

A.A.

is our

MAINSTAY

Vol. 10 No. 2
JULY - 1964



"AN A.A. MEETING IN PRINT"

THE SECOND LEGACY - UNITY.

THE NURSE AND THE ALCOHOLIC.

LET'S TAKE A GROUP INVENTORY.

ALONG THE WAY.

TO NAME BUT A FEW !!!

ALCOHOLICS **A**NONYMOUS is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

THE SECOND LEGACY : UNITY

The Twelve Steps

1. We admitted 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 this message to alcoholics, and to practice these principles in all our affairs.

The Twelve Traditions

1. Our common welfare should come first; personal recovery depends upon AA unity.
2. For our group purpose there is but one ultimate authority . . . a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants . . . they do not govern.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose . . . to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

As recently as March of this year we had something to say about our second legacy, but we think it should be mentioned again. At a recent Assembly a good discussion was had on the problem of the falling off in attendance at meetings, and the question was asked "What can be done about it?" It was not suggested that this falling off was general in A.A. - far from it - but some groups were disturbed by its occurrence and were seeking advice.

This is a problem quite common in A.A. everywhere. The total membership of A.A. is listed in the 1964 World Directory as 209,000, whereas it is known that at least 400,000 and very likely more, have found sobriety through A.A. Amongst our own groups we all know of good recoveries who no longer regularly attend. The question of holding on to good recoveries is frequently discussed in the "Grapevine" and other A.A. papers.

It seems that a "turnover" of members will always be part of the A.A. picture.

At the Assembly mentioned we do not recollect any mention of the second legacy which seems the key to this situation. We did not have the benefit of the steps and traditions being displayed at the meeting. Most of us know that the Traditions are not rules and were not written down by anyone having complete knowledge of what the needs of groups would be. They are the condensed experience of many years of group living summarised in convenient form.

The General Service Office suggests that if a group is having trouble of any sort, it examine itself in the light of the Twelve Traditions. Let's have a brief look at one of them.

The first reads; "Our common welfare should

come first; personal recovery depends upon A.A. unity". How do you get unity in A.A.? There's the rub. It can only be done by each of us personally becoming part of A.A. This was a surprise to us. We have often thought that A.A. would be more unified if OTHERS would change their ideas and behaviour. We could fit in better, and be more useful if only others would pay more attention to OUR ideas. Just as personal recovery is a matter of individual action, so unity comes from individual personal sacrifice. We need to learn to "put up" with a great deal that, at first, we may think unreasonable. We came to A.A. to learn how to live without alcohol; and if we wish to continue in reasonably happy sobriety, surely we MUST be prepared to learn the art of group living. The Big Book suggests that our inability to live in any group may have been one of the causes of our drinking. If therefore our founder says that; "Our lives, the lives of all to come, depend squarely upon our unity. We stay whole, or A.A. dies" perhaps it is past time we all, in our groups, studied these Traditions and their meaning for us. There may be some questions we should ask ourselves. Have we carried this part of the A.A. message to those we have sponsored? Perhaps we have forgotten that recovery from alcoholism - an incurable disease - consists of learning to live without alcohol for the rest of our lives. If we don't continue to grow in strength, one day we may find ourselves up against a problem too much for us.

Editor.

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SEE YOU AT "ARAHINA" 7-8-9 AUGUST . .

Book through BOX 6 4 5 8 - WELLINGTON

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REFLECTIONS OF A FRIEND

STEPS 2 & 3

We have seen the picture of the person who has become convinced of his own limitations by the experience of his weakness, misery and failure. He has learned humility in the school of hard experience. He has been reduced to the state where he honestly admitted he was powerless over his problem of alcohol and that his life had become unmanageable. This is humiliating, but this humiliation is like the grain of seed, unless it falls into the ground and dies, it alone remains, but if it dies in the ground it blossoms forth into a wonderful plant.

This person has learned an invaluable lesson - his own limitations, but that is really only half the lesson, there is another part of the picture to be filled out.

In spite of the evil which is all round us in this poor world of ours, there is also present an immense amount of good. Everywhere we go, we meet persons of noble, even heroic, moral character. We do not have to travel far to meet the self-sacrificing, generous, loyal, compassionate persons, who are examples of consummate goodness. It is gratifying to reflect that in A.A. one is surrounded by persons of this calibre, who, by their own admission, were not such until they courageously took up the system of A.A. and owe to it a debt of gratitude for what they now are.

