July 1954

A Traveler Reports

AA In Norway

THE AA part of my trip really begins and ends in the city of my childhood, about an hour by train from Oslo, the capital. This involved my first meeting with the group two days after my arrival and a final dinner the night before my departure for New York. Interspersed during my stay were several talks and meetings with groups and members in Oslo.

The meeting of my hometown group was held at one of the hotels and upon my arrival the "old timer," the one who had helped in starting the group some five years previously, took me under his wing and when the meeting started he gave a preliminary talk. He said that they worked primarily with aversan (antabuse). The alcoholic prospect is examined by a doctor to ascertain if heart and organs are in order. Then with the cooperation of the alcoholic's wife a graduated course of aversan tablets is administered for two years, coupled with attendance at AA group meeting. He said that their group had experienced fewer "slips" than any other group in Norway.

When it came my turn to speak I was tempted to argue back that physical sobriety alone was not the final and complete answer. That there is a development of character and spiritual understanding involved, based on the fundamental truths contained in the Twelve Steps, in order to obtain a lasting and happy sobriety. That we recognize a higher power according to our own conception. That the aversion for alcohol created by antabuse eventually wears off and unless a member has acquired something deeper in heart and mind to hang onto, a recourse to drinking will surely follow. That their method seemed to apply a degree of coercion; surely there was pressure by the wife to prod hubby into keeping up the schedule! That it was well to remember that we work by attraction in AA and not by promotion. If I had said this it might have sounded as though I were shedding pearls of wisdom from a pedestal. But I didn't.

I merely replied that he and his group members, about twenty-five of them, were entitled to their opinion;

AA was built on that. I said I might not agree with their method but I would defend their right to their own conclusion.

After relating one or two alcoholic experiences I told them what I had obtained in AA besides sobriety: a measure of serenity and ability to accept life as it came on a daily basis, and that I had found God in my own way.

I believe I passed the test, for the "old timer" took me to his home after the meeting; a beautiful home, for he is a successful business man. AA was discussed further and he gave me a sketch of his alcoholic experience which included hospitals, doctors and an attempted suicide. He took *aversan* as a last resort, with a box of tablets and a bottle of whiskey on the table. He kept this up for days until his aversion was so strong that he couldn't drink the stuff any more.

A remarkable strong character, I told him. I mildly suggested, since they are working only with married couples, that he still had the single people and the down-and-outers to work on. That would come, he said.

Two days later I attended the Christmas party of the group; members and their families, about 150, were present. Good things to eat, games, dancing, entertainment and a Christmas tree. I had the honor to wind up the party with a fifteen-minute talk before closing at 2:00 A.M. A wonderful time, a wonderful bunch of people; I had found new friends.

There are three trends among the AAs in Norway. The first is pro-anta-

buse, my hometown group being one, with intergroup headquarters in Oslo. They operate a clinic that serves the whole country and is supported by municipal funds. A three weeks' indoctrination of antabuse and AA information is prescribed; God and spiritual principles are omitted, with emphasis on the medical and psychological aspect. Two AAs connected with the clinic and performing the administrative office work of the intergroup are paid salaries from municipal appropriation. The explanation for this was that the groups could not support intergroup and clinic work.

Difficulties have arisen, however, and the AA name has been involved in public discussion. But they are entirely sincere, and assured me that they were working toward a stricter separation of the medical and social service activities from the AA groups. There is also a national committee elected by the groups in yearly convention assembled. The situation is somewhat involved, however, and one trusts that they will profit by mistakes such as we have made over here and in the end be able to say: "Our experiences have taught us that—."

The second trend is of course those who disagree with the first, specifically in Oslo. They want to follow the Traditions as closely as possible, do away with antabuse or relegate it to the medical fraternity for development. To prove this they have started a clinic, a private one, where antabuse is not used but AA principles are explained to the patient, with doctor and nurse

in attendance as well.

I believe the rank and file of AAs in Oslo favor the second contingent and I found some sturdy AAs among them.

The driving power of the third trend is a group in Bergen, on the west coast of Norway. Many term this group and their followers, because this group has influenced many groups along the west coast, the "religious" groups. The Bergen group has translated, printed and circulated a great deal of AA literature and they also issue a mimeographed periodical titled "The Road Back." The translations have been accurate and references to God and the spiritual parts have not been omitted.

If a fusion could be effected between Trend No. 2 in Oslo and No. 3 it might result in a satisfactory solution so that a clearer division could be effected, as we say here, between the material and the spiritual. It is probable that those following Trend No. 3 feel that they have the "True AA Gospel," but those of Trend No. 2 have a liberal view of things so that there should be no trouble in agreeing on the fact that in AA we find God, each in our own way, as we understand Him and we respect the opinion of others. For it certainly is not well to say to a newcomer, "You must believe in God to achieve sobriety." By the same token, we cannot greet him with, "Your problem is a medical one. Take these pills and you will stop drinking." A deeper understanding of what is spiritual and what is religious seems to be the thing most needed over there, in my opinion.

I spoke before several groups in Oslo and at the end of each talk many questions were tossed at me. How did we do our Twelfth Step work? How could they acquire lady members, of which they had none? What about meeting places (which was a problem with them) at reasonable rentals? They were eager to know about AA, they were earnest, they were friendly and they had AA qualities. I feel that whatever growing pains they are passing through will be overcome and many alcoholics will become sober and happy through their efforts. Reported membership in Oslo is 2000, with about a dozen groups. There are also groups in all the main towns from the North Cape to the southern point of Norway, about 45 in all.

Now to the end of my AA experience in Norway which took place in my hometown the night before my departure for New York. The "old timer" invited me to dinner at which the Chairman and the Secretary of the group were present. A delicious meal and an AA "jam session" until 1:30 A.M. At the close I was presented with a silver platter with this inscription: "Greetings from AA Friends in --." A lump came in my throat. After thirty-two years the hometown boy had returned and they acknowledged that he had "made good" in the truest sense by offering him this gift. The good Lord has indeed been good to me.

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