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Kent State University and Sister Ignatia

by William E. Swegan

In 1951, the time came when my little one-man alcoholism treatment program at Mitchel Air Force Base had to be closed down I applied for an ROTC assignment. A Reserve Officers' Training Corps unit was based at a college or university. In the process of earning a four-year undergraduate degree, students would also take courses each semester from the military personnel assigned to that university, and (with a small amount of additional training) would be commissioned as second lieutenants at the same time that they received their academic degrees

I was given some choice of ROTC assignments, so I selected the one at Kent State University in northeastern Ohio. It was only thirty miles or so from my childhood hometown of Niles, so I considered this a choice location. Kent was also a kind of distant suburb of Akron, Ohio—it was only ten miles from Kent to downtown Akron—so I was also going to discover that this was an excellent opportunity to get to know Sister Ignatia, along with Bill Dotson (the third person to get sober in A.A.) and some other good old-timers there in Akron, where A.A. had first begun sixteen years earlier

Since Kent State was only a short distance from Akron, I traveled in to St. Thomas Hospital on many occasions, either to take alcoholics in to be hospitalized, or to visit the patients and talk with Sister Ignatia. This was an incredible experience, and I also learned many things about well-run treatment programs which I was able to make use of later.

The alcoholic ward at St. Thomas Hospital in Akron, which had begun in a tiny room used for preparing flower arrangements in 1939, was one of the more important parents of subsequent A.A.-related alcoholism treatment programs. Under the supervision of Dr. Bob and Sister Ignatia, it began to grow and expand, and achieved an incredible record of success in restoring alcoholics to long-term sobriety. Dr. Bob had died on November 16, 1950, almost a year before I received this ROTC teaching assignment, so I never got to know him, but Sister Ignatia was still there at the hospital. Her order did not move her to Cleveland until August 1952, so during my first year at Kent State, I drove into Akron frequently to visit her at St. Thomas, and had many heart-to-heart conversations with her, and was able to observe the alcoholic ward in action.

The ward which I visited was basically just a large room with eight beds set up at one end.¹ An alcoholism treatment center does not require large investments in space and equipment. At the other end of the room was a lounge area for the patients with comfortable chairs and a couch. There was an ice box, a large coffee urn kept continually filled with hot coffee twenty-four hours a day, and a small sink. The ice box was kept well-stocked with food, and especially milk and citrus juice. Patients were encouraged to eat whenever they felt like it, because all too many alcoholics were in fact malnourished, from too many years of drinking instead of eating. There was also a lavatory and shower for the patients in a small room just beyond this lounge area. The patients themselves were responsible for tasks like making the coffee, washing the coffee cups, and emptying ash trays. An A.A. employee did the heavy cleaning, so the only service which the hospital had to provide

was a nurses' aide who came in to change the sheets and pillow cases on the beds.

The A.A. employee, a recovered alcoholic himself, worked in the ward eight hours a day, and served as an unofficial counselor. One way or another, the patients were exposed to A.A. continually during their stay in the hospital, and the A.A. sponsors and the unofficial A.A. counselor were given a good deal of input into the treatment of each individual patient, which was, in my estimation, one of the most important reasons why the St. Thomas program achieved such a high success rate.

The lounge area was used by a continual string of A.A. visitors, people who already had gained some sobriety in the program, who would sit and chat with the newcomers, and sometimes give informal talks. The corridor outside the ward room served as an additional lounge space, so two different conversations could be going on simultaneously. The five-day treatment program was a sort of "total immersion" experience in A.A., carried on twenty-four hours a day, where almost everything else was secondary to this continual exposure to A.A. principles and the spirit of the A.A. way of life, with its emphasis upon service and unselfishness and tolerance.

A line of chairs in the outside corridor area gave patients and visitors a place to sit down, and also separated this little nook from the entrance to the balcony of the hospital's chapel, which one entered by going through a door on the other side of the hall. The chapel, with its thirty-foot-high ceiling and stained glass windows, and the Stations of the Cross placed on the walls, is still there today. Patients in the alcoholic ward were allowed to attend daily mass sitting in this balcony while still in their hospital attire, and were also permitted to go over there to pray any time they wished.

