells him to stop “preaching” about spiritual experience and “give them the hard medical facts.” Then, out of the hopelessness of their illness, they may have the transformative spiritual experience that James describes. Elsewhere, Bill notes, Dr. Silkworth says he had the cart of spiritual experience before the horse of hopeless illness (1957, p.68). Here Bill Wilson stresses “hopelessness” as the precursor for accepting the A.A. program and its spiritual experience. Support for this perspective can be found directly in the chapter on “The Sick Soul.”

In discussing his introduction to VRE during his final detoxification at Towns Hospital, Bill says: “It was rather difficult reading for me, but I devoured it from cover to cover. Spiritual experiences, James thought, could have objective reality; almost like gifts from the blue, they could transform people. Some were sudden brilliant illuminations; others came on very gradually. Some flowed out of religious channels; others did not. But nearly all had in common denominators of pain, suffering and calamity. Complete hopelessness and deflation at depth were almost always required to make the recipient ready. (1957, p.64)” Here again the stress is on the suffering and calamity which precedes the spiritual awakening, but also on the transformation of the person and the resultant changes in the persons behavior.

Bill cites James again (1957, p. 68) in describing Dr. Silkworth’s advice before he goes on his famous Akron proxy fight trip subsequent to which he will meet Dr. Bob.⁹ It is in the context also of Bill “preaching” to alcoholics, talking to them about Oxford Group precepts and his “mysterious spiritual experience” that Dr. Silkworth says, “Aren’t you the fellow who once showed me that book by the psychologist James which says that deflation at great depth is the foundation of most spiritual experiences?” It is this emphasis on deflation and hopelessness presented to the sick and suffering alcoholic that may serve as the basis for a spiritual experience.

Bill notes in another citation of James (1957, p. 160) that the basic ideas for the initial A.A. program came from the Oxford Groups, William James, and Dr. William Duncan Silkworth. It “boiled down” to six steps:

1. *We admitted that we were licked, that we were powerless over alcohol.*
2. *We made a moral inventory of our defects or sins.*
3. *We confessed or shared our shortcomings with another person in confidence.*
4. *We made restitution to all those we had harmed by our drinking.*
5. *We tried to help other alcoholics, with no thought of reward in money or prestige.*
6. *We prayed to whatever God we thought there was for power to practice these precepts.*

The next citation in *Alcoholics Anonymous Comes of Age* is from a dinner talk by Dr.

⁹ Dr. Robert Smith (“Dr. Bob”) was a co-founder of A.A.

Samuel Shoemaker, an Episcopal clergy member and great supporter of A.A.: “I take it that it began to be quite clear quite early in the life of A.A. that Dr. Jung’s simple declaration that science had no answer, and Dr. Silkworth’s incalculable help from the medical side and William James’ great wisdom in his *Varieties of Religious Experience*, still left the need for a spiritual factor that would create a kind of synthesis and offer a kind of positive dynamic. The problem was: How to translate the spiritual experience into universal terms without letting it evaporate into mere ideals and generalities. And so, immediately after Step One, which concerned the unmanageability of life, came Step Two: We came to believe in a power greater than ourselves that could restore us to sanity. The basis of that belief was not theoretical; it was evidential. Right before us were people in whose lives were the beginnings of a spiritual transformation. You could question the interpretation of the experience, but you couldn’t question the experience itself. (1957, p. 262)” Dr. Shoemaker continues a couple of pages later, “William James, in the famous passage in *Varieties of Religious Experience*, says this: The crisis of self surrender is the throwing of our conscious selves on the mercy of powers which, whatever they may be, are more ideal than we are actually, and make for our redemption. Self-surrender has been and always must be regarded as the vital turning point of the religious life. (1957, p. 265)” Here are two ideas deeply embedded in A.A. First, A.A. constantly asks the newcomer to observe the evidence presented in the life and stories of recovering people: “We were just like you,” A.A. says to the newcomer, “and by doing the things A.A. suggests, we have changed. You can too.” Second, there is in A.A. the paradox often commented on by new members, “First you tell me to ‘Hang on!’ to follow you recovering people around, to work the A.A. program and then you tell me to ‘Let go and let God,’ you tell me to hang on until the miracle happens, so which is it?”

Finally, from *Alcoholics Anonymous Comes of Age* there is this quote from a book review of the first edition by Dr. Harry Emerson Fosdick: “By religion they mean an experience which they personally know and which has saved them from slavery, when psychiatry and medicine had failed. They agree that each man must have his own way of conceiving of God, but of God Himself they are utterly sure, and their stories of victory in consequence are a notable addition to William James’ *Varieties of Religious Experience*. (1957, p. 323)” Here we have again an emphasis on the fact that the members of A.A. that the newcomer meets have the experience of illness and recovery. As Dr. Bob Smith said about his meeting with Bill Wilson, “*Of far more importance was the fact that he was the first living human with whom I had ever talked, who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language.* (2001, p. 180)” The connection here was not intellectual, not some authority diagnosing or pronouncing. It was emotional, personal, subjective, just what William James concluded about the nature of religious experience. Again we have a sense of openness to whatever conception of God, to whatever Power greater than the self, that the newcomer might accept.

