INT'L. J. SELF-HELP & SELF-CARE, Vol. 5(4) 317-335, 2006-2007

Experience Reports

RITUALS OF TRUST TO COUNTERACT DOUBLE LEGACIES OF DECEIT AND DENIAL AMONG RECOVERING DRUG ADDICTS IN POST-SOVIET HUNGARY: AN EXPERIENCE REPORT

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ABSTRACT

This experience report draws from participation in and observation of life in a professionally-based residential treatment center for substance abusers in Hungary by its cultural anthropologist and psychiatrist co-authors. Our primary focus is on a set of rituals aimed at instilling and sustaining trust among the recovering addict members of this community. These rituals, we believe, are crucial components in processes combating the deleterious effects of the dual socialization these women and men have experienced both as addicts and as citizens of a nation scarred by decades of political oppression. Consequently, they enter the community double burdened with behavioral repertoires heavy with distrust, deceit, and denial incompatible with the trust and mutual support necessary for the community's paramount self-help project aimed at providing substance abusers with sober and life sustaining ways of acting, thinking, and feeling.

Key Words: recovery from addiction, rites of trusts, bricolage institution

INTRODUCTION

Deep in the forested hills of Hungary, a light and spacious room daily hosts meetings of a small group of women and men. Each morning, afternoon, and

doi: 10.2190/SH.5.4.e
http://baywood.com

evening its members arrive punctually at set times and arrange their sitting places in a circle. There they interact, read aloud from books, pamphlets, and other written materials, but mainly talk about their lives with a kind of honesty and self-disclosure seldom found in everyday discourse. A first-time visitor to these meetings would doubtless be struck by their orderliness. All speakers open by introducing themselves and are greeted in turn by the rest of the group. As each speaker talks, the group's members listen attentively—nodding their heads now and again, smiling or frowning when the speaker touches upon a shared feeling or thought. If the speaker stops to ask a question of the group, those wishing to respond patiently wait their turns while listening closely to the person answering the question. When the speaker announces she/he has nothing more to say and thanks the group, others then assume the role of speaker. If there is enough time, all group members join in to contribute their thoughts about what previously has been said.

The visitor to the group might easily mistake its members with their good manners, earnestness, and attentiveness for a group of seminarians. All are well groomed with hair neatly combed and faces and hands well scrubbed. In their clean trainers and fashionable sportswear, the group looks as if its members have arrived for a photo shoot advertising brand name attire. But this impression would be a mistaken one. Rather than theology students or missionaries, the group is comprised of women and men who have been prostitutes, thieves, swindlers, and drug dealers. Many have served time in jails and prisons while others have been forcibly held in other closed institutions. Though each of them brings a unique personal history to the group, they all have two things in common: all have been addicted to drugs and/or alcohol and each has a desire to stop using these substances. Indeed, the price of admission to the community of which this group is but one part is a simple yet profound one: prior to being allowed to join it, all its members have declared at their intake interviews their wishes to cease using the drugs and alcohol destroying their lives. The community they have joined has existed for nearly two decades and, during this time, nearly 200 people have joined it, lived within its boundaries, completed its treatment program, and then left to rejoin society at large. In 2003, a follow-up study of the 32 community members who had completed the program in the period between 1997 and 2001 showed that 77% were leading clean and sober lives. Owing to the close ties between former community members in Budapest and several other cities and their regular participation in Alcoholics Anonymous and Narcotics Anonymous meetings as well as aftercare events in the community, it was possible to gain detailed and reliable information about all of the women and men who had graduated during this 4-year period. Again owing to the close contact of former community members, it was even possible to get detailed information about many of those who had relapsed, even though their health and work situations may not have visibly deteriorated. In this connection, relapse was defined if a graduate had resumed using drugs (Kelemen & Erdos, 2003).

THE PURPOSE OF THE RESEARCH AND METHODS USED

In trying to understand why these recovery rates deviated so dramatically and positively from the usual dismally low recovery rates of other programs, we began a joint study in 2003 of this once private but now governmentally and privately financed professionally based residential treatment center. Our aim was to explore possible links between this recovery rate and the workings of the center's combination of mutual help groups and professional directed treatment (Borkman, 1997). Our investigation came to draw upon two sources of data. The first was the store of experiential knowledge acquired by co-author GK while serving on a part-time basis as the center's resident psychiatrist for more than a decade. But, unlike psychiatrists in many residential rehabilitation centers, he was also a participant in and observer of the life of the community since he normally spent one to two nights each week sleeping over at the center and joining community members in such activities as sweeping and mopping the center's rooms and hallways. The other source of data for the study consisted of the field notes collected by co-author MS in his participant-observer role living as a member of the center's community of recovering addicts. In the autumn of 2003, he asked to join the community for permission to join them at an evening meeting at the center. His summary of this meeting and what subsequently took place in the project is as follows.