Sister Ignatia was a nun, and this ward was located in a Catholic hospital, so the approach was much more religiously oriented than the one I used in my military treatment programs. When the patient was released from the ward, Sister Ignatia gave each one a little Sacred Heart badge to put in his pocket, and a small copy of Thomas

à Kempis' *Imitation of Christ*, a well-known traditional Catholic meditational book which was often used by Protestants too.² Sister Ignatia was well aware that the majority of the patients in the alcoholic ward came from Protestant backgrounds, and she respected their different beliefs. She also had one Jewish patient in the ward at one point. Her normal practice was to take each patient over to the chapel, ask him to kneel there, and then she would kneel beside the man and they would recite the Third Step Prayer together. The Jewish patient told her that he could not in good conscience go into a Christian chapel, so Sister Ignatia told him that was fine, and made him kneel beside her in the hallway instead, and repeat the Third Step Prayer with her there.

That was her approach. You did not have to believe what she believed on various matters of religious doctrine and dogma, but you had to quit fighting against God, and you had to make a formal surrender, and tell your higher power, in whatever form you construed him, that you wanted to make peace and end the war. And her own deep faith had a profound effect on those who went into her ward for treatment, whether they were Catholics or not.

I went about it quite differently with my own patients on the military bases, but I too tried to make it clear to them that as long as they were hostile and contemptuous toward anything and everything having anything at all to do with a God or higher power of the universe, this was a clear and unmistakable symptom of something going on inside them which still needed a good deal of healing.

The program at St. Thomas had two important things which I had not had access to at Mitchel, but was going to have at Lackland: physicians to help with the patients' medical problems and return them to physical health, as well as psychiatrists to treat any major mental problems. Some alcoholics drink compulsively in a futile attempt to self-medicate what are in fact major psychiatric problems: they may in fact be schizophrenic or bipolar (manic depressive, we called it in those days) or have some other major mental problem. Until this is treated, the A.A. program by itself will do them no good. So when a patient who was admitted to the ward showed signs

of serious psychological disturbance, such as continuing serious suicidal thoughts, one of the hospital's resident psychiatrists could be called in.

Dr. Bob had supervised the patients' physical treatment at the beginning of the St. Thomas program. When he fell into his final illness, one of the staff doctors who had worked with him had taken over, and was handling that side of the treatment program there in 1951. Books on the history of A.A. like to speak rather romantically of the extremely primitive detoxification methods used by Dr. Bob back in the 1930's, where the patients were fed on sauerkraut and Karo corn syrup, and given paraldehyde floating on top of a glass of orange juice. But medical science had made significant progress since that point, and St. Thomas now used far more sophisticated techniques and medications.

An article which Sister Ignatia wrote for a hospital journal described all the medical details of what they were doing in 1951 when I was there visiting and observing.³ Some patients, who were in extremely bad shape from their alcoholic excesses, were given fluids intravenously. Patients were given vitamin B complex, spirits of frumenti, and might be given chloral hydrate if their withdrawal symptoms were especially severe. Patients who needed especially heavy sedation during the first day or two were given sodium luminol, although Sister Ignatia warned that this was a barbiturate, and that one should be very cautious about its use, because alcoholics could easily become addicted to barbiturates as a substitute addiction. An extremely unruly patient might be given one administration of HMC No. 1, and tolserol might be given a patient who was still experiencing severe nervous symptoms even though they had had several days of abstinence from alcohol and were receiving an adequate fluid intake, and an adequate diet. Sister Ignatia and the physicians at St. Thomas were also experimenting with the use of adrenal cortex to help restore the patients' sense of well-being.

Medical science continued to make progress in this area during the years following. The discovery of medications which would act as better tranquilizers was of great help to those of us who were running alcoholism treatment programs. I co-authored an article in 1958, along with Neville Murray, M.D., a psychiatrist in San Antonio, entitled “To Tranquillize or Not to Tranquillize.” It appeared in the *Quarterly Journal of Studies on Alcohol*, and received such wide notice that excerpts from it were reprinted in the 1958 yearbook put out by a popular American encyclopedia.⁴

I wrote the article because I had become unhappy with a small but often highly vocal minority within Alcoholics Anonymous who totally rejected the use of any kind of medication by alcoholics in recovery. When they discovered that a newcomer was taking medication prescribed by a psychiatrist or physician, they would snarl at meetings, “You might as well change your sobriety date then. You aren’t sober until you have quit using drugs in any form at all.”

