

December 2012

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# Michigan City Daily Reprieve



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## Surrender versus compliance in therapy with special reference to alcoholism

Harry M. Tiebout, M.D.

SINCE BECOMING a side-line observer of Alcoholics Anonymous in 1939, my approach to alcoholism has undergone an almost total reorientation. For the first time I saw what peace of mind means in the achievement of sobriety and I began to consider the emotional factors involved from a very different viewpoint. In A.A. meetings, the role of resentments was a recurrent theme. This seemed significant. Continuing this line of observation, I found that another enemy of sobriety was defiance, which Sillman (1) had already described as "defiant individuality," a major hallmark of the personality of alcoholics.

Another significant emphasis in A.A. was humility and "hitting bottom," completely new points of emphasis for me. It was clear that if the individual remained stiff-necked he would continue to drink, but I could not see why. Finally the presence of an apparently unconquerable ego became evident. It was this ego which had to become humble. Then the role of hitting bottom, which means reaching a feeling of personal helplessness, began to be clear. It was this process that produced in the ego an awareness of vulnerability, initiating the positive phase. In hitting bottom the ego becomes tractable and is ready for humility. The conversion experience (2) has started.

What happens in the unconscious at the time of hitting bottom remained a mystery. The first elucidation came from a patient. Through psychotherapy she was gradually losing the intractable ego structure and finally, for rather obscure reasons, she had a minor conversion experience which brought her relative peace and quiet. During this phase she began attending various churches in town. One Monday morning she entered the office, her eyes shining and said at once, "I know what happened to me. I heard it in a hymn yesterday. I surrendered when I had that experience." Guided by this clue, I realize that

"hitting bottom" is ineffectual if not followed by a surrender. Hitting bottom must produce a result, which is surrender.

Most of my ideas along these lines were incorporated in an article on "the act of surrender" in relation to the therapeutic process. I now wish to extend these thoughts a step further. The surrender concept has not generally been well received except by some A.A.'s who recognize its validity in their own experiences. One or two psychiatrists have told me they are beginning to see the usefulness of the concept but no one, to my knowledge, has yet come forward with a paper supporting the thesis of surrender out of his own observations.

One reason for this lag is the resistance to the idea of surrender. It seems too completely defeatist. Were I writing that article now I would change it in this respect so as to discuss the term surrender in linkage with other, less to-be-shunned concepts. But those links were discovered only later.

In the article on surrender, I said: "One fact must be kept in mind, namely the need to distinguish between submission and surrender. In submission, an individual accepts reality consciously but not unconsciously. He accepts as a practical fact that he cannot at that moment conquer reality, but lurking in his unconscious is the feeling, 'There'll come a day' -- which implies no real acceptance and demonstrates conclusively that the struggle is still going on. With submission, which at best is a superficial yielding, tension continues. When, on the other hand, the ability to accept reality functions on the unconscious level, there is no residual battle, and relaxation ensues with freedom from strain and conflict. In fact, it is perfectly possible to ascertain to what extent the acceptance of reality is on the unconscious level by the degree of relaxation which develops. The greater the relaxation, the greater is the inner acceptance of reality."

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## December Birthdays

Mike Q.	12/1/1992	10 years
Pete F.	12/7/2004	8 years
Tim M.	12/14/2009	3 years
Pat K.	12/25/2007	5 years

To publish announcements of AA Birthdays, send name and number of years to: District 21, P.O. Box 58, Michigan City IN 46360 or email [info@michigancityaa.org](mailto:info@michigancityaa.org)

### Peter E

1933-2012

Peter E., a longtime member of A.A. in Northwest Indiana passed away November 21, 2012. At the time of his death Peter had Observed 52 years of continuous sobriety.

He and the late John B. started the Gary Young People's group in 1961. That group continues to this day on Wednesday evening at St. Michael's Byzantine Catholic Church in Merrillville. Peter was also an active member of the Twelve Step House in Gary.

He was a prolific member of the Lake County Parks Photography Club, contributed to the Post-Tribune as a reader columnist and volunteered his time with residents of the Salvation Army Adult Rehabilitation Center.

Peter's final article will be published in the January, 2013 issue of the A.A. Grapevine.

A memorial visitation was held December 1, 2012, at Geisen Funeral Home, Crown Point. Pastor David Wood officiated.

He is survived by his wife, Irene; two daughters: Pamela and Lynda; extended family; 5 grandchildren and extended grandchildren.

## The 12th step and the Holidays...

My favorite part of the 12th step is "...to practice these principles in all our affairs..." for this phrase provides guidance throughout the year in my personal, professional, and spiritual lives. My business plan was written with the 12 steps next to my computer as I mapped out my professional contributions. When I stray from these principles even if it's secretly in my thinking the effects are immediately obvious...things simply don't connect.