> After being introduced, I explained how anthropologists learned about groups by sharing the conditions of their lives. In so doing, I told them about my own doctoral research about merchant seafarers based on field notes I collected while working as a participant observing crew member working in the engine room of a cargo ship carrying cement and various grains to and from ports in Europe and North America. Following a group discussion and vote, I was welcomed into the center. During the seven months spent in the community in 2003 and 2004, I shared a room on a rotating basis with recovering addicts in the men's section of the center's main building. During this period, I worked in rotation as on the teams responsible for maintaining the center, for preparing food, and for caring for the center's livestock. At the beginning of my stay in 2003, the recovering addicts in the community numbered 4 women and 9 men. When I left in 2004, its residents numbered 5 women and 11 men. The youngest member during that period was 18 years old and the oldest was in his early 40s. It had been calculated that the average length of stay for those completing the treatment program since the center's beginning was 11 months and as far as I could tell, those completing the program during my stay had been there for approximately one year each. Throughout my stay, the therapeutic staff consisted of 6 men: its only professional members were the staff leader, an occupational therapist and MSW candidate, and my co-author. Of the non-professional staff members or "helpers" as they were called, 4 were ex-addicts and of these, 3 were former community members. (Seltzer, 2003)

THE CENTER AS A BRICOLAGE- INSTITUTION

As a professionally based residential substance abuse treatment facility, the center held membership in Euro-TC (European Treatment Centers for Drug Addiction). Nonetheless, from our research perspective, it was clear that although holding this membership on paper, the center deviated in several significant ways from traditional therapeutic communities (see, for example, DeLeon, 2000). In actual operations, group structures, and functions, it seemed to resemble the "modified therapeutic community" initially defined by DeLeon (1993) and later redefined by the U.S. Center for Substance Abuse Treatment. Their definitions emphasized three main deviations from the traditional TC model involving reduced intensity of interaction between staff and clients, greater flexibility, and more individualized treatment of community members (Substance Abuse and Mental Health Services Administration, 2005).

Additionally, the center incorporated a diversity of ideas, procedures, and organizational structures borrowed from a variety of substance abuse treatment programs. It operated as a kind of bricolage-like institution joining together elements drawn from a variety of treatment philosophies and programs. Owing in great part to its history as one of the first non-hospital treatment facilities for substance abuse in a society where substance abuse long had been denied, the center had to start from scratch and it borrowed heavily during these early years from a range of ideas, procedures, and organizational structures developed in treatment facilities and programs in Italy, France, the United States, and Great Britain.

In the beginning, when the center took over an abandoned collection of barracks at a former sports facility in a mining area of Hungary, its occupational therapist founder and leader who had worked at a Daytop-related therapeutic community in the United States established working relationships with residential drug treatment facilities elsewhere in Europe. In this pioneer phase, staff members visited and trained at therapeutic communities and related rehabilitation centers in Italy and France. Later, when the first AA programs began to flourish in Hungary in the mid-1990s, parts of these 12-step programs were incorporated into the center's treatment program. Later, this process of selective diffusion repeated itself when the first NA programs were introduced by two Hungarians who returned to their native land after having been members of NA groups elsewhere in the world.

Undoubtedly, one reason for the bricolage-like blending of treatment philosophies and practice at the center was related to the history of Hungary as a Soviet satellite. As persons had experienced a totalitarian regime, staff members—especially ex-addict "helpers" who had been treated at other institutions—were deeply skeptical of any program claiming to be the "only" way to recovery. As a consequence of this aversion to doctrinaire treatment schemes, the center long had been the site for a constant testing of new ideas and practices drawn from a variety of sources.