The presence of this goodness in people who are no different from himself, brings the person who has become convinced of his own limitations to the conclusion that these people must have some secret of their success; there must be a Power greater than themselves, which enables them to reach such heights of noble and heroic

goodness; thus he himself comes to believe in that Power, and with the experience of his misery and weakness so vivid before him, he makes the next logical move - he decides to turn his whole being (his will, his life,) over to the care of this Power - to GOD.

Now he is beginning to learn the other part of the lesson, to fill out the rest of the picture: he is convinced of his weakness, of his frailty, but he is also convinced that relying on the help of God, he is capable of coming to grips with his problem, of even arriving at a successful solution. He is a solidly humble person now, conscious that he cannot trust himself and therefore depending entirely on God; he has consequently become fit to receive God's grace because "God gives His grace to the humble." Far from boasting about himself now he is diffident of himself and does not put his trust in himself, but in God, who exalts the humble to the true greatness of moral goodness, which is the basis of all happy living and the source of integral personalities.

Not leaning on himself now but on the all-powerful grace of God, which is his for the asking, he can appropriate another text of Scripture: "I can do all things in Him, who strengthens me."

C O M I N G . . E V E N T S

NORTHERN AREA ASSEMBLY -

1st August - A U C K L A N D

CENTRAL AREA ASSEMBLY -

"A R A H I N A" - M A R T O N

7th-8th-9th August - (residential Fri/Sun.)

Groups have forms - or book through
BOX 6458, WELLINGTON.

SOUTHERN AREA ASSEMBLY

19th September - C L Y D E - Central Otago.

THE NURSE AND THE ALCOHOLIC

In the hands of various therapists very different therapies have led to success with alcoholics. This sometimes has been ascribed to the "breakdown" of the personality common to all these treatments so that the ground has been cleared for the establishment of healthier attitudes in place of the former unhealthy ones.

However, one could also argue that the decisive factor in the treatment of alcoholics is not the tool the therapist happens to use but the basic attitude to the patient. The therapist who "accepts" the patient will succeed whatever method he uses. A "holier-than-thou" attitude alienates the alcoholic, whereas an approach based on understanding and acceptance will go a long way towards gaining his confidence and co-operation.

In many aspects the nurse is the most important member of the therapeutic team. She is the person who welcomes the alcoholic into the clinic or the ward and from her he gets his first impressions about the prevailing attitude. She spends more time with him than any other member of the team. To a large extent the all-important ward "atmosphere" will depend on her attitude. She acts as the intermediary between the alcoholic and other members of the team, including the psychiatrist, as she has a much better chance to observe the patient in "action" e.g., in the way he relates to other patients (his "siblings"), to authority, in the manner he reacts to frustrating situations, to disappointments and to happy tidings, and as to whether he habitually denies, rationalises, projects or represses. She has a chance to convey something of the nature of the problems involved to visiting family members. The nurse will come in very close contact with the patient in some physical treatments, and she needs knowledge of

the procedures as the patient will turn to her for elucidation of any doubtful points that worry him.

To start with, the alcoholic may be to the nurse a rather frightening and unpredictable patient. Like other non-alcoholics, she can only see what alcohol does to the alcoholic, but he looks at the problem in quite a different way, i.e., what alcohol can do for him. He has been using alcohol as an emotional "crutch" and will be afraid to "let go" till he has got sufficient confidence in treatment and staff that he will be given a better form of support. If she remembers this the nurse will learn to tolerate better the patient's "ambivalent" attitude to therapy.

There are many other points about the alcoholic which the nurse initially will find difficult to understand and accept. But the more she learns about him the easier she will find him as a patient. On the other hand, the alcoholic will be very grateful to a nurse with a non-rejecting, non-preaching, non-moralistic attitude. Having experienced so much rejection in the past, he may have come to hospital expecting more recriminations and "lectures", and consciously or unconsciously he may even invite and provoke rejection by his own grandiose or aggressive attitude. He is very often resentful of authority, and the nurse's non-condemning, non-authoritarian approach will reassure him. He will then be able to allow his defences to come down and to communicate his feelings, anxieties and fears. She may do a great deal for him by just listening, as she may be the first one ever to have done so. On the other hand, many alcoholics are immature and inclined to be over-dependent. The nurse must then be careful not to allow herself to be manoeuvred into the role of dispenser of direct advice. The aim should be to help the patient to grow up in emotional maturity and gradually to assume more and more initiative and responsibility, and

not to make decisions on his behalf.

In her contact with alcoholics the nurse will need patience, tact and tolerance. She will have to shed her initial pessimism. Initially she will be very hurt by relapses, but in time she will learn to look at alcoholism as a relapsing illness. The relapse then becomes a challenge rather than a deeply wounding disappointment. Indeed, the nurse will have to learn, in dealing with alcoholics, to be content with limited goals: In many patients one has to be satisfied with improvement rather than recovery.