The beginning of the 12th step promises us that because of the work we have done in the previous steps we have now come to know a spiritual awakening. We can carry on about what that may mean, but does a defined meaning truly matter in the long run? For me, what matters is I'm awake, coherent, and contributing my role in life in a manner that I didn't when I started this journey on the 1st step.

And then it talks about carrying this message to other alcoholics. I used to struggle with this piece of our recovery instruction since my life situation typically doesn't lend myself available for committed service work within/around the AA community. So I've had to be creative in practicing this principle by going back to my favorite phrase of "...practicing these principles in all our affairs..." and live the program throughout my day in all that I do with/without other alcoholics.

This brings me to the Holiday Season and how the 12th step provides me a new perspective of the holidays. How many times do we hear people lament about the challenges of not drinking or using, family politics and annoyances, and the demands of the season in meetings and conversation during the Holiday months? While these are important topics no matter how long we have been sober, guess what? Brace yourself here...it's not all about me or you anymore!

What if we switched our thinking from how we might get through the holidays to how we can make a difference for others? What if we "practiced these principles in all our affairs" with added emphasis during the holiday seasons? This shift in perspective gives me the gifts of looking a stranger in the eye, a random smile, a thoughtful gesture, the appreciation of the festive decorations and music that only this season gifts life with and so much more. The joy of a season of giving...it doesn't matter if others don't embrace this blessed perspective. What matters is that I embrace it and share it where ever I go.

May you embrace The Season and share it with a smile where ever you go...

Chelli M.

## Understanding Acceptance

In that paragraph the words "accept" and "acceptance" are each used three times. I saw at the time that surrender leads to acceptance. What I failed to see and emphasize was the very important relationship between surrender and the capacity for acceptance.

I propose, therefore, first, to consider acceptance as a human capacity, and second, to discuss the blocks to the development of acceptance. The importance of "acceptance" is widely recognized although often only by indirection. Sometimes the necessity for acceptance is bluntly stated, as in Grayson's recent article on the role of "acceptance" in physical rehabilitation. Grayson reports his discovery that the individual who needs rehabilitation remains a poor prospect until he finally accepts his need for the rehabilitating procedures. More often the concept of acceptance is dragged in by the heels with little or no recognition that acceptance itself is a major psychological step. Two recent illustrations are worthy of mention. In a summarizing article on Alcoholics Anonymous, in the Connecticut Review on Alcoholism, the following statements appear: "He does not have to fight against ideas which come from this group, he can accept them." Thus the idea that he is an alcoholic is acceptable when coming from this group. The need to avoid the 'first drink' is "accepted." Certainly the need for acceptance is unequivocally stated. And the following statement is from Kubie's6 book: "The man who is normal can accept the guidance of reason, reality and common sense" The word "accept" is scattered throughout the pages of the book but the question of acceptance is never raised-as if it were something that needs no discussion.

The first of the Alcoholics Anonymous twelve steps reads: "We admitted we were powerless over alcohol -- that our lives had become unmanageable." The second word is "admitted," which in many ways is a blood brother of acceptance although many an A.A. meeting has been devoted to quibbling about the difference between admit and accept. Time and again slips are explained on the basis that the one who slips has not truly accepted his alcoholism.

The word "accept", thus, appears quite regularly in speech and writing but never is there much discussion of how acceptance comes about. The usual explanation is that, if the doctor is accepting, the patient will be so too; in case of failure, the therapist is held responsible, just as parents are for their children. To suppose that acceptance is caught by contagion is a pretty thought. It is not, however, likely to stimulate much understanding of individual

psychodynamics. It is not enough merely to point the finger elsewhere.

There is need, therefore, to discuss the dynamics of acceptance in the individual. Acceptance appears to be a state of mind in which the individual accepts rather than rejects or resists: he is able to take things in, to go along with, to cooperate, to be receptive. Contrariwise, he is not argumentative, quarrelsome, irritable or contentious. For the time being, at any rate, the hostile, negative, aggressive elements are in abeyance, and we have a much pleasanter human being to deal with. Acceptance as a state of mind has many highly admirable qualities as well as useful ones. Some measure of it is greatly to be desired. Its attainment as an inner state of mind is never easy.

It is necessary to point out that no one can tell himself or force himself wholeheartedly to accept anything. One must have a feeling -conviction -otherwise' the acceptance is not wholehearted but halfhearted with a large element of lip service. There is a string of words which describe halfhearted acceptance: submission, resignation, yielding, compliance, acknowledgment, concession, and so forth. With each of these words there is a feeling of reservation, a tug in the direction of nonacceptance.

Most people regard nonacceptance as a sign of willful refusal; this bypasses all current knowledge of the unconscious elements in resistance and will power. Others, better informed about those attributes, avoid the use of such a phrase as willful refusal. They know that it is largely unconscious attitudes and feelings that determine the conscious thinking and hence do not suppose that resistance can be given up by an act of will on the part of the conscious mind.