Thus, in the course of an average week, a community resident would normally participate as a member of a diversity of groups. Residents normally would take part as members of 11 to 13 mutual help groups each week ranging from 1 to 3 hours in duration in the mornings, afternoons, and evenings. In addition, they would also participate once a week in either an Alcoholics Anonymous or Narcotics Anonymous meeting held at the center. On a less regular basis, depending in great part on availability of transport and weather, residents could also attend AA or NA meetings in neighboring communities. Professional staff, it must be noted, did not participate in these groups. In an average week, staff would be in charge of three evening meetings of community members lasting from 2 to 3 hours. One of these meetings was always held on Friday evenings under the direction of the center's psychiatrist. In addition, staff ran from one to two afternoon therapy groups each week. One night each week was reserved for showing films selected for their relevance to addiction and recovery. These showings were followed by group meetings led by a staff member where residents could discuss the films. One Sunday each month was reserved for a staff-run gathering of residents and their families, often including a variety of group exercises. This was always followed by a dinner for the community and its guests.

THEORETICAL FRAMINGS

From a perspective grounded in social and behavioral sciences, one way of looking at the center is to see it as an organization involving a variety of social constellations including both NA and AA groups helping drug addicts and alcoholics to achieve sobriety. From this perspective, it joins the many organizations around the world involving groups of women and men offering mutual support to one another in two closely linked processes of emancipation and reconstruction (Borkman, 1999; Humpreys, 2004; Humpreys & Rappaport, 1994; Makela, Arminen, Bloomfield, Eisenbach-Stangl, Helmersson Bergmark, Kurube, et al., 1996; Nicolaus, 2009). On the one hand, members of these groups are trying to free themselves from the drugs and alcohol controlling their lives, while on the other, they are aiming to (re)construct their selves and identities so that they may lead lives of sobriety. Viewed from a different but related perspective, the center may be understood as belonging to those therapeutic social systems whose primary goals are to provide their members with a sense of belonging as well as safe space providing opportunities and guidance for telling life stories and, in this way, re-authoring themselves as recovering addicts (Hänninen & Koski-Jännes, 1999; Swora, 2004). Unlike this narrative framing, a third perspective is a cultural one seeing the center's self-help and therapy groups as sites where the self-destructive and lethal cultures of substance abuse are replaced by alternative ways of acting, thinking, and relating to the world promoting, celebrating, and sustaining life rather than destroying it (Seltzer, 2004; Seltzer & Kelemen, 2009; Thomassen, 1999, 2001).

Though differing in many aspects, these three perspectives—the organizational, the narrative, and the cultural—all share one key understanding. This is the view that if these processes of emancipation, identity transformation, and culture change are to succeed, groups must be able to work together to produce, reinforce, and maintain belief in change. There now exists a rather extensive research literature focusing on how such various projects of change and transformation take place in the classic self-help groups of Alcoholics Anonymous and Narcotics Anonymous as well as other organizations, such as Synanon (see, for example, Antze, 1987; Arminen, 1998; Bateson, 1972; Denzin, 1987; Robinson, 1979; Room, 1993; Yablonsky, 1989). This literature, however, has been drawn mainly from North America and Western Europe. Owing to the relative newness of AA and NA in countries formerly behind the Iron Curtain, only a handful of studies have shown how treatment programs based on these and related self-help philosophies have fared in Czechoslovakia (Gabrhelík & Miovsky, 2009) and Poland (Makela et al., 1996).

THE SOCIETAL CONTEXT AND BEHAVIORAL LEGACY OF LIFE IN A SOVIET SATELLITE

Traditionally, self-help groups and other treatment programs for substance abuse have been required to find ways to *re*-socialize drug addicts and alcoholics whose behavioral repertoires of denial, lying, manipulation, cheating, and betrayal had been acquired as members of substance abusing groups. Yet unlike AA and NA programs and other forms of self/help mutual aid groups in the Americas and Western Europe where traditions of honesty, openness, and solidarity are integrated into civic cultures, a central legacy of years of Soviet domination in Hungary and other former satellites is the absence of these values and attitudes from many areas of everyday life. These societies were and in many instances still are pervaded by a culture mirroring in many respects the destructive values of addict culture. Like addicts and alcoholics who lie, cheat, manipulate, and distrust others, many growing up in communist regimes in Eastern and Central Europe learned similar patterns of acting, thinking, and feeling as ways of getting by on a day-to-day basis in these oppressive systems. In a survey of findings about how these attitudes and behaviors continued after Soviet rule had ceased, one group of researchers summed up the main characteristics of this heritage in the following:

> The double standard of truth and conflict between official ideology and the dismal reality led to hypocritical behavior and a double standard of morality. One version of truth was practised in public, at work, and at school. . . . The other was practised in private. Moral duplicity of the "divided self " (Scheye, 1991; Šebek, 1990) along with an "inability of self-reflection" (Přihoda, 1990) distorted the processes of growing up and degraded the moral and psychological health of citizens. In order to survive, it was to one's advantage to lie and to deceive others. (Klicperova, Feierabend, & Hofstetter, 1997, p. 40)