Thus the task seems to bristle with difficulties. However, participation in group therapy sessions and meeting recovered alcoholics will gradually help the nurse towards a more understanding attitude. She will learn that even if an alcoholic relapses it has mattered to him and to his family a great deal that for nine months he has never drunk, never missed a day's work and that there was a happy atmosphere at home. She will appreciate that in helping her alcoholic patient she has also done a great deal for his wife and children. As we have seen, there are no signs of a decrease in the size of the problem, but rather of the reverse. Interest in the subject may be expected to increase as a consequence of the Ministry of Health memorandum, and of the fact that there will be a meeting of European experts on alcoholism next year in London. As a result of these developments one may expect and hope that gradually more and more alcoholics will clamour for help. Like her colleagues in the therapeutic team, the nurse who emotionally accepts the alcoholic as a sick person in need of help will find working with alcoholics an extremely fascinating and rewarding task.

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SEE YOU AT "ARAHINA" 7-8-9 AUGUST . . .

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LET'S TAKE A GROUP INVENTORY

- What is the basic purpose of the group?
(Tradition 5)
- What is the group doing to carry the message?
- Has the group its share of members?
- What has the group done recently to bring the A.A. message to the attention of doctors, lawyers and business men?
- Is the group getting a proper cross section of the community?
- Do the members stick, or is the turnover high? (see Editorial)
- How effective is the sponsorship system?
- Has everything been done to provide an attractive meeting place?
- Has the value of being really involved in the group life been explained to new members? (including taking part in the chores!)
- Are officers picked with care and consideration on the basis that service is a great responsibility and opportunity for 12th Step work?
- Are meetings as interesting and varied as possible within the objects of the fellowship? We are only human and boredom is a killer to albies as well as ordinary folk.

SEE YOU AT "ARAHINA" 7-8-9 AUGUST .

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NORTHERN AREA ASSEMBLY - 1st August -
AUCKLAND.

SOUTHERN AREA ASSEMBLY - 19th September -
C L Y D E.

OUR READERS WRITE :

"I am now fully convinced that the Serenity Prayer (to open) and the Lord's Prayer (to close) is the best way to conduct an A.A. meeting. First, the Serenity Prayer is a very beautiful way of beginning a meeting as the very words are a pointer to the requirements necessary to the acceptance of the A.A. philosophy. Secondly, it lends dignity to the opening of a meeting and helps to put members in the right frame of mind for what the speakers have to say. I wonder what the audience or public reaction would be if the chairman of some big function substituted a moment's meditation for the National Anthem? ... Personally I think that the Lord's Prayer at the conclusion of a meeting adds further to the sincerity and purpose of an A.A. gathering and in what better way can we conclude than in asking God, as we understand Him, to 'deliver us from evil?'"

Extracts from letter from Steve, Invercargill.

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"I feel that the Lord's Prayer could be contentious at an A.A. meeting. Why I think this way my friends, is my own opinion. If you care to read St. Matthew, 6 ; Chapter 6 ; paragraphs 6, 7, 8, you'll understand how I feel if I had to chair a meeting. Can any chairman closing a meeting, honestly, in his heart say (do) this, or think this? ; or live up to it?

Anon. Invercargill.

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From an A.A.'s Wife -

"My husband is an A.A. and has had 5 years sobriety without a slip, for which I am very grateful. I put this down to 3 things : that he has a sincere desire, whatever the cost, to stop drinking; that he faithfully attends as many meetings as he can; and the group therapy; by which I mean the friendships he has made, the understanding he found and the help he is at all times willing to

give to those who sincerely want it. So wonderful and fine has been this new way of living that I too have become deeply interested. A.A. is in no way allied to any sect or creed, is not a religious body, but it does claim to have a deep spiritual foundation. Step 2 says; "Came to believe that a Power greater than ourselves could restore us to sanity." That Power, we, or at least the majority, recognise as God. That means we know in our own hearts that, given the chance, God can and does take over. Why not then be honest and verbally admit it by closing the meetings with The Lord's Prayer?

Member's Wife, Invercargill.

OLD TIMERS IN A.A.

"I hope one old member will always be welcome in A.A. ; God as I understand Him".

Don McL. Palmerston North.