The fact was that large doses of the paraldehyde used by Dr. Bob in the 1930’s could further excite and nauseate patients in delirium. Barbiturates like the sodium luminol which Sister Ignatia was sometimes using in 1951 could leave a patient dangerously anesthetized and tended to have unpredictable effects. By 1958, we had discovered that the intravenous administration of some of the newly discovered tranquilizers like chlorpromazine, promazine, or triflupromazine could often produce rapid improvement with many individuals, without the same negative side effects. When a serious alcoholic stops drinking, the delirium tremens which results can be extremely dangerous. Some patients go into convulsions, the heart refuses to start beating properly afterwards, and even with prompt medical intervention the patient may die.

Some people seem to believe that alcoholics must suffer enormously during withdrawal to “expiate their sins” of excessive alcohol abuse, but this sort of punitive approach to alcoholism treatment does not seem to improve a treatment center’s success rate at all. In fact patients respond better and more positively to the rest

of the treatment program if they can, from the beginning of abstaining from alcohol, start to feel a freedom from discomfort never before experienced. It gives them a positive attitude, at a deep psychological level, toward being freed from dependence on alcohol. “I do in fact feel much better without any alcohol in my system” is an excellent starting point for teaching people how to remain abstinent.

I believe that some misinformed laypeople in A.A. are opposed to using such medication for alcoholics in recovery, because they have seen isolated cases where a physician allowed indiscriminate uses of these drugs to develop into psychological or physical dependency in a patient. Over-reliance on medication alone may serve as an “out” for neurotic patients who simply wish to avoid painful reality, who refuse to accept the true meaning of their condition, or who are indolent or unwilling to put forth sufficient effort in their overall treatment program. Patients of this sort may attempt to use medication as a “crutch,” but this is usually eventually self-limiting, because there will be no long-lasting effectiveness when medication is misused in that fashion: the person’s external problems and internal discomfort will quickly begin to grow even worse.

“Use *exactly as prescribed* and continue to work your A.A. program thoroughly and honestly” is the secret to using medications of this sort properly. My mentor Marty Mann began suffering from chronic depression toward the end of her life. In the late 1960’s, her physician found that Elavil (amitriptyline) was effective in relieving this, and she began taking it. By using antidepressant medication and increasing her attendance at A.A. meetings, she was able to keep her depression from crippling her, and continued to play an effective role in alcoholism education at the national level as well as being better able to deal with the private problem of a partner who was becoming more and more irrational from the onslaught of Alzheimer’s disease.

At the present time, medications have also been discovered which are of enormous aid to alcoholics who suffer from schizophrenia or bipolar disorder. There is no way that they can obtain any decent

quality of life without using these medications. “Use exactly as prescribed” is again the key.

In my 1958 article in the *Quarterly Journal of Studies on Alcohol*, I made some statements about the three distinct stages in the rehabilitation of alcoholics, which I still believe are true today:

First is the stage of severe intoxication, requiring expert medical emergency supervision to preserve life.

Then the stage of growing awareness by the patient of the nature of his problem as well as of the personality and emotional difficulties which not only have brought about this condition but tend to perpetuate and accentuate it.

Finally, the stage of repatterning of behavioral activity, in which those who formerly built much of their social intercourse around the drinking situation are helped to adopt other behavioral patterns.

During the third stage, they are often beset by extraordinary feelings of inadequacy whenever they have to become involved in groups, they will sometimes feel overpowering anxiety, and they will be tempted by countless messages coming from modern society, telling them that “a social drink” will relieve that anxiety. The problem is that, for chronic alcoholics, even one drink will do enormous harm and will lead them quickly back down the path to where they were before they entered treatment.