This then demands that drug treatment programs in former Soviet satellites must work out strategies for dealing with the double burden of the destructive ways of acting and thinking found among addicts coming from these societies. For these women and men, recovery involves not only freeing themselves from the lethal grip of drugs but also unlearning the moral duplicity and attitudes of dishonesty, denial, and distrust they have acquired as members of a society scarred by totalitarianism. To replace these anti-social and self-destructive patterns with social constructive alternatives incorporating values of trust, cooperation, honesty, openness, solidarity, and respect for self and others appears on the face of it to be an insurmountable task.

Prior to discussing how this heritage of double socialization was dealt with by the center's different groups and their rituals, it may be fruitful at this point to touch upon certain features of this particular social and cultural background influencing drug and alcohol addiction in Hungarian society. Since the middle of the 19th century until the present, Hungarians experienced a constant discrediting of existing norms, values, and political systems accompanied by continual and often brutal reminders of their own powerlessness to effect lasting social and political change. From 1948 to 1989, Hungary was a society permeated by mutual suspicion, demoralization, and massive de-politicization. Human resources—such as supportive community ties—were absent since these and related forms of social solidarity were regarded as a danger by Hungary's ruling communist party—a puppet government of the Soviet Union.

Day-to-day survival in this system required women, men, and even children to learn ways of acting, thinking, and feeling involving denial, manipulation, cheating, betrayal, and blaming others. A common saying of this period was: "He who does not steal robs his own family" (Theen, 2000, p. 285). As reported recently by one Hungarian woman finally allowed access to the secret police files on her family, she was told by the archivist in charge of the files: "Everybody in your circle, whether your parents trusted or did not trust them, was informing on them. That was just the way it was!" (Marton, 2009, p. 5). One gauge of the denial permeating the society during this period was the long standing refusal of the government to acknowledge the widespread existence of alcoholism among Hungarians. Yet, even when this was eventually done in 1960 by a secret resolution of the ruling communist party, it reinforced already existing levels of distrust, suspicion, and betrayal in society. This act made it possible for persons to be accused of alcoholism by anonymous informers and then committed without legal representation to the institutions of the health system.

This mirrored in many ways the situation in neighboring Czechoslovakia during the Soviet-bloc period. This was described recently by two addiction researchers as one where ". . . no drug problem officially existed. After the fall of the communist regime, such interventions had to start virtually from scratch. . . . Until then, self-help for drug users was nearly illegal and viewed almost as an activity aimed against the communist regime" (Gabrhelík & Miovsky, 2009,

p. 137). Similarly, denial of crime, alcohol, drug, and other major problems had been so pervasive in Hungary during the Soviet period that it has been said that Hungarian women and men developed a talent for nodding their heads yes while silently screaming no.

Though these behaviors may have helped many survive the years of Soviet domination, they did not vanish with the downfall of the Soviet Union in the 1980s. The massive disappointment with capitalist promises coming in the wake of the collapse of the Stalinist regime in 1989 coalesced with a Hungarian society still bearing scars of its existence as a Soviet satellite: massive de-politicization, demoralization, mutual distrust, and absence of solidarity. One researcher found that chief among "the crippling legacies left by communism is massive distrust of law, political leaders and institutions, the state, government and especially political parties and interest groups" (Theen, 2000, p. 293). For Hungarians in the post-transition period, there seemed to be no real alternatives either to the communist culture or to that of consumerism: both seemed based on false promises and worked to crush heightened expectations of social justice, happiness, and well-being (Tamás, 2009). According to one sociologist, the growing social inequality of the post-1989 period "has resulted in a depressed attitude, in which people are suspicious of authority, property, achievements, and the social status resulting from these. People have, as a further result, tended to give up, and to compensate against or disregard the norms" (Vingender, 2001, p. 67).

