

HELP for ALCOHOLICS

Self-Respect Gone, Body Shattered, the Drunkard Reaches a Crisis. Then Alcoholics Anonymous Steps In.

By a Member of Alcoholics Anonymous

IN Alcoholics Anonymous, we speak of "high-bottom" drunks and "low-bottom" drunks.

What we try to measure by those phrases is the amount of physical degradation the alcoholic is willing to suffer before his drinking habit is at last outweighed by his will to live.

Today there is an ever-increasing number of "high-bottom" drunks at our meetings.

These are often men and women in their early 20s, whose closest drinking companions do not realize that they have an alcoholic problem. Only one of their own breed, another alcoholic, can tell that they have lost the most important thing in their lives—their self-respect.

Whether "high-bottom" or "low-bottom," sooner or later the problem drinker reaches a point where he can take no more punishment. We call that crisis "hitting the bottom."

Somewhere—at home, in a hospital, behind a haystack or in a flophouse—he wakes up. He is

shaking and depressed. If he is at home, the family atmosphere is doubtless chilly. If he is alone, the chances are he's broke. At any rate, he has begun to want to stop drinking.

The idea of coming to A. A. occurs to him. Perhaps he has read about it, perhaps the family doctor has suggested it, or maybe a disgusted bartender has told him that's where he belongs. Anyway, he would be willing to try it if only he knew how to make contact.

He can do this in person, over the telephone or by letter.

Most large cities now have A. A. central offices or clubs with a full-time staff of volunteer workers and perhaps a paid secretary. The address will be listed in the telephone directory.

In small communities where there is no regular headquarters, the applicant has several choices. He may inquire at the local police station (and why not?), the newspaper office, the Salvation Army, from any minister or priest, from a hospital or doctor.

If these sources fail, as they might in the case of very remote towns, he should direct his inquiry by mail to The Alcoholic Foundation, Grand Central Annex, Box 459, New York City 17. The girls in the Foundation office will send him immediately the address of the group nearest to him, as well as the times of its regular meetings.

We'll suppose our newcomer makes his initial A. A. contact in a large city and over the telephone. This is the conversation:

"Hello. This is A. A." The voice is bright and it is usually feminine.

"Hello, I—well, I'd like to stop drinking."

"Good. Where are you now?"

"At Joe's Bar on Main Street."

"How do you feel?"

"Pretty bad."

"I know just how it is," the voice continues, surprisingly. "I

felt the same way less than six months ago. Look—are you able to get to our office?"

"I don't think so. I'm broke and sort of shaky."

"All right. You stay where you are and someone will call for you. Now, what's your name?"

"Tom."

So Tom is met by an A. A. member who volunteers a part of his time for just such services. He will come to Joe's Bar with two tools: a sympathetic understanding with the way Tom feels, and confidence in his own sobriety. He will try to establish contact by telling his own story, pre-A. A. and post-A. A. He may give Tom some literature to read, he may buy him a drink, he may take him to a doctor or hospital, but whatever he

does will lead up to getting Tom to his first meeting.

The meeting may take place in some private home, with six or seven members present, or it may overflow a public auditorium with a seating capacity of many hundreds. But, if Tom's experience is anything like the average, he will leave that meeting with several provocative new thoughts in his head.

First, he is no longer alone—an isolated case, a misunderstood genius, a moral leper, an incurable drunk. He has spent an evening with people who speak his language and understand his fears. He begins to feel that, after all, he might just possibly be able to get along in a world of sober people.

Second, he faces a challenge. He has heard a speaker, or maybe talked casually to a member whose background and drinking pattern closely resemble his own. He may start thinking, "If that guy can make it, so can I."

Third, Tom has been told that he is suffering from a disease, described by most A. A. members as "an allergy of the body coupled with an obsession of the mind."

This illness, Tom finds out, is no more a disgrace than diabetes or tuberculosis. He is not supposed to conquer it with moral weapons such as will power. He needs treatment and his treatment is adherence to A. A. precepts, and regular attendance at meetings.

Fourth and last, he is not asked to contemplate a life without liquor. The founders of A. A. knew from their own bitter experience that such a concept is a horror beyond description for a man whose nerves are shattered and whose mind is woefully confused.

Tom is merely asked to stay sober for 24 hours. This is something that he has done before, something he can grasp and sweat out. Then, and only then, can he tackle the next 24 hours, strengthened by a sense of achievement. The rolls of A. A. are filled with the names of men and women who have stayed sober—some of them now approaching 14 years—24 hours at a time.

If Tom is able to carry these impressions away from his first—or even his second or third—meeting, then his recovery is practically assured.

He has found someone who will help him come up from the bottom to live a sober and useful life.



Illustrated by ROBERT W. CROWTHER

If He Phones A. A. for Help, the Alcoholic Will Get a Cheerful, Sympathetic Reception. If Necessary, Someone Will Come to Call for Him.