So during this third stage, with certain individuals, a temporary period on medication can sometimes be helpful, so that healing can actually take place. As I put it in my 1958 journal article:

The secondary anxieties emanating from group interrelationships and preexisting personality disturbance make the task of repatterning behavior particularly hard for the well-intentioned alcoholic in process of rehabilitation, and he can be greatly assisted over this difficult period by the judicious prescription of suitable tranquilizing agents. Their function is

that of a psychological plaster cast, to be worn only as long as the patient's fractured social relationships remain unattended.

The decision as to how best to prescribe any medication must be left up to skilled therapists who have real professional competence. This is not a decision to be made by misinformed lay "experts," no matter how well-intentioned.

When I began to put together my treatment program at Lackland Air Force Base, I was able to draw upon what I had learned at St. Thomas Hospital in Akron. I had access to physicians who could treat my patients' physical problems, and minimize the chances that anyone would die during alcohol withdrawal. In the person of Dr. Louis Jolyon West, I had a truly excellent psychiatrist working with me at all times. I took the patients to A.A. meetings off-base, to provide a constant immersion in A.A. principles, and the psychological support which the other A.A. members provided to the person who was just sobering up.

I did however leave out the heavily religious emphasis of Sister Ignatia's program at her Catholic hospital in Akron. Her approach probably did help some people, but particularly in a military context, it was going to drive so many other suffering alcoholics away, that we were going to be condemning far more people to an unnecessary doom than we were ever going to help. Any sort of heavily religious language produced such enormous rebellion and hostility among most military personnel that you would find very few suffering alcoholics who would actually allow you to treat them effectively.

But this is in fact a major problem, which my co-author has written about in a book called *The Higher Power of the Twelve-Step Program: For Believers & Non-Believers*. He has described in great detail the sorts of approaches which were used by the A.A. old-timers in bringing hostile and skeptical newcomers to a better understanding of real spirituality, where reading traditional religious books and feeling constrained to use traditional doctrines and dogmas was, more often than not, of little use for beginners.⁵

There was one additional important feature of the treatment program at St. Thomas Hospital which we copied in the Lackland AFB program: prescreening of all patients. In the early days in Akron, Dr. Bob himself did the prescreening, and had a very accurate eye for determining those candidates who had the internal motivation and underlying psychological stability necessary to succeed in the program. As a result, he was able to obtain a 50% success rate in terms of alcoholics who got sober and stayed sober from that point with no slips at all, and an eventual overall 75% success rate gained by doing further work with those who had backslid.

In 1951, with Dr. Bob gone, Sister Ignatia was using the A.A. sponsors as her prescreening personnel. As she explained it in her article in the hospital journal which she wrote in that year:

Those of us who have anything to do with admitting these patients would do well to have the humility to rely upon the judgment of the sponsor. Let him decide when the patient is ready for the program. We do not accept repeaters! Sponsors know this, hence they are very careful to qualify the person before bringing him into the hospital. Above all, he must have a sincere desire to stop drinking. Wives, relatives, friends, and well-meaning employers may try to high-pressure the alcoholic into accepting the program.

In other words, those doing the prescreening have to evaluate how much the alcoholic wants to recover, not how much other people want him or her to recover. And above all, she insisted in her article, experience had shown that in treatment centers where the majority of the patients were repeaters, an overall atmosphere of pessimism and discouragement was created, where even a sincere and highly motivated person who was going into treatment for the first time would often fail.

At Lackland Air Force Base, Dr. West and I prescreened all candidates for admission to our treatment program. Those who were

not extremely highly motivated, or who had psychiatric problems so severe that they would have to be dismissed from the service anyway, were denied admission. This was part of the way we achieved our carefully documented 50% success rate.

I got to meet a number of fascinating people during my visits to St. Thomas Hospital that year. I still have warm memories of a colorful Amishman named Mose Yoder, who was a real character and had been sober for quite a while. I also got to meet Bill Dotson, the famous “Man on the Bed” who became A.A. No. 3 when the program first began.⁶ I only knew him on a casual basis, but he did say one thing to me which I will always remember. I asked him why he spent so much time working with alcoholics, when he was a lawyer and could be making so much money if he devoted more time to his legal career. He responded very simply and gently to my question. He said that, living his life the way he was living it now, he only made about \$400 a month in cash but got about \$1,500 a month in gratitude.