In the collection of Bill Wilson’s writings for the A.A. *Grapevine*, the international journal of A.A., entitled *The Language of the Heart* (1988), the reader can find further

references to William James and VRE that reiterate and somewhat expand the points made above. Bill, for example, is reminded again by Dr. Silkworth that “truly transformative spiritual experiences are nearly always founded on calamity and collapse, that he should stop preaching and give the alcoholic the “hard medical facts” first. “This may soften them up so they will be willing *to do anything* to get well. Then they may accept those moral psychology ideas of yours, and even a Higher Power. (1988, p. 176)”

In another chapter “A Fragment of History: Origin of the Twelve Steps,” he cites James as follows: “Not only, he (James) said, could spiritual experiences make people saner, they could transform men and women so that they could do, feel, and believe what had hitherto been impossible to them. It mattered little whether the awakenings were sudden or gradual, their variety could be almost infinite. But the biggest payoff of that noted book (VRE) was this: In most of the cases described, those who had been transformed were hopeless people. In some controlling area of their lives they had met absolute defeat. Well, that was me all right. In complete defeat, with no hope or faith whatever, I had made an appeal to a Higher Power. I had taken Step One of today’s A/A. program —“Admitted we were powerless over alcohol, that our lives had become unmanageable.” I’d also taken Step Three—“Made a decision to turn our will and our lives over to the care of God *as we understood him.*” Thus was I set free. It was just as simple, yet just as mysterious, as that. (1988, p. 197 ff)”

This “deflation at depth” which Bill believed William James emphasized in VRE was very important (1988, p. 199, 279). Finally, in “*The Language of the Heart,*” Bill emphasizes that the utter necessity for the spiritual awakening, indicated in the Twelfth Step by the words “Having had a spiritual awakening...” Bill says this was a life-giving idea transmitted from James’ VRE (1988, 297 ff) to A.A.

William James’ authoritative work validated Bill Wilson’s spiritual experience, distinguished the experience from psychopathology, documented previous cases of recovery from alcoholism, and focused attention on the transformational nature of such experiences. James’ understanding of the need of different “types” of people for different spiritual approaches and his general catholicity contributed to A.A.’s open tolerant approach to spiritual matters. James lent support to Dr. Silkworth’s suggestion that the focus on the hopelessness of alcoholism could help the suffering alcoholic move beyond the conscious, striving self. In this deflation of the ego was the “letting go” that would allow the entrance of “power” to do what had been previously impossible. In this process James emphasized emotion as a vital element that transcended the intellect in this arena. James also gave support to the value of personal experience and “action,” versus thought or analysis. Finally, James contributed the central idea that it was the consequences, “what works on the whole,” that was the definitive criteria for evaluating this new program. In a very real sense, A.A. represents a condensation of the ideas in VRE and “It should come as no surprise, then, that Bill Wilson the founder of Alcoholics Anonymous, which is often cited as the most successful alcohol treatment program ever designed, once wrote a letter to Carl Jung explaining his indebtedness to James’ *Varieties of Religious*

Experience and saying that in founding A.A. he has done little more than make ‘conversion experiences—nearly ever variety reported by James—available on an almost wholesale basis.’ (2006, p. 405)”

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William James and the Reality of the Unseen

What Bill Wilson learned from *Varieties of Religious Experience: A Study in Human Nature*

7/29/10

11

Background

- Bill Wilson had a spiritual experience in December of 1934
- He received WJ's book the next day and studied it intensively and recommended it to everyone in A.A.
- WJ is mentioned in the second chapter of the Big Book "There is a Solution," in Appendix II "Spiritual Experience," and often in his writings.
- Bill calls James a founder of A.A.
- Then there is the 1952 definition of spiritual awakening in the 12 x12.

