

## AA as a national recovery movement

Hildigunnur Ólafsdóttir: *Alcoholics Anonymous in Iceland.*

From marginality to mainstream culture.

University of Iceland Press, Reykjavík 2000, 276 p.

Ólafsdóttir's thesis is one in a series of studies that has been researched within the context of the International Collaborative Study on Alcoholics Anonymous (ICSAA), a major project carried out in eight countries: Iceland, Finland, Sweden, Switzerland, Poland, Austria, the United States (California), and Mexico. Focusing in her work on the AA movement in Iceland at the beginning of the 1990s, Ólafsdóttir wants to know how a small self-help group evolved into such a major social movement. She adopts the perspective of 'new social movements', for it is of such movements that the AA is often considered to have been the precursor.

The thesis includes a description of Iceland, the AA ideology and its organisational principles, the movement's historical development in Iceland, the AA's structure, activities and meetings, the relationship between the AA and the treatment of alcoholism, AA members, identity transformation, and the relationship between the AA and society. Based upon a number of selected episodes, Ólafsdóttir's historical account is particularly important for it is on this basis that she proceeds to describe the AA in Iceland today. Iceland's AA movement, Ólafsdóttir says, is characterised by its 1) size: while Iceland has the lowest alcohol consumption per capita in the whole of

Europe, it has the highest density of AA groups in the world; 2) close links with the treatment system; 3) localised engagement: the new identity of an abstaining alcoholic is created in treatment rather than at AA meetings; and 4) a restricted principle of anonymity in a small society.

Ólafsdóttir's treatment of the dynamics of the Icelandic AA movement certainly whets the reader's interest in the subject. What I want to do here is consider the development of the Icelandic AA movement in relation to the AA-inspired Link Society movement that was set up in Sweden in 1945, eight years before the first Swedish AA group. This provides a useful vantage-point for exploring in more detail the distinctive characteristics of the Icelandic AA from a comparative and socio-historical perspective.

### The development of the AA in Iceland

Direct contact with the United States has been of great importance to the spread of the AA in Iceland. The AA was first introduced in the country by returning emigrants and visitors to the United States who there came into contact with the movement. Ólafsdóttir identifies three different stages in the historical development of the AA in Iceland: The first consists of the efforts of an

alcoholic and AA member living in New York to try and launch an AA group in Iceland in 1948 through a press conference and a meeting with high-ranking officials, including the Mayor of Reykjavik. Following the press conference Icelandic alcoholics travelled to New York to receive treatment, but the results were poor and the campaign came to nothing.

The next attempt to get the movement off the ground was again in the form of a press conference organised by an AA member living in New York. The press conference brought together two alcoholics who during the same year went on to set up an AA group in Reykjavik. With no adequate institutional treatment available in Iceland in the 1950s, the group began to provide treatment for alcoholics. An organisation called 'The Blue Ribbon' was established to run treatment institutions that adhered to the AA's Twelve Traditions. Opened in 1955, the Blue Ribbon clinic continued to operate until 1963; a second institution for long-term treatment was opened in 1963 and remains operative. Funding problems led to internal conflicts which resulted in the first AA group being disbanded and the Blue Ribbon clinic having to close down.

Following the closure of the Blue Ribbon clinic, the AA movement in Iceland grew slowly up to 1974. Many AA members needed the clinic's services and were keen to open a new one. Their hopes were answered in the mid-1970s with the growth of a new movement that was based upon the Minnesota model and its 12-step programme of institutional treatment. The AA now entered a phase of strong growth

and expansion in Iceland. In 1976, alcoholics who had completed the 12-step programme at Freeport Hospital in New York set up what became known as the 'Freeport Club'. Following the example of the American AA, the group wanted to revive the traditional AA movement in Iceland and create new groups. The Freeport Club was thus to become the predecessor of the so-called Laymen's Council on Alcoholism (S.À.À.). The purpose of the Council was to provide information to the general public about alcoholism as an illness, to consolidate the 12-step treatment programme and to offer guidance and counselling. Indeed the S.À.À. emerged as the major driving force of the new Icelandic alcoholism movement and as an alternative to traditional substance abuse treatments within psychiatry. As the name implies, the Council was run by laymen, mainly by abstinent alcoholics who had been involved in setting up the Freeport group. The first detox centre with two rehabilitation wards was opened in 1977. In contrast to traditional institutions, the staff consisted mainly of abstinent alcoholics, so-called alcoholism counsellors. Patients were recruited to the AA, which meant that membership numbers began to swell (86% of all AA members in Iceland have completed the 12-step treatment programme).