Above all though, I will never forget my many heart-to-heart conversations with Sister Ignatia in her office there at the hospital. No one could ever forget the spirit of that feisty little woman. She was an incredibly compassionate person with a soft spot in her heart for us alcoholics, but she would also bring her patients back into line instantly if they started getting up to any of their old shenanigans again. Newly sobered up drunks can do and say amazing and outrageous things, even mystifyingly bizarre things. Their brain cells have not yet truly begun to function properly again.

One time when I came to visit the ward, Sister Ignatia had come into the room too, and we were talking together quietly. Suddenly one of the newcomers who was still in the early stages of detox just walked over to me and pulled my shirt open in front. Sister Ignatia stared at him, and finally asked, “Why did you do that?”

He replied triumphantly, “I know he is an alcoholic, because he doesn’t have any hair on his chest.”

She snapped back, “You get back to your bed, I am sick of your behavior!” And he slunk back to his bed obediently right on the spot. This tiny little Irishwoman had what we in the military call command presence, where even the largest and unruliest drunk would not try to cross her when she got in his face and started barking orders.

But it was done out of enormous compassion and love. She had dedicated her life totally to this program at St. Thomas, and she did it purely to help others, because she could have had a much easier life simply carrying out the routine hospital administrative tasks to which she had originally been assigned.

About a year after I was assigned to Kent State, Sister Ignatia’s order reassigned her, and she was forced to leave St. Thomas in Akron where she had spent so many years, and move to a new post at Charity Hospital in Cleveland. I, along with quite literally thousands of people in the Akron area, was enormously saddened to see her go. She was a truly unforgettable person, a real angel of mercy. Eventually it was going to be time for me to leave also and move to a totally different part of the country, and I too did not wish to go.

I had enjoyed almost two years of this almost idyllic existence at the university, when in 1953 the Air Force decided to change some of its operating policies for ROTC units. It was decreed that only officers were allowed to teach these university courses. My Commanding Officer recommended me for a commission, but we were not able to get this approved. There is a rigid class system in the military, and particularly back in those days, officers were a kind of aristocracy. I was very angry at the time over the way the workings of this system had pushed me out of my teaching position.

But this was in fact the way I got back into alcoholism treatment. It appeared that the only other kind of reassignment I was apt to get, was carrying out some essentially menial administrative responsibility, shuffling paperwork or making sure that the right airplane parts got on the right shelves in a warehouse or something

of that sort. During my five short years in the A.A. program, a new world had been opened up for me. I had undergone a radical process of maturation and personal growth. I wanted to work with people, not pieces of paper or airplane parts, and I wanted some real challenges.

Above all, I had worked out a simple spirituality for myself, not one phrased in complicated religious language, which I have never been any good at, but one based on the simple idea of actually helping other people, and doing concrete work to genuinely make their lives better. Mentoring and encouraging young students at the university and teaching them things which would make them better officers had satisfied that spiritual need. Some may think this a strange thing to say, but to my mind, teaching school can be a highly spiritual vocation. It is all in the attitude we bring to it, and the way we can learn to achieve a higher satisfaction and sense of purpose in our daily work and effort.

So in a mood of some desperation, one night I conceived the idea of writing a letter to the Surgeon General of the Air Force, pleading with him to assign me once again to working full time with alcoholics. After the letter was sent off, I was almost immediately overcome with anxiety and apprehension. Would my plea simply be rejected out of hand? Even worse, sergeants did not write directly to generals in this fashion, bypassing all the normal chain of command, and I could in fact end up in some trouble for doing something like that.

Within a matter of two weeks, the answer to my letter arrived, and I could hardly believe my eyes. With the concurrence of both the Surgeon General and the Chief of Air Force Chaplains, I was not only given permission to set up my second treatment program, but even given a choice of three bases: Sampson, Parks, or Lackland Air Force Base in San Antonio, Texas. The letter put heavy emphasis on Lackland, because it was one of the Air Force's major training bases, and this immediately seemed to me also to be the right idea. I was back in the alcoholism treatment field again.