7/29/10

22

Lecture I: Religion and Neurology

- Peculiar, normally distributed human ability to have religious, i.e. spiritual, experiences
- Medical materialism, i.e., reductionism a deceptive explanatory method
- "Fruits," results, consequences, outcomes, "how they work on the whole" is the most valid way to evaluate religious experiences

7/29/10

33

Lecture II: Circumscription of the Topic

- Def= feelings, acts, experiences of individuals encountering what they apprehend as divine, immediate personal experience
- The religious experience marked by intense emotion
- Does not involve the will
- Gives the individual POWER to accomplish seemingly impossible things

7/29/10

44

Lecture III: The Reality of the Unseen

- Essence of religious life adjusting the self to this unseen order
- For many the unseen is as real- perhaps more real- than the world of sensory experience
- The experience of the unseen, notably the sense of "presence," is authoritative and resists intellectual argument

7/29/10

55

Lecture IV,V: The Religion of Healthy Mindedness

- Temperament, personality differences, determine religious outlook
- Natural optimism and/or systematic optimism ignores evil and focuses on the positive, e.g., Mind Cure
- Mind Cure produces positive outcomes and cannot be ignored
- Evil, however, intrudes itself relentlessly into every life

7/29/10

66

Lecture VI and VII: The Sick Soul

- Evil must be incorporated into the religious frame of reference of most authentic lives
- Some are especially sensitive to evil, i.e., the “twice-born”
- Only a religious experience can transform the twice born and solve the problem of evil

7/29/10

77

Lecture VIII: The Divided Self and the Process of Unification

- There is a normal distribution of inner conflict
- The resolution of the division between the real and ideal selves is a normal process and may be gradual or sudden
- The process of resolution takes place outside the conscious self in the vaster sub-conscious
- Strong emotion is central to the integration of the divided self though other variables may be at work

7/29/10

88

Lecture IX: Conversion

- The gradual or sudden unification of self through religious experience
- When the self is unified suddenly we speak of a “transformation”
- Conversion an outcome of sub-conscious cerebration, incubation, irruption into consciousness often precipitated by emotion and usually permanent
- Most religious traditions see intellect as a barrier
- Gradual conversions result of same processes
- Key element is relaxing or letting go often

7/29/10

99

Lecture X: Conversion-Concluded

- Constant interplay between the conscious and sub-conscious
- Ongoing dynamic process constantly occurring outside of awareness intrudes into consciousness
- Hypnosis, particularly post-hypnotic suggestion provides a model for understanding
- The individual subject to instantaneous conversion “like” the excellent hypnotic subject

7/29/10

1010

Lectures XI, XII, XIII: Saintliness

- Discusses here the consequences of conversion, described and judged
- Removal of inhibition and the freeing of positive impulses
- “Self” no longer is as important
- The saint identifies w the higher powers and seeks only to do “good” for others and the world
- By “dying to self” saints joyously give themselves up to the higher powers purposes

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1111

Lecture XIV, XV: The Values of Saintliness

- The saintly person a genuine creative social force, often ahead of their time, and may appear odd, ridiculous or ill-adapted
- The saintly person provides an example of the “heroic” existence
- Saintly persons often see truth in a manner called mystical

7/29/10

1212

Lecture XVI, XVII: Mysticism

- Mystical SOC's defined by ineffability, noetic quality, transience and passivity, "truth" often experienced but quite idiosyncratically
- Various levels of mystical SOC's
- Mystical states demonstrated that normal SOC is only one type of SOC
- ASOC's need to be studied to determine what they tell us about the universe of our experience
- Such states are often amazing and authoritative to the individual but need not be to others and their content across individuals is often contradictory

7/29/10 1313

Lecture XVIII: Philosophy

- The intellect can only provide rationalization for religious experience
- Feeling, emotion, the primitive, the unreflective establish "powers" beyond the self
- Once experienced the intellect cannot dissuade or explain such experiences
- Pragmatism is introduced: the consequences of a thing, does it make a difference in the real world ?, define usefulness and truth

7/29/10 1414

Lecture XIX: Other Characteristics

- WJ fleshes out some other elements of religious consciousness: aesthetics, sacrifice, the value of confession, a lengthy discussion of prayer
- Prayer is a defining element of religious experience and he argues that something really happens when we pray, there is a connection w the higher power(s)
- What works on the whole is reemphasized
- "Automatisms" characterizing religious experience are discussed and associated w the sub-conscious, e.g, photisms

7/29/10 1515

Lecture XX: Conclusions

- Emotion is a central feature in the religious experience
- There is something MORE than the conscious self that can give the individual power, transformational strength, reassurance and equanimity
- Whether the subconscious MORE is connected to a larger MORE is yet to be determined

7/29/10 1616

Postscript

- There is some power greater than the conscious self
- Union w this higher power can lead to peace and serenity

7/29/10 1717

Understanding and Treating the High-Functioning Alcoholic: *Professional Perspectives and Personal Insights*

Sarah Allen Benton, MS, LMHC
sarah@highfunctioningalcoholic.com
www.highfunctioningalcoholic.com