The deepening moral crisis of Hungarian society after 1989 was also reinforced by a pervasive attitude of "learned helplessness" which was an additional legacy from the Soviet period. Throughout those years, individuals had learned to survive by remaining passive, by developing a wide range of techniques for denial and by never voicing their disappointment, anger, and hopelessness: not even to family members. Researchers in Hungary and other post-communist countries of Eastern and Central Europe have empirically documented these as well as a host of other cognitions, attitudes and behaviors (e.g., widespread distrust of government, institutions, and others, withdrawal into privacy, alienation from public life, helplessness, and apathy) and defined them as constituting a "post-communist syndrome" (Klicperová et al., 1997; Klicperová-Martin, 1999; Miller, Grødeland, & Koshechkina, 2001; Sapsford & Abbott, 2006). Using a slightly different vocabulary, one Eastern European sociologist has described this complex with its "lack of respect for law, institutionalised evasions of rules, distrust of authorities, double standards of talk and conduct" as constituting a form of 'civilizational incompetence'" (Sztompka, 1993).

These and related factors undoubtedly contributed to large-scale substance abuse in Hungarian society. According to official statistics, Hungary at the end of the 20th century was ". . . the world's number one" in terms of alcoholism (Kassai, 1994, p. 118) and during the first decade of the present century, one of every eight adult Hungarians ". . . is alcoholic, and the male mortality due to alcoholism is the highest in Europe" (Vingender, 2001, p. 66). Drugs and alcohol

are substances seeming for their users to resolve inner conflicts provoked by discontinuities, disparities, and dilemmas found in the course in everyday life. As Goffman pointed out in his study of total institutions (1961) these substances serve as prime means for "removal activities"—that is, mentally removing one's self both in time and space from oppressive social systems. One illustration of this is found in a widespread saying among Hungarian intellectuals during the four decades of rule by puppet governments: "Only two roads are open for us: one to alcoholism and the other impassable." Drug addiction and alcoholism, too, may be understood as diseases of denial necessary for psychological survival in situations experienced as exploitative, hopeless, and heavy with pain.

PHILOSOPHY AND PRACTICE IN DEALING WITH ADDICTION AND THE HERITAGE OF SUBJUGATION

If a drug treatment program is to be effective, it must create a social milieu providing space, safety, and guidance for those wishing to free themselves from addiction and lead lives of sobriety. But as we have shown, resocialization projects necessary for these kinds of transformation and reinvention of the self among addicts in post-Soviet societies are additionally burdened by a whole range of negative behavioral traits. Although the journal format does not allow for detailed descriptions of the center's many programs providing addicts with chances to free themselves from this double heritage and to re-invent themselves as drug free women and men, the following provides brief but representative glimpses of some of the center's mutual self help groups. The first group meeting greeting newcomers to the center always includes a ritualized exercise where they are asked to list using marking pens and large sheets of paper what they believe are typical forms of addict behavior. Most often the lists they produce include such words as lying, stealing, manipulating and blaming others, as well as avoiding responsibility for one's actions. Yet, in another sense, newcomers are also being asked to identify components of the behavioral repertoires they have learned living under the influence of the heritage of a politically subjugated society. This list has an important function to play since each new member posts it on the wall of the center's main meeting room where it joins the lists of all other members on display there. These lists then serve as benchmarks for members wishing to measure their progress in the recovery process. For both newcomers and others, these lists make visible in black and white lettering those elements of acting, thinking, and feeling needed to be changed in the recovery program. The lists serve, too, as reminders which can be referred to if these elements of behavior re-surface in later meetings of the community's self-help groups where they are often referred to in English using terminology borrowed from AA and NA as "stinking thinking."

This exercise, like a host of other rituals performed by groups in the community, provides members with new opportunities for re-socialization based on honesty,

openness, and trust. These rituals all serve as bridges on the road of recovery for women and men addicted to drugs. As we have described in greater detail in a recent report (Seltzer & Kelemen, 2009), one way of visualizing the center's self-help and staff-run groups is to see them as liminal social constellations in the betwixt and between phase of the classic rite of passage model first developed by Van Gennep (1909/1960) and developed further by Turner (1969, 1974). These groups—especially the egalitarian mutual help ones—are positioned between former lifeways of addiction and future lifeways of sobriety. As Turner puts it, "threshold" people in liminal zones constitute "communitas" which is a special kind of grouping with a social consciousness involving feelings of humility, close emotional ties, trust and comradeship (1969, pp. 94-165). The experience of being in communitas-like groups, Turner maintained, "revitalized" members and prepared them to return to a world structured by rules and social positions. For recovering addicts, life in this kind of special fellowship in close proximity with others helped to give them practice in living and conforming to the rules of the society they were being prepared to reenter.