NOTES

¹ For more details, see the article which Sister Ignatia wrote the year I was there, describing the entire operation: Sister M. Ignatia, C.S.A., “The Care of Alcoholics: St. Thomas Hospital and A.A. Started a Movement which Swept the Country,” *Hospital Progress* (the journal of the Catholic Hospital), October 1951. See also Mary C. Darrah, *Sister Ignatia: Angel of Alcoholics Anonymous* (Chicago: Loyola University Press, 1992), 104-8.

² In the article in *Hospital Progress*, Sister Ignatia referred to this work as *The Following of Christ*, but she was clearly referring to the traditional meditational work which is called the *Imitatio Christi* in its original Latin version. See Mary C. Darrah, *Sister Ignatia*, 24, 36, 109, and 276 n. 72. The basis of Sister Ignatia’s own spiritual formation lay in years of constant disciplined meditation on two books: *The Spiritual Exercises* of St. Ignatius Loyola (which was used as a basic foundation for the spiritual life by many Roman Catholic priests and nuns in the United States during that period, and not just the Jesuits) and also Thomas à Kempis’s *Imitatio Christi* or “Imitation of Christ” (as the title is usually translated). She carried in her pocket well-worn copies of the *Imitation of Christ* (with special passages pencil-marked and dated) and a small book of selections from Loyola called *A Thought from Saint Ignatius for Each Day of the Year*, published in 1887. In the early years she sometimes gave her alcoholic patients a copy of this latter book instead of the *Imitation*, but it became increasingly difficult to find copies because of its date of publication.

³ Sister Ignatia, “The Care of Alcoholics,” *Hospital Progress*.

⁴ Neville Murray, M.D., and M/Sgt William Swegan, USAF, “To Tranquillize or Not to Tranquillize,” *Quarterly Journal of Studies on Alcohol* 19, no. 3 (September 1958): 509-510. Excerpts reprinted in the 1958 yearbook of the *American Peoples Encyclopedia* (a popular set of volumes distributed by Sears Roebuck).

⁵ Glenn F. Chesnut, *The Higher Power of the Twelve-Step Program: For Believers & Non-Believers*, Hindsfoot Foundation Series on Spirituality and Theology (Lincoln NE: iUniverse/Authors Choice Press, 2001). This book was designed to gently lead people who are antagonistic

toward traditional religious language into a deeper understanding of what those spiritual concepts are actually about, and how they help the everyday working of a good twelve-step program. It is built on traditional A.A. teachings, and is especially useful for the way in which he put down in writing, for the first time, a good deal of oral A.A. tradition passed down from the good old-timers of my own younger days.

⁶ <<http://www.barefootworld.net/graphics/billdotsonobit2.jpg>> reproduces his obituary, an Associated Press newspaper release dated September 19, 1954. William I. Dotson was born on a Kentucky farm in 1892 and did most of his college work at the University of Kentucky before enlisting in the Army in 1917, when the United States entered the First World War. After the war he went to Akron, Ohio, and studied law at night at Akron Law School. He was admitted to the Ohio bar in 1926. The obituary tells how Bill W. and Dr. Bob found him in Akron City Hospital, “The Man on the Bed” in the well-known A.A. painting: he had been admitted to the hospital on June 26, 1935, only forty-three years old but regarded as a hopeless alcoholic doomed to an early death. He became the third person to get sober in the newly founded A.A. program. The obituary speaks of his recovery as “the turning point of Alcoholics Anonymous,” and describes how “in his later years he spent much of his time traveling about the United States and Canada, speaking at A.A. meetings.” Something Bill W. said to Bill Dotson’s wife Henrietta stuck in his mind and became the central motto of his own work in the program: “The Lord has been so wonderful to me, curing me of this terrible disease, that I just want to keep telling people about it.” He died on Friday night, September 17, 1954, at Crile Veterans Hospital in Cleveland, at the age of 62. He had been in ill health since a heart attack the previous October. His story first appeared in the second edition of the A.A. Big Book, which was published the year after his death—see *Alcoholics Anonymous*, 2nd ed. (1955)—entitled “Alcoholic Anonymous Number Three” and placed at the very beginning of the story section, right after Dr. Bob’s story (pp. 182-192).