I. Subtypes of Alcoholics

2007 NIAAA study categorized alcoholics into five subtypes:

1. ***Young adult subtype:** 31.5% of U.S. alcoholics, low rates of mental illness or other substance abuse, rarely seek help for their drinking and have low rates of alcoholism in their families
2. **Young antisocial subtype:** 21% of U.S. alcoholics, tend to be in their mid-twenties, about half have a diagnosis of an antisocial personality disorder, many have mental illness and substance abuse issues and more than one-third of these individuals seek help for their drinking.
3. ***Functional subtype: 19.5%** of U.S. alcoholics, “typically middle-aged, well-educated, with stable jobs and families,” 33% have a multigenerational family history of alcoholism, about 25% had major depressive illness sometime in their lives, and nearly 50% were smokers.
4. **Intermediate familial subtype:** 19% of U.S. alcoholics, middle-aged with mental illness, about 25% seek treatment.
5. ***Chronic severe subtype, 9%** of U.S. alcoholics, may *fit the stereotype of the “skid row” homeless alcoholic*, typically middle-aged, high rates of being diagnosed with antisocial personality disorders and criminality, about two-thirds seek help in treatment centers, and 80% have a family history of alcoholism.

Some addiction experts estimate that up to 75% of alcoholics are high-functioning.

II. Addiction and Health Care Professionals

Committee on Drug and Alcohol Dependence (CDAD) of the Dentist Health and Wellness Committee (affiliated with the Mass. Dental Society):

One study concluded that **8-13% health care professionals have alcohol or drug addiction** (a rate higher than the general population):

- Attitude of acceptance for using drugs to alter one’s state of mind
- Greater availability of drugs
- Higher percentage of health care professionals with parents who have abused drugs and alcohol

Alcoholism escapes early detection in the dental field specifically because:

- Solitary nature of dental practices
- Denial of dental organizations
- Absence of substance abuse education of dental school curriculum
- Lack of research on drug and alcohol dependency among dentists

III. Diagnosis Challenges

“Sliding through the cracks”

Alcohol Abuse: focus on external problems in functioning: school and job performance, child care or household responsibilities, legal difficulties, social and interpersonal issues

Alcohol dependence: High-functioning alcoholics (HFAs) do not always specifically fit the following diagnostic criteria:

- **Physiological dependence** on alcohol is indicated by evidence of tolerance or symptoms of withdrawal. **Withdrawal** is characterized by physical symptoms that develop 4-12 hours after heavy alcohol ingestion.
- Individuals may continue to consume alcohol, despite adverse consequences, often to avoid or to **relieve symptoms of withdrawal**.

***DSM-V** may possibly be eliminating the alcohol abuse diagnosis as well as the “withdrawal” criteria for alcohol dependence.

Effective diagnostic criteria for HFAs:

(based on the “Big Book” of A.A.)

- Physical craving
- Mental obsession
- Compromising morals and values because of their drinking, personality change when intoxicated
- Repeating these patterns willingly and unintentionally
- Unable to imagine life without alcohol

IV. Defining the High-Functioning Alcoholic (HFA)

HFAs are alcoholics who are able to maintain their external life, such as work, academics and friendships during active alcoholism. **They have the same disease as the “stereotypical” alcoholic, but it manifests or progresses differently.** Many HFAs are often not viewed by themselves, health care providers or others as being alcoholic, because they have succeeded and overachieved throughout their lifetimes.

V. Personality Traits

Many HFAs interviewed for my book indicated that certain **personality traits** helped them to maintain their external achievements while drinking alcoholically. These traits include: **Attachment to external success/desire material success, perfectionist, need to prove themselves/competitive nature, good communication and interpersonal skills, an outgoing and gregarious personality, ability to function in “survival mode”/ a strong physical constitution, people-pleasing tendencies, meticulous work ethic/goal-oriented, high academic skill sets.**

VI. Characteristics of HFAs *(based on research and interviews conducted for my book)*

Denial

- Have difficulty viewing themselves as alcoholics or potential alcoholics because they don’t fit the stereotypical image
- Do not believe they are alcoholics because their lives are still manageable- they are successful academically/professionally
- Experience strong and lasting “secondary denial” by their friends and loved ones

Double Life

- Appear to the outside world to be managing life well while drinking alcoholically
- Skilled at living a **compartmentalized life**

- **Hide alcohol consumption** by methods such as drinking alone or sneaking alcohol before and/or after a social event

Employment and Academics

- Capable of showing up for work/school and having **above average attendance**
- Use academic or professional success to **defend their drinking habits**
- **Well respected** for academic/job performance and accomplishments

Financial Status

- Do not have significant debt
- **Avoid financial problems because of obtaining money from job, family, inheritance, marriage, or luck**
- May have above average credit

Interpersonal Relationships

- **Sustain friendships and family relationships**
- May have romantic relationships (but may struggle to stay faithful because of drunken behavior)
- Have **difficulty being sexually intimate** without the use of alcohol

