

AA's Singleness of Purpose

Recently, I received a call from a newcomer through the "Bridge the Gap" Program that our district conducts with treatment centers in this area. I met him upon his release from the facility and took him to a meeting of my home group Monday Night. As newcomers do in my group, he sat quietly and listened and all was well.

The following Wednesday, he met me for a meeting that we carry to the Spartanburg Detox. During the meeting, he introduced himself as an addict and proceeded to share a little bit on the problems he has had with drugs. Following the meeting, as I was giving him a copy of our book, I decided to have a talk with him regarding his sharing. I asked, "I noticed that you introduced yourself as an addict and I need to ask, Do you have a problem with alcohol?" He shared, "No, I haven't had a drink in over a year and a half. I don't like alcohol and never really drank too much, my problem is with the drugs." I then asked, "If you don't have an alcohol problem, then why are you coming to AA meetings?" His response was "When I was in the treatment center, they told me to come to AA because there is more recovery there."

I explained to him that I was not trying to make him feel unwelcome in AA, but in order to be of help to him, I had to know where he was coming from. He again stated that he never has had a problem with alcohol, that drinking does not create the craving that it does in alcoholics of our type. Knowing that many alcoholics of our type reach their "bottom" through the aid of drugs and only later come to discover and admit to their alcoholism, I did not decide that he was non-alcoholic or that AA was not the path of recovery for him. I told him "I will help you to get started in recovery and we will begin by studying the Doctor's Opinion in the Big Book and I suggest you read that as soon as possible. I will help, but I will only help if you attend NA meetings in addition to your AA meetings. This is because there will come a time and place where you will have to take suggestions to stay sober that go against your nature- things you don't want to do- and if you are not absolutely convinced that the person giving you the suggestions has overcome the same problem you have, you will not follow the suggestions that may save your life."

That is where we parted and I did not hear from him for a week. I had been thinking that I had run a newcomer off when I got a call from him. He said, "I just wanted to let you know that I am all right. I am going to NA and have a home group that I like and am going to pick a sponsor this week. I just want to thank you for your help and I'll call once a week to let you know how it's going."

Why am I telling this story? I guess I feel that it shows real growth in my AA program. In the past, I would have been more comfortable to welcome this non-alcoholic addict and attempt to sponsor him in AA. It makes me feel better to be all-inclusive, to say all are welcome, to play the good Samaritan to one and all. I would have chosen my comfort over his welfare and the welfare of AA. My efforts to sponsor non-alcoholics in AA have always failed and I now realize that the way to be of real help is to help the non-alcoholic find the help he needs from those best equipped to give this help. Singleness of purpose not only benefits AA as a whole, but those who seek recovery for whatever problem they have. There are many fine 12 Step programs out there whose singleness of purpose makes them best equipped to help the non-alcoholic addict, gambler, co-dependent, etc. My failure to realize this and direct these persons to the program they need is selfish and ego-rewarding, choosing what feels good to me over what is right for them. We do not have all the answers for all the problems known to man.

What we do have is an answer for one very particular problem- alcoholism as defined in the Bigbook of Alcoholics Anonymous. When I take a drink, I get a craving for another drink that eliminates all control over how much I drink or what I do in the process. And most importantly, knowledge of this fact will never keep me from taking the next drink. It is a progressive and fatal malady that we have come to view as an illness involving an allergic, or abnormal, reaction to alcohol coupled with a mental obsession for more of the same.

Our program began when one alcoholic, seeking to keep himself sober, sought out another alcoholic with whom he shared his experience with this particular problem. Dr. Bob, who was only going to listen for 15 minutes, spent over 6 hours because, as he said of Bill: *"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"* Dr. Bob was then able to accept the solution because of his assurance that Bill had overcome a problem common to his own.

So it was then and is still today. Our greatest asset as recovered alcoholics is our past. Whether in a meeting, on the answering service, or one on one, we use our past experience with alcohol to reach the still-suffering alcoholic. It is through our stories of alcoholism that we help the alcoholic overcome his feelings of difference and isolation and accept the solution that we have to offer. As an alcoholic, I had many defenses against those who would talk of my drinking, but I had no defense against you when you spoke of your drinking. It was through hearing these stories that denial fell away and hope was born for myself and countless others like me.

I am an alcoholic. I have a drug history as long as my alcoholism, but I am not an addict. The stories I have heard of addicts, gamblers, and so on elicit sympathy from me, but do not reach that place in me of identification that I find in the story of another alcoholic- that place where I actually begin to feel the pain experienced by the speaker and relate his experience to my own. Thank God you had alcoholics speak to me of alcoholism when I came into AA. Because identification is so vital to the recovery of alcoholics like myself, I do not wish to risk weakening my effectiveness by speaking of my drug use in an AA meeting.

We alcoholics come with many "related disorders" of drugs, gambling, overeating, sex, depression, anxiety, and so on, but by choosing to join AA we have chosen a common ground on which to relate to one another- alcoholism and recovery from alcoholism. Given the diversity of people and problems in AA, the unity necessary to function as a group would be impossible and our effectiveness with newcomers diminished if we did not keep our focus on our common problem. I have to relate myself to the group as a whole for my own recovery and the recovery of those I would help. I would hate to see the day in AA where an alcoholic's chance to recover was dependent upon whether we had the "right" person for him that day on the answering service, 12 Step call, and so on. I would hate to see the day when an alcoholic finds himself unable to relate to a speaker or discussion due to too much talk of addictions and other problems he does not have. I want every alcoholic to have the chance I had to enter an AA meeting and come to realize that those people are like him and maybe if he does what they did it will work for him too.

I'm sorry to inform those who don't know it already, but AA is not all-inclusive, nor was it ever intended to be. We developed from a narrowing of the broad objectives of the Oxford Group to focus on helping alcoholics only. We are still strong, the Oxford Group is not. Many fine organizations have come and gone because of their inability to stick to one thing they do well. Many organizations have failed because they lacked the humility to realize their limitations.

Many fine Twelve Step programs have developed out of our program because their members new the importance of identification in recovery and sought to create a place where maximum identification, and therefore maximum recovery, was possible. In this day and age, anyone seeking help can find a group to deal with his particular problem. Our job is not to try to expand our program to fit all situations or persons, but to grow in effectiveness at the one simple thing that we do well. It is not always the easy path to stand on this principle, but I am learning that we can do this with kindness and concern for all involved. It is by so doing that AA has become the single most effective treatment for alcoholism in recorded history.

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