

In both cardiac and tubercular cases, the acts which led to the relapses were preceded by wrong thinking. The patient in each case rationalized himself out of a sense of his own perilous reality. He deliberately turned away from his knowledge of the fact that he had been the victim of a serious disease. He grew overconfident. He decided he didn't have to follow directions.

Now that is precisely what happens with the alcoholic - the arrested alcoholic, or the alcoholic in A.A. who has a slip. Obviously, he decides to take a drink again some time before he actually takes it. He starts thinking wrong before he actually embarks on the course that leads to a slip.

There is no reason to charge the slip to alcoholic behavior or a second heart attack to cardiac behavior. The alcoholic slip is not a symptom of a psychotic condition. There's nothing screwy about it at all. The patient simply didn't follow directions.

For the alcoholic, A.A. offers the directions. A vital factor, or ingredient of the preventive, especially for the alcoholic, is sustained emotion. The alcoholic who learns some of the techniques or the mechanics of A.A. but misses the philosophy or the spirit may get tired of following directions - not because he is alcoholic, but because he is human. Rules and regulations irk almost anyone, because they are restraining, prohibitive, negative. The philosophy of A.A. however, is positive and provides ample sustained emotion - a sustained desire to follow directions voluntarily.

In any event, the psychology of the alcoholic is not as different as some people try to make it. The disease has certain physical differences, yes, and the alcoholic has problems peculiar to him, perhaps, in that he has been put on the defensive and consequently has developed frustrations. But in many instances, there is no more reason to be talking about "the alcoholic mind" than there is to try to describe something called "the cardiac mind" or the "TB mind."

I think we'll help the alcoholic more if we can first recognize that he is primarily a human being - afflicted with human nature.

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THE DOCTOR'S OPINION

Reprinted from the Big Book of
Alcoholics Anonymous

**WITH ADDITIONAL READING:
THE DR. WILLIAM SILKWORTH ARTICLE,
"SLIPS AND HUMAN NATURE".**

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The intent of this pamphlet is to educate and inform the professional community on the medical diagnosis of alcoholism as written by a member of the medical profession – Dr. William D. Silkworth.

The professional community can elect to offer this pamphlet to their patients in the hope that it will help and inspire them to survive this disease.

The origin of this pamphlet came from an AA member who felt that he might have begun his search for sobriety earlier had he been exposed to the medical aspects of the disease as described in The Doctor's Opinion and the article, "Slips and Human Nature."

WILLIAM DUNCAN SILKWORTH, MD (1873-1951)

Doctor William D. Silkworth, called, "the little doctor who loved drunks", began an indispensable contribution to Alcoholics Anonymous during the early 1930's from his position as medical director of Charles B. Towns Hospital, 293 Central Park West (89th street), New York, N.Y. Towns, founded in 1901, was well known then as a rich man's drying-out place; a rehab for the wealthy, and it served a worldwide clientele. American millionaires, European royalty and oil sheiks from the middle east walked its halls, side by side: brothers in humiliation in bathrobes and slippers.

It was Dr. Silkworth who told Bill Wilson, during the summer of 1933, of the nature of alcoholism: that, in his opinion, the problem had nothing to do with vice or habit or lack of character. It was, he said, an illness with both mental and physical components. Silkworth is quoted widely as calling the illness a combination of "---an obsession of the mind that condemns one to drink and an allergy of the body that condemns one to die" or go mad if one continues to ingest alcohol.

Silkworth played a major role in many of the early recoveries from active alcoholism, particularly those in New York. It's estimated that he treated forty-thousand alcoholics during his career. The introduction to his writings in the book, "Alcoholics Anonymous" says early AA members considered the Brooklyn-born Silkworth no less than a medical saint.