Legal Matters

- **Drive drunk and may have DUIs**
- May get stopped for drunk driving, but through connections, **luck**, social status, or appearance are treated more leniently
- Family can **afford proper legal representation** and charges are often dismissed (when cited)

Level of Functioning

- **Able to function in society**
- **Engage in some self-care: eat healthily and regularly, exercise, sleep, maintain personal hygiene**
- **Appear physically well groomed (sometimes meticulous)**

Hitting Bottom

- Their lives **depart from their personal standards** in terms of emotional losses, loss of dignity/moral standards, and negative effect on relationships
- Experience **few tangible losses** and consequences from their drinking (by luck)
- Often hit bottom(s) and are unable to recognize it, because they have not lost “everything”

It IS possible to be an HFA and to hit a low bottom.

Luck



Benton, SA (2009). *Understanding the High-Functioning Alcoholic: Professional Views and Personal Insights*. Westport, Connecticut: Praeger Publishers.

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Grant, BF. (July 1997). Barriers to Alcoholism Treatment: Reasons for Not Seeking Treatment in a General Population Sample. *J Studies Alcohol*. 58(4): 365-371.

Jersild, D. (2001) *Happy Hours: Alcohol in a Woman’s Life*. New York: Perennial.

Moss HB, Chen CM, Yi HY. (2007). Subtypes of alcohol dependence in a nationally representative sample. *Drug Alcohol Depend*. 91(2-3):149-158.

Peters, AC. (1987). Chemical Dependency: An Overview and Position *J Mass Dental Soc*. 36 (2): 73-77, 90.

VII. Observed Differences of High -vs- Low-Functioning Alcoholics in Early Sobriety

High-Functioning Alcoholics	Lower-Functioning Alcoholics
Many aspects of their lives seem to fall apart (eg, work stamina, relationship strain)	Many aspects of their lives begin to improve (eg, gaining employment, housing, mending relationships)
Perceived decrease in level of functioning (less motivation, decrease in stress tolerance)	Increased level of functioning (increase in motivation, improved health, better self-care)
Some negative feedback about getting sober from some loved ones, friends and/or co-workers	Large amount of positive feedback from loved ones, friends and/or co-workers
Feel more of a stigma, shame and embarrassment about being sober and admitting that they needed help	Some feel pride that they are now sober and that they are making positive choices in their life
Many loved ones and acquaintances are in “secondary denial”	Loved ones and acquaintances are fully aware that they are alcoholic and often supportive of their getting sober
Sometimes unclear about what alcoholic or “toxic” friends they should avoid (eg, co-workers, successful friends)	Often obvious who they need to avoid in their life (eg, friends whose lives have fallen apart)
Less apt to immerse themselves in mutual-help groups (eg, A.A., SMART Recovery) or treatment due to lack of perceived desperation	Often feel desperate to get help and surrender to mutual-help groups or treatment more easily
More apt to romanticize their drinking life	Tend to have negative associations with their drinking life
Tend to intellectualize and overcomplicate the recovery process	Tend not to over think the recovery process and follow the suggestions that they are given

VIII. Patient Treatment Suggestions

- **Realize the positive influence that you can have on your patients**
- **Practice self-care and engage in your own recovery**
- **Be aware that many potential HFAs and HFAs present with other presenting issues (eg, depression, anxiety, insomnia):** Try to subtly make connections between their drinking and negative situations in their life
- **Logging:** track symptoms/behaviors other than drinking but integrate # of drinks into the log (see attached sleep log)
- **Redefining “losses”:** making connections that internal and emotional losses are equivalent to external losses
- **Challenge belief systems:** dispel the stereotype of the “typical” alcoholic- subtly introducing concept of the HFA
- **Examine family drinking history:** there is more leverage in terms of fear of being an alcoholic for children/siblings of alcoholics.
- **Encourage clients to be honest with themselves and to take the time to examine their relationship to alcohol:** Use the “Thinking About Your Drinking” handout attachment

