

An Open Discussion AA Meeting Opens My Mind: A Powerful Group Offers Understanding about Clinical Decisions

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Abstract: An Open Discussion Alcoholics Anonymous (AA) meeting opens the mind of a social work graduate student to the many ways that AA can assist and support people who are challenged by addictive substances. In writing up a fieldwork experience for a course on addictions, she recalls three psychotherapy clients whom she had referred to AA prior to graduate school. The Open Discussion meeting helps her to understand what these clients found at AA. A description of the meeting is interwoven with observations and narrative concerning the process of gaining new perspective. Psychotherapists of all theoretical perspectives are encouraged to attend an Open AA meeting to listen and learn.

Keywords: Alcoholics Anonymous; addictions; psychotherapy; Al-Anon

I begin by introducing myself and this piece. I am an experienced psychotherapist and I returned to graduate school to become the social worker that I had long wanted to be. From the elective courses I selected one on addictions. It offered me more than I had expected, as there was much about the experience of addiction that I had not grasped previously. During the process of writing up a fieldwork experience, I came closer to understanding why I had made referrals to Alcoholics Anonymous some years ago. This piece includes three examples of referrals to AA and a description of the Open Discussion AA Meeting that I attended.

Three Clinical Examples: Client One

What follows is a description of a telephone call that lasted less than five minutes and has had enduring repercussions.

Some years ago with a high fever, I telephoned J.A. (55 y.o. woman) to cancel her psychotherapy appointment the next day. She was surprised to hear my voice and started to talk with me about her day as if it were commonplace that we speak by telephone. I explained that I was unwell with a fever, that I was unable to meet the next day, and that we would meet the following week as scheduled. The cancellation felt almost unmanageable to J.A. She was shaken up and felt panicked. I thought to understand why J.A. was feeling so unsettled, and I considered that her parents were alcoholics. They were unpredictable

and frightening. The trauma of her childhood and teenage years haunts J.A. She had been beaten and endured other unpredictable and terrifying situations. I was acting in an unpredictable manner by cancelling our predictably scheduled appointment, and J.A. responded with panic as if her past were the present.

J.A. is determined not to become an alcoholic. At the time of our telephone call she knew few people who were worried about becoming alcoholics. During this brief call, I remembered that Al-Anon meetings might be helpful to J.A. in this time of interrupted psychotherapy. Over the phone, I suggested that she visit an Al-Anon meeting. She did and heard about the experiences that other people had had with their inebriated parents who had behaved in unpredictable and frightening ways. Since then, J.A. has attended Al-Anon meetings regularly while continuing in psychotherapy.

As J.A.'s curiosity grew she went to some AA meetings. Listening, she began to think that her parents had had their own reasons for becoming alcoholics. She concluded that they had not intended to treat her as they did; by using alcohol they thought they were coping. J.A. wonders how her parents could not have noticed that alcohol did not solve their problems, nor did alcohol assist them to be good enough parents to her. This kind of increased awareness and gaining perspective was unavailable to J.A. previously. Since attending Al-Anon and AA meetings she has gained a profound

understanding of herself and others in her life. Once in a while, she remembers the time when I cancelled that psychotherapy appointment and when she ventured to her first Al-Anon meeting. Much about J.A.'s life has changed since. The "can-do" spirit of the AA community has energized her. For instance she has joined other kinds of groups, made new friends, votes, travels, and is enjoying living while continuing to manage her traumatic experiences.

Client Two

C.B. is a divorced 37 year-old man who takes care of his children during the school week, and works 40 hours from Friday evenings through Sundays in a residential home for adolescents. To me he dismissed his regular alcohol and drug use by explaining how he is "not bothered by it at all." His theory about an inverse relationship between smoking and drinking "proves [that he is] in control." When he smokes more, he drinks less. Furthermore, he says that he "only consumes 4 mixed-drinks" when he goes out as compared with the "12 mixed-drinks [that he enjoys] every night" when he stays at home. He perceives that going out to meet up with others is good for him, as his alcohol consumption is lowered.