*Excerpts from "The Roundtable of AA History" published
January 10, 1998 on the Silkworth website.
http://silkworth.net/silkworth/silkworth_bio.html*

The slip is a relapse! It is a relapse that occurs after the alcoholic has stopped drinking and started on the A.A. program of recovery. Slips usually occur in the early states of the alcoholic's A.A. indoctrination, before he has had time to learn enough of the A.A. techniques and A.A. philosophy to give him a solid footing. But slips may also occur after an alcoholic has been a member of A.A. for many months or even several years, and it is in this kind, above all, that often finds a marked similarity between the alcoholic's behavior and that of "normal" victims of other diseases.

No one is startled by the fact that relapses are not uncommon among arrested tubercular patients. But here is a startling fact - the cause is often the same as the cause which leads to slips for the alcoholic.

It happens this way: When a tubercular patient recovers sufficiently to be released from the sanitarium, the doctor gives him careful instructions for the way he is to live when he gets home. He must drink plenty of milk. He must refrain from smoking. He must obey other stringent rules.

For the first several months, perhaps for several years, the patient follows directions. But as his strength increases and he feels fully recovered, he becomes slack. There may come the night when he decides he can stay up until ten o'clock. When he does this, nothing untoward happens. Soon he is disregarding the directions given him when he left the sanitarium. Eventually he has a relapse.

The same tragedy can be found in cardiac cases. After the heart attack, the patient is put on a strict rests schedule. Frightened, he naturally follows directions obediently for a long time. He, too, goes to bed early, avoids exercise such as walking upstairs, quits smoking, and leads a Spartan life. Eventually, though there comes a day, after he has been feeling good for months or several years, when he feels he has regained his strength, and has also recovered from his fright. If the elevator is out of repair one day, he walks up the three flights of stairs. Or he decides to go to a party - or do just a little smoking - or take a cocktail or two. If no serious aftereffects follow the first departure from the rigorous schedule prescribed, he may try it again, until he suffers a relapse.

People are inclined to say, "there is something peculiar about alcoholics. They seem to be well, yet at any moment they may turn back to their old ways. You can never be sure."

This is largely twaddle. The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well - that is to say, his disease is arrested. There is nothing unpredictable about him any more than there is anything weird about a person who has arrested diabetes.

Let's get it clear, once and for all, that alcoholics are human beings. Then we can safeguard ourselves intelligently against most slips.

In both professional and lay circles, there is a tendency to label everything that an alcoholic may do as "alcoholic behavior." The truth is, it is simple human nature.

It is very wrong to consider any of the personality traits observed in liquor addicts as peculiar to the alcoholic. Emotional and mental quirks are classified as symptoms of alcoholism merely because alcoholics have them, yet those same quirks can be found among non-alcoholics too. Actually they are symptoms of mankind!

Of course, the alcoholic himself tends to think of himself as different, somebody special, with unique tendencies and reactions. Many psychiatrists, doctors, and therapists carry the same idea to extremes in their analyses and treatment of alcoholics.

Sometimes they make a complicated mystery of a condition which is found in all human beings, whether they drink whiskey or buttermilk.

To be sure, alcoholism, like every other disease, does manifest itself in some unique ways. It does have a number of baffling peculiarities which differ from those of all other diseases.

At the same time, any of the symptoms and much of the behavior of alcoholism are closely paralleled and even duplicated in other diseases.

The Doctor's Opinion

We of Alcoholics Anonymous believe that the reader will be interested in the medical estimate of the plan of recovery described in this book. Convincing testimony must surely come from medical men who have had experience with the sufferings of our members and have witnessed our return to health. A well-known doctor, chief physician at a nationally prominent hospital specializing in alcoholic and drug addiction, gave Alcoholics Anonymous this letter:

To Whom It May Concern:

I have specialized in the treatment of alcoholism for many years.

In late 1934 I attended a patient who, though he had been a competent businessman of good earning capacity, was an alcoholic of a type I had come to regard as hopeless.

In the course of his third treatment he acquired certain ideas concerning a possible means of recovery. As part of his rehabilitation he commenced to present his conceptions to other alcoholics, impressing upon them that they must do likewise with still others. This has become the basis of a rapidly growing fellowship of these men and their families. This man and over one hundred others appear to have recovered.

I personally know scores of cases who were of the type with whom other methods had failed completely.