- **Goal setting and harm reduction:** effective in allowing clients to gather evidence about their relationship to alcohol
Online tool: NIAAA “Rethinking Drinking” <http://rethinkingdrinking.niaaa.nih.gov/>
- **Plant seeds:** encourage patients to take note of their drinking patterns now and to be an observer of future red flags such as unsuccessful attempts to cut back
- **Offer medical supervision/detox options if alcohol dependent patients express a desire to abstain**
- **Be able to provide addiction treatment/therapy/assessment referral information in your local area/hospital for alcoholics and their loved ones**
- **Have mutual help group resources available in your office:** order meeting lists, literature and have Websites available:
 - Alcoholics Anonymous: www.aa.org
 - SMART Recovery: www.smartrecovery.org
 - Women for Sobriety: www.womenforsobriety.org
- **Have resources, literature, and Websites available for the loved ones of alcoholics:**
 - Al-Anon (for loved ones of alcoholics): www.al-anon.alateen.org
 - ACOA (for adult children of alcoholics): www.adultchildren.org
 - Al-Ateen (for teenage loved ones of alcoholics)
www.al-anon.alateen.org/alateen.html
- **Book suggestions to pass on to patients:**
 - *A Drinking Life* by Pete Hamill (memoir)
 - *Drinking: A Love Story* by Caroline Knapp (memoir)
 - *Dry* by Augusten Burroughs (memoir)
 - *Mommy Doesn't Drink Here Anymore* by Rachael Brownell (memoir)
 - *Understanding the High-Functioning Alcoholic: Professional Views and Personal Insights* by Sarah Allen Benton (non-fiction w/ memoir segments)

Sources:

Benton, SA. *Understanding the High-Functioning Alcoholic: Professional Views and Personal Insights*. Westport, Connecticut: Praeger Publishers, 2009.

Moss HB, Chen CM, Yi HY. (2007) Subtypes of alcohol dependence in a nationally representative sample. *Drug Alcohol Depend.* 91(2-3):149-158.



Thinking About Your Drinking...

Examining Your “Relationship” with Alcohol:

- Why do you drink?
- How often do you drink? Can you go more than a week without drinking?
- Have you tried to control your drinking and if so, how much time do you spend thinking about drinking or about how not to drink too much?
- Can you imagine your life without alcohol?

Friendships:

- What activities do you and your friends like to do together?
- Do you have friend who do not drink?
- Can you socialize or go to parties without drinking?

Interests:

- What is your favorite thing to do?
- Do you have interests, activities and hobbies that do not involve drinking?
- Does drinking alcohol distract you from taking part in these things?

Work and Academics:

- Does drinking interfere with your work or academic performance?
- Do you excel professionally/academically and use your success as an excuse to drink?
- Is alcohol your reward for working hard professionally or academically?

Family:

- Do you hide your drinking from your family?
- Do you have different drinking habits when you know you will be around your family than when you are with your friends?
- Do you have a family history of alcohol problems?

Weekly Sleep Log

Name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week starting: _____							
Wind-down activities							
About how long did it take to fall asleep?							
How long were you awake during the night? (# awakenings)							
What was your final wake up time this morning?							
About how many hours did you sleep last night?							
How many hours did you allot for sleep?							

Negative Sleep Thoughts

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday

Screening, Brief Intervention, Referral to Treatment (SBIRT)

Richard D. Blondell, MD
Department of Family Medicine
University at Buffalo
Center for Addiction Research and Education
Sheehan Health Network

1

Learning Objectives

- Importance of screening and recognition
- Options on how to screen and assess patients
- How to perform a brief intervention

2

Why Is This Important?

- Common problem
- Reduce risks (e.g., trauma, interpersonal violence)
- Reduce health problems (e.g., pancreas, liver)
- Reduce interactions with prescribed medications
- Reduce family dysfunction
- Reduce workplace problems
- Save money

3

Question

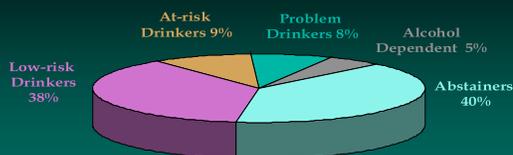
About what percentage of patients seen in a typical primary care office will have risky drinking patterns within the previous 90 days?

- A. Less than 5%
- B. Between 5% and 10%
- C. Between 10% and 20%
- D. At least 20% or more

4

Alcohol Problems Are Common

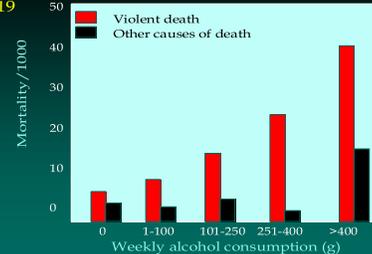
90-Day Prevalence in Primary Care ¹⁰
(n=21,282 patients in 88 primary care clinician offices)



Manwell, et al. *Journal of Addictive Diseases*. 1997;17:67-81.

Alcohol Deaths Are Dose Dependent

Association Between Alcohol Consumption & Mortality ⁷
in Men Ages 18-19



Andersson S, et al. *British Medical Journal*. 1988; 296: 1021-25.

Question

Which groups of patients does the USPSTF recommend be screened for alcohol misuse?

- A. Adolescents only
- B. All adults excluding pregnant women
- C. All adults including pregnant women
- D. Adolescents, all adults including pregnant women

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Recommendation Number 1

"The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings."