While the psychotherapy continued for C.B., he continued to talk about his life and his experiences. I knew that he needed to talk with people who know more about addictions than I do. I suggested that C.B. attend an AA meeting to listen to what is going on, and to find others to discuss his control over his substance use. He went to a meeting near his work. It surprised him to find a community of other people who did not turn him away because he continues to drink alcohol.

Being welcomed enabled C.B. to find a place where he was heard and where he could listen to others. He found respectful people with whom to discuss experiences he thought were his alone. He met people who had had their own theories about control over their substance use. C.B. heard examples of some ways that other people had persuaded themselves that they were in control over a substance, and not the other way around. In time C. B. listened to his own theories of control with increasing skepticism. Eventually, he took a different approach to his alcohol use. C.B. would

not have been able to reflect upon his experiences and those of others without the open door, the open talk of AA.

Client Three

D.E. is an office worker in her mid-20's who lives with her mother. They enjoy food shopping and going on vacation together. Her five siblings live on their own or with families of their own. D.E. says that she goes to bars and nightclubs for some "non-mother time." These are opportunities for her to drink alcohol and to use cocaine. She states that she keeps no alcohol at home because she would drink it as soon as she crossed the threshold. She told me that she arranges her use of substances carefully so that she is never at home with substances nor is she alone when she uses substances. Once weekly she goes out to lunch with office-mates and reports drinking four glasses of wine. Also, twice weekly she goes to a local nightclub where she reports drinking four to six beers and using six to ten lines of cocaine each night.

The multiple concerns that D.E. has about herself are interwoven with substance use. She considers her substance use to be a "fact" and that it is an understandable means to manage the stresses and tensions in her life. I suggested that D.E. visit an AA meeting and that we include AA in the psychotherapy. At the AA meeting, D.E. met young women, middle-aged women, and elderly women. She met people who could not keep any alcohol in their apartments because they would drink it immediately. She also met people who used alcohol to negotiate their relationships with their mothers. She was not alone in her dilemmas. She heard about other people who had found alcohol to be a false companion and who had experienced alcohol's grasp as detrimental to friendships. D.E. found AA meetings to attend during her lunch breaks and after work. Her evenings at bars were exciting and she found them to be glamorous. In time, she found people at AA with whom to do things that did not include bars or nightclubs. They created ways to enjoy one another in the present, being alive together.

Through my field experience in the social work course about addictions, I came to understand what these three individuals found in AA and in Al-Anon. Each person had an individualized

description of the place and power of substance use in his or her life. While the two people who used substances were convinced that they were each in control of their substances, during the process of psychotherapy their feelings about the cost and how the substance was not freeing them from stress could be addressed. The therapy could hold each person's ambivalence about facing their own substance use. In AA, they found regular people who talked openly about their lives. These were people who had had the experience of thinking that substances helped them manage and then came to realize that substances were harmful to their lives. Each of the three people was welcomed into AA or Al-Anon. Over time, each person became more herself or himself, as substance use became less of a constant.

Fieldwork Experience: An Open AA Discussion

Upon returning from an Open AA Discussion meeting, I thought, "How lucky could I be?" I had visited a meeting that I would recommend to anyone, certainly to my clients. The gathered group was alive with hope and change; it was active on all levels and open to the process of the group (Yalom, 1975). Attending this meeting deepened my understanding of addiction and how recovery is an ongoing process. I am humbled by the attendees' warmth, honesty, and self-respect. The process of the group contained diverse opinions and conflicts. I was impressed with the life-experience of attendees and with their commitment to the group as a whole. I am reminded how powerful groups are. While healing and hope are necessary every day, being with people who talk about their feelings, who may disagree openly, and who have the strength to maintain a respectful stance help to create a group that is cohesive, safe-making, and ripe for change. Attending this meeting clarified my stereotypes regarding the nature of open AA groups as well as my stereotypes about group development and group process in self-help groups. The following is a description of my fieldwork experience and of my thoughts and impressions.