These facts appear to be of extreme medical importance; because of the extraordinary possibilities of rapid growth inherent in this group they may mark a new epoch in the annals of alcoholism. These men may well have a remedy for thousands of such situations.

You may rely absolutely on anything they say about themselves.
Very truly yours,

William D. Silkworth, M.D.

The physician who, at our request, gave us this letter, has been kind enough to enlarge upon his views in another statement which follows. In this statement he confirms what we who have suffered alcoholic torture must believe-that the body of the alcoholic is quite as abnormal as his mind. It did not satisfy us to be told that we could not control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives. These things were true to some extent, in fact, to a considerable extent with some of us. But we are sure that our bodies were sickened as well. In our belief, any picture of the alcoholic which leaves out this physical factor is incomplete.

The doctor's theory that we have an allergy to alcohol interests us. As laymen, our opinion as to its soundness may, of course, mean little. But as ex-problem drinkers, we can say that his explanation makes good sense. It explains many things for which we cannot otherwise account.

Though we work out our solution on the spiritual as well as an altruistic plane, we favor hospitalization for the alcoholic who is very jittery or befogged. More often than not, it is imperative that a man's brain be cleared before he is approached, as he has then a better chance of understanding and accepting what we have to offer.

The doctor writes:

The subject presented in this book seems to me to be of paramount importance to those afflicted with alcoholic addiction.

I say this after many years' experience as Medical Director of one of the oldest hospitals in the country treating alcoholic and drug addiction.

There was, therefore, a sense of real satisfaction when I was asked to contribute a few words on a subject which is covered in such masterly detail in these pages.

We doctors have realized for a long time that some form of moral psychology was of urgent importance to alcoholics, but its application presented difficulties beyond our conception.

When I need a mental uplift, I often think of another case brought in by a physician prominent in New York. The patient had made his own diagnosis, and deciding his situation hopeless, had hidden in a deserted barn determined to die. He was rescued by a searching party, and, in desperate condition, brought to me. Following his physical rehabilitation, he had a talk with me in which he frankly stated he thought the treatment a waste of effort, unless I could assure him, which no one ever had, that in the future he would have the "will power" to resist the impulse to drink.

His alcoholic problem was so complex, and his depression so great, that we felt his only hope would be through what we then called "moral psychology," and we doubted if even that would have any effect.

However, he did become "sold" on the ideas contained in this book. He has not had a drink for a great many years. I see him now and then and he is as fine a specimen of manhood as one could wish to meet.

I earnestly advise every alcoholic to read this book through, and though perhaps he came to scoff, he may remain to pray.

William D. Silkworth, M.D.

Reprinted from the *Big Book of Alcoholics Anonymous*

Slips and Human Nature

by William Duncan Silkworth, M.D.

The mystery of slips is not so deep as it may appear. While it does seem odd that an alcoholic, who has restored himself to a dignified place among his fellowmen and continues dry for years, should suddenly throw all his happiness overboard and find himself again in mortal peril of drowning in liquor, often the reason is simple.

Then there are types entirely normal in every respect except in the effect alcohol has upon them. They are often able, intelligent, friendly people.

All these, and many others, have one symptom in common: they cannot start drinking without developing the phenomenon of craving. This phenomenon, as we have suggested, may be the manifestation of an allergy which differentiates these people, and sets them apart as a distinct entity. It has never been, by any treatment with which we are familiar, permanently eradicated. The only relief we have to suggest is entire abstinence.

This immediately precipitates us into a seething caldron of debate. Much has been written pro and con, but among physicians, the general opinion seems to be that most chronic alcoholics are doomed.

What is the solution? Perhaps I can best answer this by relating one of my experiences.