Rating: B Recommendation

<http://www.ahcpr.gov/clinic/3rduspstf/alcohol/alcomisrs.htm>

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Recommendation 1 (cont)

"The USPSTF concludes that the evidence is insufficient to recommend for or against screening and behavioral counseling interventions to prevent or reduce alcohol misuse by adolescents in primary care settings."

Rating: I Recommendation

<http://www.ahcpr.gov/clinic/3rduspstf/alcohol/alcomisrs.htm>

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How to Screen for Alcohol Problems

- Clues from the typical history and physical
- Quantity and frequency questions
- Patterns and Consequences questions
- Standardized questionnaires

10

Clues from the History and Physical

- | | |
|--|--|
| <ul style="list-style-type: none">➤ History➤ Anxiety/depression➤ Insomnia➤ Vague GI complaints➤ Recurrent trauma➤ Family/school/job problems➤ Family history of AODA➤ Self-report | <ul style="list-style-type: none">➤ Physical Findings➤ Alcohol on breath➤ Hypertension➤ Parotid hypertrophy➤ Enlarged liver➤ Testicular atrophy➤ Tremor➤ Telangiectasia |
|--|--|

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Laboratory Testing

Measuring liver enzymes (esp. GGT), MCV, pancreatic enzymes or lipids may be indicated in symptomatic patients, and abnormalities of these tests obtained for other reasons may be important clues for an alcohol problem.

"Routine measurement of biochemical markers is not recommended in asymptomatic persons."

USPSTF - 1996

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Laboratory Testing

- **Blood Alcohol**
+BAL in ER = Alcohol Problem 40-95% of time
- **Urine toxicology**
Cannabinoids: may be + for 30 days, - in exposure
Amphetamines: + for 2-5 days, TLC confirmation
Cocaine: + for 2-3 days, GC/MS confirmation
Benzos: depends on type (lorazepam vs. diazepam)
Opiates: distinguish between illicit-v-therapeutic use
Opioids: do not yield a positive opiate screening test

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Screening Questions

- **Quantity and Frequency**
 - When was your last drink? What did you have?
 - How many times in the past year have you had [5 (men) / 4 (women)] drinks in a day?
 - On average, how many **days** a week do you have an alcoholic drink? On a typical drinking day, how many **drinks** do you have when you drink?
$$[\text{days/week} \times \text{drinks/day} = \text{weekly average}]$$

➤ DON'T ASK: "How much do you drink?"

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What Exactly Is One Drink?

- 1 Drink = 12 grams of ethanol
 - 12 ounces of beer
 - 8 ounces of malt liquor
 - 5 ounces of wine
 - 1 ½ ounces of distilled spirits

Increased risk starts at 24 grams (2 drinks) per day for men (12 grams per day for women), and increases dramatically over 60 grams (5 drinks) per day.

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How Much Is Too Much?

Men

- >14 drinks per week
- ≥5 drinks per occasion

Women

- >7 drinks per week
- ≥4 drinks per occasion

NIAAA, NIH # 07-3769, 2007

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Patterns and Consequences

The **CAGE** Family of Questions

C: Have you ever felt that you should **cut down** on your drinking?

A: Have people **annoyed** you by criticizing your drinking?

G: Have you ever felt bad or **guilty** about your drinking?

E: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**eye opener**)?

Also: T-ACE, TWEAK, (inc. "tolerance") CAGE-AID

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Standardized Questionnaires

- **Alcohol Use Disorder Inventory Test (AUDIT)**
(10 questions: 3 Q&F, 3 CAGE, 1 Blackout, 3 consequences)
- **Alcohol Dependence Scale (ADS)**
(12 question checklist)
- **Michigan Alcohol Screening Test (MAST)**
(25 questions)
- **Self-Administered Alcohol Screening Test (SAAST)**

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Assessment

Use data from the H&P, screening questions, and laboratory testing to classify patients:

- **Problem drinking:** drinking → problem
- **Abuse:** pattern of problems ≥12 months
- **Dependence:** Abuse plus: tolerance, withdrawal, loss of control, inability to cut-down or quit.
- **Drug use:** situational, experimental, recreational, problem use, abuse, dependence, criminal

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Actions After Diagnosis

- **Problem drinking:** Brief Intervention, Follow-up
- **Abuse:** Brief Intervention, Follow-up, ? Referral
- **Dependence:** Intervention, Referral for treatment
- **Drug abuse:** Brief Intervention, F/U, ? Referral
- **Drug dependence:** Referral for treatment
 - Abstinence-based (e.g., detox and rehab)
 - Maintenance-based (e.g., methadone or buprenorphine)

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Recommendation

“There is insufficient evidence to recommend for or against screening for drug abuse with standardized questionnaires or biologic assays. Including questions about drug use and drug-related problems...may be recommended on other grounds.”