The primarily rule at the community is a meta-rule that adhering to the community rules is how one shows respect for one's fellows. Since words like "must," "have to," and "ought to" trigger defiant patterns in addicts used to disregarding the wishes of others in pursuing their own selfish ways, newcomers are always told at intake meetings with older community members that they are free to choose to commit themselves to the rules and values of the fellowship they are joining. If they do not wish to do so, they are free to leave.

In marking physical leave-taking from the former state of addiction, the community provides one ritualized activity for newly admitted members experiencing withdrawal symptoms. Since most experience sleep problems as part of their withdrawal, it is a community tradition that their roommates massage their bodies as an aid to relaxation. For substance abusers distrustful of both dependence and bodily contact with others, these forms of group message function again as materialized ways reinforcing trust in their fellow community members. In another sense, these and other activities work to build bonds of trust and dependency on one's fellows. In so doing, these activities illustrate one of the major contrasts to their former lives for these recovering substance abusers. Prior to joining the community, addicts in particular were accustomed to distrust almost everyone in their social environments. Paradoxically, the only persons their addiction allowed them to depend upon were the dealers supplying them with the drugs destroying their lives.

Substance abusers, it has been said, never have leisure time problems. Their lives revolve around frantically searching for means to acquire drugs and alcohol. They will do practically anything, no matter how morally disgusting, to get these substances: they will prostitute themselves, lie, cheat, steal, manipulate and exploit others—even their own partners and families. For addicts, chaos as

well as distrust and suspicion of others are central features of their lives in their war of all-against-all existence.

For addicts used to living in chaos, entrance into the community presents them with a highly structured social world contrasting radically with their former lives. They meet at once a vast complex of ritualized activities structuring their time, movements, and at the end of the day, the totality of their lives. These rituals are organized around two interpenetrative processes. On the one hand, these rites work toward deconstructing selves and identities of persons whose lives long have been organized around substance abuse, while on the other, they work toward (re)constructing selves and identities of persons capable of mobilizing the resources they possess as humans for further development—without dependency on drugs (and alcohol). Instead of dependency on substances, recovering addicts at the center encounter rituals small and large all demanding them to depend and to trust one another.

The recovering addict is almost never alone in the community. S/he works together with others in carrying out all forms of group tasks, exercises, and various work assignments. Kitchen work is especially important as a field for practicing care for others and self while expressing the social grace of everyday life. A basic feature inherent in all community activities is *motion.* This highlights symbolically not only the central concept of change but also relates to bodily movements involved, for example, in sports and music groups, as well as the importance of trusting and depending on others. A customary exercise for trust building used to open group meetings involves pairing group members and then asking them to close their eyes and fall so that their partners could catch them.

The community follows a formal schedule of varied activities as well as collectively prescribed work assignments. These heavily ritualized activities are important in combating the disordered temporal structures of addict life. Self-care elements are highlighted in the program: community members must take care of their personal appearance and keep their rooms tidy and clean. They are also responsible for the other daily cleaning activities, building maintenance, preparatory work for the programs, meal preparation and service. All of these activities are performed on a rotation basis, thus all members share tasks according to the principle of equality.

Six days a week residents awake at 7.00 a.m. After a walk together through the surrounding forest and following breakfast, the first group meeting of the day takes place. This is led each day by a different community member who reads a short passage from the AA book entitled *Keep It Simple* (Anonymous, 1996). The reader then relates this passage to her/his own life. This opens for a dialogue between the reader and other group members about the text and the reader's commentary on it. The group meeting ends with a discussion of the day's activities. Here, every community member describes her/his tasks and activities for the day.

The community takes meals together and works together at various tasks. After lunch the members take a short break when they sing together before afternoon work or sports activities. Everyone takes part in afternoon music and drama groups. In addition, once a week the community conducts its own form of group therapy without helpers being present. Sharing of work tasks and other activities such as sport and music are defined by community traditions as forms of trust building activities as well as helping recovery since these represent reasonable challenges to the individual while serving the aims of the community. The individual's recovery needs are viewed as coinciding with the goals of the whole community. Therefore, working and caring for other members is understood as working for one's own recovery and reconstruction of the self.

The many self-help groups meeting each week together with therapy sessions led by staff provide members of the community with safety, space, and opportunities for personally experiencing warm, loving, and caring relationships. At the same time, these groups help provide members with clear-cut boundaries. These structured contacts with others who are in a similar situation set the stage for achieving the main goal of the group, which is recovery from addiction. AA and NA meetings and other forms of mutual help groups sharing egalitarian social structures combine at the center with hierarchical staff-run therapy sessions to supply members with chances to review their self-images and discover personal strengths and weaknesses. No one is allowed to withdraw from mutual help groups where much emphasis is placed on members to participate and to pay active attention to others.