The AA was no longer now a small self-help group but had grown into a national recovery movement. All political parties were represented on the Council Board. Iceland was one of the first countries to introduce the 12-step treatment model in the 1970s. In the 1980s, the model spread to Finland, Mexico, Swe-

den and German-speaking Switzerland (Mäkelä et al. 1996).

### **The AA as a substitute for the state treatment system**

The Link Society adapted to Swedish culture and Swedish traditions by excluding from its programme the religious components of the 12 steps. Nevertheless both the Link movement and the AA were firmly committed to the view that alcoholism was an illness. As had been the case among the founders of the Icelandic AA movement, the people who stood behind the Link movement had close ties with the temperance movement. Legislation in 1916 considered membership in a temperance movement to be a good way of encouraging clients to return to abstinence. However, within certain good templar circles the clients of temperance boards were not considered welcome. The differences between the temperance movement and the Link Society had to do mainly with the promise of total abstinence and with the view of alcoholism as an illness. The Link movement was created in response to the failure of state institutional care. This antagonism between the Link Society, on the one hand, and the temperance movement and official care, on the other, verged on the hostile. Iceland was the first European country to opt for prohibition in 1915, following a referendum in 1908. The system remained in place until 1935. The ideology of temperance has been important to national movements in several countries, including Finland, Norway and Iceland (Johansson 2001), and the temperance movement's views on alcoholism

must obviously have had a major influence.

Ólafsdóttir says Iceland has made slower progress than other countries in providing treatment for alcoholics. The importance that the AA in Iceland attached to setting up the Blue Ribbon clinic is a clear indication of how much importance the founding members attached to the provision of treatment. So how, then, did the newly established AA group view the temperance movement and the official care system, and what sort of relationship did they have?

It seems that initially, the AA ideology was less influential in Iceland. The Icelandic AA movement modified some of the AA principles, for instance with regard to organising meetings and the adherence to strict anonymity. The AA's written material was not given very much space, and it is not known to what extent early members read the AA literature. In Sweden, key parts of the AA literature were translated in the 1940s, in Iceland this was not done until 20 years after the AA had been created, clearly testifying to the lack of interest on the part of the Icelandic movement in the AA ideology.

It is also interesting to observe that in Iceland, the method of preference in the introduction of the AA was through press conferences. From the very outset considerable attention was paid to civil servants and politicians. It seems there was no urgent need to try and mobilise alcoholics by means of the AA's oral self-help ideology. Members were recruited primarily through treatment, not only during the early years but also later on when the Minnesota model became established. When the Blue Ribbon clinic was closed down, the AA movement

also stagnated. There is marked variation between different countries in terms of the relationship between the treatment system and the AA. In Iceland, the growth of the AA movement has been closely tied in with the development of the treatment systems.

### **Linking family and the AA**

In Sweden, the Link movement took the principles of solidarity of traditional popular movements and successfully applied those principles to a category of deviant individuals. The Link ideology of collective solidarity draws upon the Nordic ideology, one of far-reaching individualisation without family interference. In Iceland, by contrast, the linking together of the family and the AA network became an important condition for the survival of the AA movement. Family ties continue to remain stronger than in the other Nordic countries. Ólafsdóttir says that kinship serves as an individual resource, and loss of family bonds is therefore particularly painful in such a society. Family ties are for life and mutual. It is common, Ólafsdóttir continues, that abused women, for instance, will first of all turn to family and friends for help. Drinking has traditionally been regarded as a family problem. When an AA member continues with an AA career, he or she will have to repair all family ties and integrate family members with the AA network. In this way AA families are mixes of family and AA friends. In families where alcoholism has persisted for two or three generations, AA membership strengthens family relations, both within and outside the AA.

### **The harmonisation of AA spirituality and Christian culture in Iceland**

On the one hand Ólafsdóttir says it was hard for the AA to expand in Iceland's secularised society, on the other hand that people had little difficulty accepting the AA's spirituality and fitting it together with Lutheran Christian culture in Iceland. In Sweden, which is often described as a secularised country, the AA struggled for several years to carve out an established position for itself. Here the AA also had to live for a long time in the shadow of the Link Society. AA expansion did not properly get under way until with the breakthrough of the Minnesota model, indicating that secularised society has indeed been able to provide fertile soil for the growth of a spiritual movement such as the AA.