EDITOR'S NOTE:

When we asked for some more views on this subject we hoped to get them from other groups; as it had been mentioned that there was a "standard procedure" for meetings. Every group is autonomous in matters relating to its operation and it is part of Tradition 1 that members agree to the wishes of the majority. We have enjoyed the comments from Invercargill but space only permits using extracts from the very interesting letters.

SEE YOU AT "ARAHINA" 7-8-9 AUGUST . . .

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NORTHERN AREA ASSEMBLY - 1st August - AUCKLAND.

SOUTHERN AREA ASSEMBLY - 19th Sept. - C L Y D E.

SOUTHERN AREA ASSEMBLY

The 4th Southern Assembly was held at the Brevet Club near Harewood Airport on Saturday, 20th June, 1964. This modern and beautifully appointed club house proved ideal for the project. A fine lunch was provided for visitors; the Club was booked from noon Saturday to midnight. Sixty A.A.'s attended the Assembly in the afternoon; groups being represented from Hanmer to Clyde, with 4 visitors from Wellington. Many matters of interest were discussed. The minutes are not to hand yet, but matters of special interest will be mentioned next month.

Thirty Al-Anons had their own meeting in the same building. If our Christchurch hosts had any doubts about the distance from the City affecting the attendance, they must have been most gratified by the "Full House" of some 300 who attended the Public Meeting at night. Good friends of A.A. declared it the "best ever" of the many good meetings that have been held in Christchurch. Meeting closed with "The Lord's Prayer".

Thanks and congratulations from us all, Christchurch A.A.

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CENTRAL AREA ASSEMBLY

Everybody seemed to enjoy the Area Assembly held at Napier on Saturday, 27th June, 1964. Delegates from 12 groups attended and there were 17 observers. It was good to see a good attendance from both Palmerston North and Wellington.

Some very interesting discussions took place on the subject of holding, or rebuilding group membership. Many good suggestions came forward and some of these will be printed next month.

"Mainstay" was discussed, generally approved and a motion that a letter of appreciation be sent to Doug Mc. was passed unanimously.

A telegram expressing our best wishes for a speedy recovery ~~was~~ sent to one of A.A.'s many good Non-alky friends, Father Beban, in Calvary Hospital.

Al-Anon had a good meeting next door and we all met for tea. A full house at the Public Meeting in the evening, listened with interest to 5 A.A. speakers and an Al-Anon, after seeing the new film which is creating such interest, "For Those Who Drink."

Peter G. (Wgtn.) was elected Deputy Chairman. A hearty vote of thanks to the Napier people for this very enjoyable and well run show. Most of us know how much time and effort it takes and so appreciate what is done for us. An interesting feature was the application from the Hawera group to have an Assembly in October and Blenheim for one in early December; the first time there has been "booking ahead". A healthy sign we think.

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F I L M S

Films are used by many groups now at open and Public Meetings. Non A.A. groups can also be told that these films are available and they can be included in programmes with other films. The cartoon "To Your Health" is specially suitable for this purpose.

Films may be ordered from the National Film Library, Clifton Terrace, Wellington. Give the A.A. number A 1706 when ordering. Experience shows it is best to order films first (and receive confirmation) before announcing the showing. At least 2 weeks' notice is necessary; it is better to order a month ahead. It is easier to cancel a booking than get films at short notice. List of films from - A.A. Librarian, Box 6458, Wellington.

God grant me the
 Serenity
 to accept the things I
 cannot change...
 Courage to
 change the things I can
 and Wisdom to
 know the difference...

ALONG THE WAY

After you have been around A.A. for some time it will occur to you that since not everyone uses a set formula for sober living, there must be something common to them all, a Common Denominator.

Consider your friends A,B,C,D and E. They are all doing a splendid job of sober living, yet each differs in his major ingredient.

- A is introspective, forever examining his soul.
- B is a great reader, devouring all the inspiritual literature he can find.
- C never misses a meeting within travelling distance.
- D is a "Group Worker" never happy unless he is getting the speakers, acting as greeter, organising parties, arranging the refreshments.
- E spends three times as many hours as anyone else in the Group on 12th Step work.

On the other hand A does very little 12th Step work; B attends a maximum of one meeting a week; C hardly knows the meaning of the word introspection; D never opens a book; and E ducks Group jobs.

And yet each is faithful in his sobriety and each is living a full life. There must be a Common Denominator. It is simply this; Every last one of them puts FIRST THINGS FIRST. The FIRST THING in the life of any alcoholic is SOBRIETY.

And the sooner we alcoholics put sobriety above all else - - - including job, home, family and faith - - - the sooner we will clear the path to satisfying sobriety, the goal for all of us.

(from "Second Reader for A.A. "Akron Group")

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