Usual themes for these sessions include the following:

- self-concepts of addicts (constantly reminding people of their self-destructive dependence);
- constructing healthy relationship with "enabling" or "co-dependent" relatives;
- life without drugs;
- sustaining behavioral change (the role of the sober network);
- "stinking" thinking (defiance, deception, grandiosity, procrastination);
- emotional cartography (emotional awareness, emotional literacy, and the understanding and management of emotions for life enhancement);
- responsibility, a good attitude toward work, community membership;
- creating a personal inventory;
- relinquishment of domineering conduct;
- resisting self-pity and blaming others; and
- spirituality, humility, (for)giving.

These and related issues are discussed in searching for answers to the following questions: How do I see myself? How do I see others? How have I been changed by drugs/alcohol? What have I lost during the years of addiction? How shall I learn to express my feelings honestly?

There also are important new tasks to be fulfilled and skills to be learned: combating denial, coping with guilt, shame, and other negative emotions, making amends, practicing daily self-control and self-acceptance, testing and monitoring new patterns of behavior, and helping others who are at the beginning of the process of recovery. In this process, community members ideally learn to set feasible goals and to achieve balance between wins and losses. They also learn in line with the guiding principles of the center to realize the value of small steps. Through discussions and various exercises, their initial impatience, craving for control, and wanting to restore everything at once evolves gradually into resilience. Central to all these processes are ritualized times and spaces at most meetings for members to talk and to reflect about their own ongoing processes of recovery and changes in their self-images. The trust and solidarity enhancing of these kinds of confessional self-reflections have been described by Goffman as follows:

> A sinner, sometimes admittedly not of very high status, stands up and tells to those who are present things he would ordinarily attempt to conceal or rationalize away; he sacrifices his secrets and his self-protective distance from others, and this sacrifice tends to include a backstage solidarity among all present. Group therapy affords a similar mechanism for the building up of team spirit and backstage solidarity. A psychic sinner stands up and talks about himself and invites others to talk about him in a way that would be impossible in ordinary interaction. In-group solidarity tends to result. (Goffman, 1959, p. 204)

Solidarity, self-disclosure, honesty, and mutual aid are central elements of the self-help project of recovery from substance abuse serving as the keystone for the community. Yet, unlike many other similar rehabilitation projects, both its mutual help and staff directed groups must deal as noted with the double burden of helping women and men suffering from addiction as well as bearing the behavioral scars of post-Soviet society. Yet, nowhere in the center's written treatment philosophy is there made mention of the legacy of the Soviet era in the lives of community members.

In one sense this is not surprising since the guiding principles of the rehabilitation program consist of a few straightforward mottos of "Keep It Simple" and "Slow And Easy" displayed on plaques on the center's walls. In line with this, all newcomers in the community are told that there are three activities for which members will be expelled from the community. These involve using drugs/alcohol, physical violence, and sex. Newcomers are also told that their road to recovery depends on living up to three simple conditions summed up in English as HOW: honesty, openness, and willingness to change. Finally, both the mutual help groups and professionally run groups continually remind community members that change takes time and that no one is to be criticized for doing or for saying something wrong. Instead of criticism, community members are encouraged to show their care for one another by giving, receiving, and asking for

help. This, too, is structured by well defined rituals and tends to become a natural part of the lives of community members. At almost all meetings of the community, time is set aside for members to take up issues and problems troubling them. This then leads to a round where all other members of the group propose ways they can actively help their fellow member deal with these problems. These and other processes in the community are framed as different aspects of "care-frontation," which is defined in the community as a key process in helping recovery from addiction.

CARE-FRONTATION AS CARING TO CONFRONT

Given the centrality of this mode of communication in the treatment program, it is important here to discuss it and its history in the community. Early in the center's contacts with other treatment programs, the notion of carefronting, or caring enough to confront, was borrowed from the writings of the American family therapist, Augsburger (1973). In healthy relationships, he felt that care-fronting had to occur: in short, both actors had to be willing and able to state what they honestly felt and believed about one another. By making "I" statements about how one viewed and felt about the other was a way of showing care for that person. Augsburger emphasized that it took courage to carefront the other, but that this act opened the relationship for both honesty and forgiveness. Failure to carefront, he asserted, was not kindness, but dishonesty: it was in his words a "form of benevolent lying" (1973, p. 25).