The ideology of the AA movement does not tie in directly with Christianity. A membership survey by the ICSAA showed that a significantly larger number of members in both Iceland and Poland thought their God was the God of Christianity than was the case in Sweden. However, there was not much difference between these countries in terms of the numbers that regard the AA group and its strength as God. Those who have it that God is some other than the Christian God constitute only a small minority among AA members in Iceland. Ólafsdóttir points out that the spirituality of the AA was initially regarded as synonymous with Christian faith. The first AA group was set up on Good Friday, April 16, 1954, which was seen as a symbol of the harmonisation of the AA and the Church. What kind of socio-cultural back-

ground did the founding members have? What kinds of discussions were there about questions of spirituality in the early years? How has this interpretation survived with increasing secularisation and the spread of the 12-step concept? Are AA members recruited from amongst people who have a strong Christian faith, and do they remain in the movement? Or is there a tendency instead, as is the case in Sweden, to search for a new kind of spirituality in a society that is becoming more and more secularised? Are there any alternative self-help groups for alcoholics who are less religious or who are lower down in the social hierarchy?

### **The AA in Iceland as a social movement**

Social movements develop in different ways in different countries, depending on the prevailing political culture. Any study of the Icelandic AA movement as a social movement or as part of Icelandic social history needs to include an analysis of how the movement has developed in relation to Icelandic political culture, state power and organisations. This is what I regard as the biggest omission in Ólafsdóttir's study: although there are some references to the AA's relationship to the political culture and state power, there is no in-depth analysis of this issue. There are very few empirical descriptions in the work of how state power and established social movements (e.g. the labour movement and the temperance movement) saw the AA and its development. Considering the aggressive way in which the AA made use of the media, it would also have been interesting

to know how the AA has been described by the media.

The 19<sup>th</sup> century was a period of national renewal that was aimed at the ultimate goal of independence and sovereignty. Ólafsdóttir points out that the nationalist movement had an extremely strong following and performed many of the social and cultural roles that in other Nordic countries were performed by the emerging religious movements. The strong sense of national identity that was the main engine in the drive for independence was still there long after the Second World War and influenced the attitudes of both the AA and the Pentecostal Movement towards Icelandic society. Ólafsdóttir identifies many similarities between these movements. Both focused on an inner life-world and on personal change which are typical of new social movements, but closely followed the local circumstances when it came to forms of organisation and values, for example. The founding members of the AA were reluctant to bring in very many new ideas. Both the Pentecostal and the AA movement and the women's movement, Ólafsdóttir stresses,

are characterised by anti-institutionalism. However, it remains unclear whether there is anything decisively new or old about these social movements. It is not possible to draw a sharp line of distinction between new movements and older organisations.

From the outset the members of the Icelandic AA movement have had two roles and two goals: first, that of anonymous alcoholics who are active in the organisation and in self-help (internal), and second, that of members of society struggling for political change (external). In organisational terms, the establishment of the S.Á.Á. meant the movement took on two separate functions. During its latent period the Icelandic AA movement began to spread as a grassroots movement. Through the new alcoholism movement that was based upon the 12-step treatment programme, the Icelandic AA managed to incorporate itself with state power, which then paved the way to strong growth. In this way the AA has become an integral part of the official treatment system in which the AA has a crucial role in after care. On the one hand these close links to the treat-

ment system have been crucial to the Icelandic AA's survival strategy, on the other hand the close contacts between the AA and the S.Á.Á. have made it difficult to make a clear distinction between the AA's and the treatment institutions' tasks. This may become something of a problem for the Icelandic AA in the future if it wants to remain a self-help movement with a genuine grassroots character.

*Translation: David Kivinen*

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## Swedish and Dutch drug policy

Dolf Tops: A Society with or without Drugs. Continuity and Change in Drug Policies in Sweden and the Netherlands. Lund Dissertations in Social Work 5, Lund 2001.

Dutch and Swedish drug policies differ from each other in important respects. Whereas in Sweden the objective has been to create a drug-free society, Holland has

adopted a policy aimed at reducing drug-related risks and the harm caused to individuals and society. For a researcher born in Holland but now living in Swe-

den, these differences certainly present an interesting research challenge. What exactly lies behind these two different approaches to drugs: this is the question that Dolf Tops sets out to tackle in his thesis *A Society with or without Drugs*.

The theoretical introduction to the thesis begins with the observation that questions of drug policy belong to the state: in this work the focus is on the aspects of criminal justice, care and treatment as well as prevention. How-