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Literature Hours
Tues.&Thurs.
12-4p.m.
Mon. & Fri.
4-7p.m.

Central Office
622-80 Bradford St.
Barrie, ON
L4N 6S7
705-725-8682



Next
Barrie & Area
Intergroup Meeting
Friday May 1st at
7:00 pm
Central United
Church
 54 Ross Street,
 Barrie

Georgian Bay South
District 8
District Committee
Meeting
 Sunday, Apr 19th at
 1:30 pm
St. Georges Anglican
Church
 corner of Burton Ave
 and Granville St, from
 1:30 to 3:00 pm.

A.A. Thought for the Day

When we alcoholics first come into A.A. and we face the fact that we must spend the rest of our life without liquor, it often seems like an impossibility to us. So A.A. tells us to forget about the future and take it one day at a time. All we really have is now. We have no past time and no future time. As the saying goes: "Yesterday is gone, for get it; tomorrow never comes, don't worry; today is here, get busy." All we have is the present. The past is gone forever and the future never comes. When tomorrow gets here, it will be today. Am I living one day at a time?

Meditation for the Day

Persistence is necessary if you are to advance in spiritual things. By persistent prayer, persistent, firm, and simple trust, you achieve the treasures of the spirit. By persistent practice, you can eventually obtain joy, peace, assurance, security, health, happiness, and serenity. Nothing is too great, in the spiritual realm, for you to obtain, if you persistently prepare yourself for it.

Prayer for the Day

I pray that I may persistently carry out my spiritual exercises every day. I pray that I may strive for peace and serenity.

WHAT IS A CENTRAL OFFICE?

A central office (or intergroup) is an A.A. service office that involves partnership among groups in a community—just as A.A. groups themselves are partnerships of individuals. A central office is established to carry out certain functions common to all the groups—functions which are best handled by a centralized office—and it is usually maintained, supervised, and supported by these groups in their **general interest. It exists to aid the groups in their common purpose of carrying the A.A. message to the alcoholic who still suffers.**

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It's Your Intergroup!Get Involved!
We need your help, please!

Your Intergroup (Central Office) Committee is in need of a Secretary. If you or anyone you know would like to serve our fellowship in doing this, please come to the next Barrie & area meeting on May 1st.

We will be glad to have you on board!!

In Love and service, Benoit F.
newslettereditor@barrieaa.com

Mark Your Calendar ! or Check the web: www.barrieaa.com

for more detailed listing of events & Updated Meeting List

*Hamilton and
Districts
Archives
Breakfast*
19 April 2009
Carmens Banquet
Centre
Hamilton, Ontario

**44th Annual
Niagara Blossom
Time Convention**
1, 2 & 3 May 2009
Niagara Falls,
Ontario

www.blossomtimeconvention.com

**33rd Annual
Barrie Spring Roundup**
Saturday, 18 April, 2009
**Collier Street United
Church**
**112 Collier Street
Barrie, Ontario**

Registration:
Central Office
622-80 Bradford St.
Barrie, ON
L4N 6S7
705-725-8682

Slips and Human Nature

by **William D. 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.

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 nonsense. 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 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.

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 off 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.

It's in the Big Book !

Our description of the alcoholic (see THE DOCTOR'S OPINION p. xiii, THERE IS A SOLUTION p.17 MORE ABOUT ALCOHOLISM p.30), the chapter to the agnostic (see WE AGNOSTICS p.44), and our personal adventures before and after (see BILL'S STORY p.1 & see PERSONAL STORIES p.165), make clear three pertinent ideas:

- (a) That we were alcoholic and could not manage our own lives.**
- (b) That probably no human power could have relieved our alcoholism.**
- (c) That God could and would if He were sought.**

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12 Traditions Checklist

**In our Daily Living, for Group unity and
with all A.A. Service we do**

AA Alcoholics Anonymous 12 Traditions Checklist

Tradition Four: Each group should be autonomous except in matters affecting other groups or AA as a whole.

1. Do I insist that there are only a few right ways of doing things in AA?
2. Does my group always consider the welfare of the rest of AA? Of nearby groups? Of Loners in Alaska? Of Internationalists miles from port? Of a group in Rome or El Salvador?
3. Do I put down other members' behavior when it is different from mine, or do I learn from it?
4. Do I always bear in mind that, to those outsiders who know I am in AA, I may to some extent represent our entire beloved Fellowship?
5. Am I willing to help a newcomer go to any lengths—his lengths, not mine—to stay sober?
6. Do I share my knowledge of AA tools with other members who may not have heard of them?

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