The group was made up of speakers and non-speakers – all were welcome. Most of the 50 people attending were on lunch-break from work: 20% people of color, 25% women, people between 18-75 years old (my estimate). Workers brought bagged lunches from home. Some men wore T-shirts of

electric, plumbing, painting, and contracting companies. Women wore attire for their workplaces.

Preparation for the meeting began early with coffee-making and arranging seats at long tables throughout the room, there were also sofas against the walls. The greeter welcomed attendees. The man who would chair the meeting was called by his first name or "chair". He sat behind a small table on a very small stage; he described the format: he would speak first, then the floor would be open and he would call on individuals who raised hands.

The chair described various experiences he had in his lifetime. He used specific examples to convey how disconnected he had been from people when his focus was on drinking alcohol. He said that when he had lived with his brother, he had paid his rent in alcohol. It took time and effort on his part to realize that this was not good for him. With poignancy, he described his ambivalence about acknowledging his addiction. He struggled to face the difficulties of his addiction and of his life. He was humbled by the experience of being sober for 22 years when his memory of terrible times remained vivid.

Then, the chair called on attendees to speak. The meeting included clear differences of opinion and of experience. Passionate feelings were expressed in words. As the end of the meeting arrived, a card that had been passed through the attendees was presented to the chair in recognition of his 22 years of sobriety and of his strength as a person. All stood and held hands in a circle. Some said the Lord's Prayer, others hummed, and some joined in silence.

My Stereotypes and New Learning

This Open Discussion meeting was vital and passionate. I had expected dry and empty speakers. I had been to AA meetings in other local communities where I had heard life-stories told as lectures without feeling and in a tone that sounded pejorative to me. In this meeting, when the chair told of various incidents and situations from his life, of working towards recovering from alcohol use, his tone was warm, humble, and human. I learned that meetings are different from one another (Caldwell, 1999, p. 6). This was a huge realization for me, and I felt abashed. I should have trusted this to be true.

Indeed, I did not realize that I had assumed that all meetings would be the same because my mind was closed and I did not know it was closed. This is humbling.

At an AA meeting held at a hospital, my impression was that the experience of a “Higher Power” seemed by definition to come from Christianity; I wondered how does AA welcome non-Christians (Washton & Zweben, 2006, p. 260)? While in the open discussion AA meeting, I had the impression that differences are assumed, that each attendee has his or her knowledge and experience of a “Higher Power”. There seemed to be no single means to access a spiritual connection if that was what one wanted. The experience of the group as a whole was one of many manifestations of connectedness: the chair explained the sentence “We can” to be an affirmation of the increased strength of the group made up of individuals who wonder “Can I?”

I was surprised by the sounds and the silence within the open discussion AA meeting. Some people came early, others arrived throughout the meeting-time, and some left early. Individuals greeted one another by nod, thumbs-up, hug, handshake, slap on the back, or some spoken words. Some people were rustling and in constant motion, crossing and uncrossing legs, shaking a foot, or shifting positions in a chair. Others were doing jobs and chores such as passing a collection basket or a ticket-basket, or tending to the coffee machines and cleaning up the room. When someone was hungry, that person went to the coffee area and returned with crackers and peanut butter. Others sat silent and still. I listened and expected that the background commotion would be distracting; it was not. I had anticipated that all attention would be focused on the person speaking and that if there were a diversion, that silence and attention would be called for. Not at all. The background sounds and movements were part of the tapestry of this meeting. None of these sounds took away from the group experience or from the particulars of what the speaker was saying: these were the sounds of the group. The many chores and activities in an AA meeting are part of the whole experience; doing these tasks can assist attendees who need to be *doing* things to have something to do, to be welcome, and to know that they have a place (Caldwell, 1999, p. 57).