### Acceptance: A Step Beyond Recognition

Those who recognize the role of unconscious forces then take a curious next step: They talk about undermining the resistance by uncovering the reasons for the particular series of resistance, as if the unconscious mind must then accept those reasons-a non sequitur. It is one thing to see reasons and quite another thing to behave with corresponding rationality. One patient neatly punctured this assumption. After 8 years of analysis with four therapists of different schools, he began to get some inkling of acceptance as a state of mind which he sadly lacked. Finally, in a burst of awareness, he remarked, "I know all the reasons but I don't know how to be reasonable." That statement aptly summed up his predicament. His logical mind could perceive and believe all the factors underlying his difficulties but he remained cantankerous and unreasonable as far as his feeling life was concerned. In his

head, or conscious mind, he could "accept" the explanations but deep inside where the heart, or the unconscious, operates there was no feeling of acceptance. That capacity still had to be developed. Uncovering reasons for behavior, no matter how convincing, does not and cannot insure acceptance of those reasons. Acceptance is a step beyond recognition, a further operation in the process of therapy. Many therapists have failed to discern this two-stage process. The clue was my patient's use of the word "reasonable." He could have said, with accuracy, "reasonable and accepting," because he was beginning to appreciate the fact that one's frame of mind governs one's response to things that are reasonable or, for that matter, unreasonable.

What was not clearly appreciated is the fact that a state of reasonableness or acceptance or receptivity has an emotional origin which rises from exactly the same source as does the resistance and the forces which predominantly contribute to our being willing, namely, the unconscious. Unless the unconscious has within it the capacity to accept, the conscious mind can only tell itself that it should accept but by so doing it cannot bring about acceptance in the unconscious which continues with its own non-accepting and resenting attitudes. The result is a house divided against itself: the conscious mind sees all the reasons for acceptance while the unconscious mind says, "But I won't accept!" Wholehearted acceptance under such conditions is impossible. Experience has proved that in the alcoholic a halfhearted reaction does not maintain sobriety for very long. The inner doubts all too soon take over. The alcoholic who stays "dry" must be wholehearted. Here we meet a complication. People accept the necessity of being wholehearted about alcoholism but not about everything else. They are determined to maintain their capacity for resistance. They fear the fact that if they become total acceptors they will have no ability whatsoever to resist and will become "pushovers," complete "Caspar Milquetoasts."

Such fears of passivity are supported not only by conscious logic but also by deep unconscious sources which cannot be dealt with in the present paper. Powerful forces are aligned against acceptance, producing in the individual extreme conflict which must be resolved if the capacity for acceptance is ever to develop.

### **Compliance: Partial Surrender**

We are thus confronted with the question: What does produce wholehearted acceptance? My answer is, as before, surrender. But surrender is a step not easily taken by human beings. In recent years, because of my special interest in the phenomenon of surrender, I have become aware of another conscious and unconscious phenomenon,

namely compliance -- which is basically partial acceptance or partial surrender, and which often serves as a block to surrender. The remainder of this paper will concern itself with that reaction and how it throws light on the handling of patients, particularly alcoholics.

Compliance needs careful definition. It means agreeing, going along, but in no way implies enthusiastic, wholehearted assent and approval. There is a willingness not to argue or resist but the cooperation is a bit grudging, a little forced; one is not entirely happy about agreeing. Compliance is, therefore, a word which portrays mixed feelings, divided sentiments. There is a willingness to go along but at the same time there are some inner reservations which make that willingness somewhat thin and watery. It does not take much to overthrow this kind of willingness. The existence of this attitude will probably appear as neither strange nor new. Nor is it, until one begins to see how it operates in the unconscious.

continued in the January edition

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## **November 2012 Report from the Indiana**

### **District 21 Area 22 GSR meeting**

**Facilitator Dan R.**

**Note taker Dan R.**

**Attendees George P., Laurie o., Dan R., Jennie H.**

Meeting Opened at 7:00 pm with a moment of silence followed by the Serenity Prayer.

Minutes from October 8, 2012 were read. The minutes were approved.

Laurie gave the financial report for October 2012. Report was approved.

George checked on the fee from the bank, it was refunded for August and September.

Dan is still trying to get phone bill sent directly to District 21. It was suggested that a 900 block be set up on the mobile phone. Dan will do.

Newsletter is printed and up on the website.

James was concerned about some of the formatting of the newsletter that caused some irregular printing. George and James will work on before next printing.

It is time for a new meeting list. George will have printed. We will decide in December whether to reprint the ad in the Michigan City News Dispatch.

There is going to be another orientation meeting for the prison, December 11 at 5:30 PM. Contact George P. or Ron S. for further information. Meetings at the prison are currently on Thursday evening at 7PM

Next meeting is December 13, 2012 at the MC Christian Church.

Meeting was adjourned at 7:45pm with the Lord's Prayer.