Level of evidence = III (opinions of authorities)
Strength of recommendation = C (neither + or - , your call)

<http://www.ahcpr.gov/clinic/uspstf/uspstfdrug.htm>

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Question

The major element(s) of a “Brief Intervention” include which of the following?

- A. A 5 to 15 minute interaction with the patient
- B. A packet of written material given to the patient
- C. A chance for a follow-up appointment
- D. All of the above

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Recommendation Number 2

- Brief Interventions that last between 5 and 15 minutes and that are accompanied by written material and the chance for patients to make an appointment for a follow-up visit are recommended to reduce alcohol consumption.
- SORT: Strength = B, Level = 1

Based on 19 randomized clinical trials involving 5639 patients in multiple settings.

Berholet N et al. Reduction of alcohol consumption by brief intervention in primary care. Systematic review and meta-analysis. *Arch Intern Med* 2005;165:986-995.

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What We Know About Brief Interventions

- Decrease average number of drinks per day
- Decrease number of drinking days
- Reduce emergency department visits
- Reduce hospital days
- Reduce health care costs
- Can facilitate initiation of treatment
- Possibly reduce accidents and re-injuries

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What We Don't Know About Brief Interventions

- Do they work for special populations?
- Do they work for more than 12 months?
- Do they reduce morbidity and mortality?
- Do they work in different health care settings?
- Do they work better with pharmacotherapy?
- Do they work for patients with drug abuse?

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The FRAMES Brief Intervention

- F: Feedback
- R: Responsibility
- A: Action
- M: Menu of options
- E: Empathy
- S: Support self-efficacy

Miller WR, Rollnick S. Motivational interviewing: preparing people to change addictive behavior. New York: The Guilford Press, 1991.

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FRAMES (Feedback)

Example: "I'm concerned about your drinking (drug use) because it has caused this...[health problem]...[psychological problem]...[social problem]."

- Stick to the facts, not opinions
- Avoid being judgmental, pejorative
- Express concern, not anger or frustration

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FRAMES (Responsibility)

Example: "Only you can decide what to do."

- The clinician gives advice
- The patient must decide what to do with it
- Avoid "transference/countertransference"
- Avoid argument, roll with resistance

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FRAMES (Action)

Example: "I would like you to stop drinking and get some help."

- Look the patient right in the eye
- Touch the patient's arm if appropriate
- Show concern
- Be concise and specific

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FRAMES (Menu)

Example: "You could try just read this material I'm giving you and think about it."

Try to find something that the patient will agree to do. For example:

- Provide printed materials and say "just think about it"
- Just talk to somebody on the phone now
- Go to one AA meeting
- Just go to this place once for a second opinion

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FRAMES (Empathy)

Example: "I know this is hard for you to deal with right now."

- Understand that the patient usually feels guilty about what he or she has been doing
- Expect anger and denial
- Provide comfort to somebody who is suffering

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FRAMES (Support)

Example: "You're a good person. You can get better. You deserve a better life."

- Act like a couch, not a preacher
- Offer hope to the hopeless
- Provide some sort of printed material
- Arrange for follow-up

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Brief Intervention – Evidence

The authors of a recent systematic review conclude that Brief Interventions that last between 5 and 15 minutes, and are accompanied by written material and the chance for patients to make an appointment for a follow-up visit, have the potential to reduce alcohol consumption in comparison to no intervention, usual care, or interventions which are less than 5 minutes' duration.

Berholet N et al. Reduction of alcohol consumption by brief intervention in primary care. Systematic review and meta-analysis. *Arch Intern Med* 2005;165:986-995.

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FDA Approved Medications

Drug	Dose	Comment
Disulfiram <i>Antabuse</i> ®	250 mg po QD	Avoid with CAD
Naltrexone IM: <i>Vivitrol</i> ®	50 mg po QD 380 mg IM Q month	Avoid with hepatitis Avoid if on opioids
Acamprosate <i>Campral</i> ®	333mg 2 tabs po QD	Avoid in renal failure Avoid in pregnancy

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FDA Approved Medications

Drug	Dose	Comment
Methadone	30-60 mg per day (or more)	Can only be given in a Federally approved clinic
Buprenorphine/naloxone <i>Suboxone</i> ®	8-24 mg per day	Must have SAMHSA waiver and special DEA number

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SBIRT Summary

- **Ask** all patients about alcohol use
- **Assess** those patients who *screen* positive
- **Advise** those with a problem (*Brief Intervention*)
- **Assist** those who may be ambivalent about change
- **Arrange** for care or *refer to treatment* when appropriate
- **Monitor** progress with follow-up visits

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