I had anticipated that the desire of anonymity would dominate as it had in other meetings I visited. Of course, each speaker begins with his or her first name, the group chants the name and a welcome, and the person speaks. A number of people spoke very movingly about how the process of recovering from substance use is an ongoing daily struggle. The pain of the effort was palpable. Sometimes, voices rose muttering encouragement to the person who had spoken. To my surprise, some speakers directed themselves to an earlier speaker by name and commented on the position or on the experience that had been described, sometimes 30 minutes prior. There were disagreements among the attendees: a speaker rose to address particulars from his or her life experience and to draw a different conclusion than an earlier speaker had drawn. These voices were adding and building on themes: that recovery is a process that challenges each person daily no matter how many minutes or how many years of being in recovery have been experienced, that members of this AA group have different ideas and experiences about AA and substance use (Tonigan & Hiller-Sturmhofel, 1994). There is a relationship between AA's anonymity and the power of being known and respected for who one is; anonymity and being known can each contribute to healing.

Theoretical Stereotypes and Curative Factors

I assumed that if the people in a group are always changing, then the group may not get beyond an early phase of development such as seeking commonalities. In the open discussion AA meeting that I attended, the heterogeneity of attendees was clearly voiced in the differences of opinion and in the comings and goings throughout the meeting. Variation was in concert with elements of the “universality” of attendees' experiences (Yalom, 1975, p. 99). How could I have forgotten about the “healing forces [that] are inherent in the group” (p. 428)? While Yalom explains the 11 curative factors of group psychotherapy (p. 3), he emphasizes that there are particular healing qualities of AA groups: instilling and maintaining hope and giving advice, guidance, and information.

I understand Yalom to suggest that some of the factors that contribute to group cohesion can assist in the suppression of addictive behavior; these are qualities that are inherent in AA meetings: reality

testing, altruism, and each individual having responsibility to the larger group (1975, p. 99, p. 3, & p. 431).

If a Client Were Hesitant to Attend an AA Meeting

When working with clients who are hesitant or reluctant to attend an AA meeting, I would take a number of approaches to acknowledge and explore a client's unwillingness. The particulars of our discussion would grow as the client and I hear of the client's experiences, expectations, fears, and hopes. I might anticipate possible topics of discussion; my ears must be open to hear what I do not anticipate. By speaking together with curiosity, we can explore and understand. There is always the possibility for a change of mind. We could speak about what the client imagines an AA meeting would be like, and who would attend: aspects of like-me/not-like-me can be explored. A client's reluctance may be about being rejected, being misunderstood, being not accepted for who the client is; or the client's reluctance may be about being welcomed and feeling unworthy. Does the client feel that her or his concerns are too much for me, the psychotherapist, and so I am suggesting that the client seek assistance elsewhere? What if the client attends a meeting and it is a great experience or it is a terrible experience - how will we talk about what happened in the meeting? What if the referral to AA is not helpful? Each aspect of our talking is a means to understand more about the client – how the client feels, thinks, and behaves – in the present, in the imagination, and in the past.

Value in Attending AA Meetings for Professionals

One way to gather information about the nature of the struggle of substance use is to attend AA meetings. Individuals use one another, the group, and aspects of AA to heal and to keep going. The heterogeneity of AA is useful; it can alter and adapt to what attendees need as they change over time. AA is a remarkable organization. Understanding the controversies about addiction and how to treat addictions takes on an urgency when sitting in a room among substance users in different stages of recovery (Davis & Jansen, 1998, p. 176). By attending AA meetings we can learn about the ongoing suffering and strife that burden people who are recovering from their substance use. The difficulty of reversing the physiological changes of

addiction is evident (Harvard Mental Health Letter, 2004, p. 1). We can watch group dynamics in action. It is humbling to witness the power of people staying together while they disagree; such groups are a powerful force of hope. We can read about the AA Traditions, but seeing them enacted by people gives the words life and a context. It is important to observe that knowing one another is comforting. As clinicians we gather information by listening and watching, by doing research, and by integrating it all in an ongoing process. Going to AA meetings and talking with attendees offers us direct experience with the power of the group and the particulars of AA that heal. By becoming more informed clinicians, we can offer more to our clients.

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