About one year prior to this experience a man was brought in to be treated for chronic alcoholism. He had but partially recovered from a gastric hemorrhage and seemed to be a case of pathological mental deterioration. He had lost everything worthwhile in life and was only living, one might say, to drink. He frankly admitted and believed that for him there was no hope. Following the elimination of alcohol, there was found to be no permanent brain injury. He accepted the plan outlined in this book. One year later he called to see me, and I experienced a very strange sensation. I knew the man by name, and partly recognized his features, but there all resemblance ended. From a trembling, despairing, nervous wreck, had emerged a man brimming over with self-reliance and contentment. I talked with him for some time, but was not able to bring myself to feel that I had known him before. To me he was a stranger, and so he left me. A long time has passed with no return to alcohol.

What with our ultra-modern standards, our scientific approach to everything, we are perhaps not well equipped to apply the powers of good that lie outside our synthetic knowledge.

Many years ago one of the leading contributors to this book came under our care in this hospital and while here he acquired some ideas which he put into practical application at once.

Later, he requested the privilege of being allowed to tell his story to other patients here and with some misgiving, we consented. The cases we have followed through have been most interesting; in fact, many of them are amazing. The unselfishness of these men as we have come to know them, the entire absence of profit motive, and their community spirit, is indeed inspiring to one who has labored long and wearily in this alcoholic field. They believe in themselves, and still more in the Power which pulls chronic alcoholics back from the gates of death.

Of course an alcoholic ought to be freed from his physical craving for liquor, and this often requires a definite hospital procedure, before psychological measures can be of maximum benefit.

We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve.

Frothy emotional appeal seldom suffices. The message which can interest and hold these alcoholic people must have depth and weight. In nearly all cases, their ideals must be grounded in a power greater than themselves, if they are to re-create their lives.

If any feel that as psychiatrists directing a hospital for alcoholics we appear somewhat sentimental, let them stand with us a while on the firing line, see the tragedies, the despairing wives, the little children; let the solving of these problems become a part of their daily work, and even of their sleeping moments, and the most cynical will not wonder that we have accepted and encouraged this movement. We feel, after many years of experience, that we have found nothing which has contributed more to the rehabilitation of these men than the altruistic movement now growing up among them.

Men and women drink essentially because they like the affect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time differentiate the true from the false. To them, their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks-drinks which they see others taking with impunity. After they have succumbed to the desire again, as so many do, and the phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful, with a firm resolution not to drink again. This is repeated over and over, and unless this person can experience an entire psychic change there is very little hope of his recovery.

On the other hand - and strange as this may seem to those who do not understand - once a psychic change has occurred, the very same person who seemed doomed, who had so many problems he despaired of ever solving them, suddenly finds himself easily able to control his desire for alcohol, the only effort necessary being that required to follow a few simple rules.

Men have cried out to me in sincere and despairing appeal: "Doctor, I cannot go on like this! I have everything to live for! I must stop, but I cannot! You must help me!"

Faced with this problem, if a doctor is honest with himself, he must sometimes feel his own inadequacy. Although he gives all that is in him, it often is not enough. One feels that something more than human power is needed to produce the essential psychic change. Though the aggregate of recoveries resulting from psychiatric effort is considerable, we physicians must admit we have made little impression upon the problem as a whole. Many types do not respond to the ordinary psychological approach.

I do not hold with those who believe that alcoholism is entirely a problem of mental control. I have had many men who had, for example, worked a period of months on some problem or business deal which was to be settled on a certain date, favorably to them. They took a drink a day or so prior to the date, and then the phenomenon of craving at once became paramount to all other interests so that the important appointment was not met. These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control.

There are many situations which arise out of the phenomenon of craving which cause men to make the supreme sacrifice rather than continue to fight.

The classification of alcoholics seems most difficult, and in much detail is outside the scope of this book. There are, of course, the psychopaths who are emotionally unstable. We are all familiar with this type. They are always "going on the wagon for keeps." They are over-remorseful and make many resolutions, but never a decision.

There is the type of man who is unwilling to admit that he cannot take a drink. He plans various ways of drinking. He changes his brand or his environment. There is the type who always believes that after being entirely free from alcohol for a period of time he can take a drink without danger. There is the manic-depressive type, who is, perhaps, the least understood by his friends, and about whom a whole chapter could be written.