



Dear Editor,

Alcoholism Treatment in
Norway: The American Way

In her article "Doing Alcoholism Treatment in Norway: A Personal Reminiscence" [Vol. 3 #3 (97)] Katherine van Wormer asks how such crazy activities as she describes can happen in Norway, a country where even selling a used car is regulated.

In the 1980's Norway had for a few years a conservative government that opened up health care for privatization. Institutions like Gjovikseter, or Vangsaeter as it is called, (I don't see why the author protects it by using a fictive name) are a result of this. The township politicians allocate the tax money spent on helping fellow townsmen and women that have problems with alcohol. The private clinics depend on this money. Kai, the leader at Vangsaeter, has to convince the township politicians that his clinic does well. He also has to convince the drunks that he is their salvation, so that they can put pressure on their township politicians to pay for them. He had better be good because he asks for 7 - 8000 USD for six weeks of treatment, while the government institutions only ask for 1500 from the home township of their patients.

In her paper van Wormer is unhappy with Kai being more concerned with PR than with

running his institution in a better way. Of course, Kai is very concerned with PR- more than with anything else. He survives because of that, and only because of that. Kai is able, through his PR, his kidnapping of clients, his performances on TV, his hold on followers, to maintain a public opinion that he is doing good. First of all, he is selling the Minnesota Model for treating alcoholics. He underlines that the Model comes from America. Norway is one of the most Americanized countries in Europe; and Norwegians buy what comes from MacDonaldis, Hollywood or Minnesota without asking any questions. Kai recruits Americans to work at his institution and he refers to them as experts of the Minnesota Model. (The fact that van Wormer got the job at Vangsaeter before she even had heard about the Minnesota Model probably shows that being an American was more important than being an expert.)

Furthermore, the Model is coupled to alcoholics that have come to new conclusions and turned "totalics." Norwegians love that because it is the same as good Protestant piety. Nothing is better than a repentant sinner! And even better, many of these sinners are rough people from the working class, or lower, who have really turned bad to good for themselves and for others. But they do not want

to be portrayed as saints, since that probably would scare many potential clients. Kai in the article was taken to court because of sexual harassment, but this is the kind of man he wants to be in his message to the potential clients he appeals to in the media- "Stop drinking and your sex life blooms! Stop drinking, but not sinning. You can still smoke." The sum of vices is constant; we have to maintain some.

The critics of the private clinics are many. The government clinics are very frustrated by the work Vangsaeter and other such clinics do, as the government clinics receive many patients who have become much worse after they have spent all the money on Kai and his ideas, particularly patients that have a more complicated pathological picture than Kai wants to see. Kai's message, however, is, "Don't call them sick, they are just drunk. The government just helps them to find excuses for their drinking." Such statements appeal on TV.

When he talks to media, Kai is very clever in telling the Norwegian public about the successes of his institution, about how many more persons than the government institutions he has treated successfully. And he always brings newly saved persons who know how to tell about their former lives and their new lives. In the debates on TV, the opposite side,

the government institution, is, at least in the debates I have observed, represented by professionals who can't hide their attitude towards these private clinics and therefore act a bit arrogant. This behavior loses against Kai's rough rhetoric. Furthermore, professional secrecy prevents the government clinics from presenting clients who have been helped by them.

Within the health sector, and especially among those working with alcoholics, the craziness of places like Vangsaeter is very well known, but they seem to have given up fighting against them. The government has enough patients, as they have long waiting lists, so if Vangsaeter is there for some, and since they are successful in their PR, convincing the public (and many within the government) that they are doing well, they are left alone and even protected. The health administration at the national and at the county level does not accept the work of these clinics. But at the level of township, where there is extended authority in deciding on the use of their own money, they have hope in Vangsaeter and such. They are close to the problems with their alcoholics, and are in desperate need of doing something to help them and their families.

They act on this problem when they send their drunks to Vangsaeter. The local politicians

look at the TV debates, and they read the colorful press full of salvation testimony from alternative medicine and from Vangsaeter. No one asks for proof. The health sector does ask for evidence, but they are organized in a different department than social welfare, which is too busy to ask for quality as long as there are patients who are happy to go to places like Vangsaeter, and who furthermore promise to stop drinking if they are given the money to go.

Kai's concern is to have his straw into the government resources that are allocated by the local politicians. No one really knows if, and how many, are helped by his Minnesota Model. But according to van Wormer's paper he is willing to fight to protect his interests, even using methods we thought only could happen within the Mafia business like you have in America. □

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Dear Editor,

I have read widely in the fields of medical history and "alternative" medicine for almost three decades. For the past several years I have taught an interdisciplinary general education course, "Alternative Me-

dia," which addresses how the communication arts have affected fields in the sciences and social sciences; one of my four model research modules in that course addresses the health arena. And so it was with great interest and delight that I read the Winter 1997 "Healing" issue of *Reflections: Narratives of Professional Helping* - The Special Editors for that issue, Nancy Rainville Oliver and Lyda Hill, are to be greatly commended.

During the middle decades of this century, the concept of what even constitutes scientific knowledge greatly narrowed, albeit mistakenly, in the minds of many people including most allopathic western medical practitioners. So it is little wonder that notions about what constitutes healing narrowed even moreso. The importance of the arts, the spiritual, and other arenas in the realm of healing were often denigrated, or at best, simply ignored. It is becoming increasingly imperative that awareness be focused —as the "Healing" issue of *Reflections* does via its narratives—on the continuum of healers who have been able to reach back in time, across cultures, and/or across disciplines to provide holistic and highly successful approaches to health. Happily, there is now a rapidly growing trend of interest in and use of alternative and holistic healing therapies amongst

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