Once incorporated into the center's treatment philosophy, any failure on the part of a community member to carefront others when their words and deeds showed disrespect and caused pain was defined as a continuation of the dishonesty of the addict. These were defined as typical ways of thinking and feeling shared by addicts. Failing to carefront, it was often said, furnished the addict with a store of resentments which could then be used as a rationale for using drugs. As one community member put it: "Resentment allows you always to win in a debate with yourself because you always prove how unfairly you have been treated, how hurt you feel, and how unfair the other person has been" (Seltzer, 2003). To care enough to confront was constantly being defined in the community as a key, if not *the* key, for helping addicts abandon lives based on denial, deceit, and dishonesty into ones based on honesty, care of self, and concern for others. In the mutual help groups as well as the staff-led groups, acts of caring to confront were praiseworthy, while failures to do so were always defined as barriers to the recovery process.

CONCLUSION

Elsewhere we have described the community as a social formation of time and space categories developed and sustained by constant performances of both small and large rituals in both self-help and staff-administered groups (Seltzer &

Kelemen, 2009). Some of these rituals, such as those involving self-disclosure and confession of previous misdeeds, are seen by the community as ways for addicts to take leave of dependency on drugs and other self-destructive relationships—also those learned in post-Soviet Hungary. Other rituals, such as the classic 12-step self-help program of AA and NA, are framed by community ideology as bridges allowing members to move from old states of self-degradation and chronic distrust of others to newer ones involving pride, self-respect, and trust in the fellowship of recovering substance abusers. Moreover, the myriad of ritualized activities comprising the everyday life at the center community may be understood as functioning as ways for instilling and reinforcing mutual trust and dependency among community members.

As football players on the community's pitch, as actors or musicians or dancers in the community's dramatic and musical productions, and as cooks and kitchen helpers, cleaners, lumberjacks, and goat-herders, members received many ritualized lessons in how to trust and to depend on their fellows. Simultaneously, they become, through their participation in groups and rituals, re-socialized to do what was required and expected of them by others as well as society at large. In observing the many acts of care and responsibility for one another performed by these women and men, we were constantly being reminded of how far they had come from both the addict's Hobbesian world of war and chaos and the post-Soviet world of moral and behavioral duplicity.

In rounding off this experience report, one central question remains to be addressed: How did the women and men finishing the program fare when they returned as recovering addicts to a Hungarian society still very much influenced by post-Soviet attitudes and values? As noted earlier, a follow-up study conducted in 2003 showed that 7 out of 10 men and women who had graduated from the program in the period 1997 to 2001 were living clean and sober lives (Kelemen & Erdos, 2003). That study, however, provided no direct evidence as to how these women and men are coping with living and working in a society where distrust, dishonesty, and denial are still very much a part of everyday life—especially when the current economic collapse has produced what one professor recently described as "galloping anomie" in Hungarian society (Tamas, 2009, p. 37). It is, however, our impression that many of the community's former members continue to live by the codes of honest, caring, and trusting conduct they learned at the center. This impression is based on three sources: first, our informal contacts through the past 5 years with many former members of the community who often refer to what they learned in the community and how it has helped them live healthy and constructive lives in Hungarian society. Second, recently a 2004 graduate of the program provided a detailed accounting of what his present life as a factory worker, part-time student, and active AA member in his local community owed to what he learned in the community (Seltzer & Kelemen, 2009, pp. 192-193). And finally, a recent report by co-author MS had this to say:

> Since leaving the community in 2004, I have returned to Hungary each year to visit with those whose lives I shared. Almost all of them today are living clean and sober lives. Two women work in drug rehabilitation programs, one works with horses, while two others are mothers of young children. Among the men, one is a croupier and proprietor of bread and breakfast, two others are professional musicians, one is completing his gymnasium education at night school while working in a factory, one drives a bus, three others work as delivery and moving van drivers, one is a staff member of a facility for severely handicapped children, and three others are staff members at a halfway house for former addicts and ex-convicts. As far as I could determine in my contacts with them, they still live their lives very much according to the codes of conduct and values they acquired at the community in their recovery processes. (Seltzer, 2010)

Given this evidence of the continued sobriety of these women and men and their adherence to the ways of acting, thinking, and feeling they learned at the center, it is important in ending this experience report to point out one shared feature of their current lives not mentioned earlier. Nearly all of them are active members of AA and NA groups in the cities and towns to which they returned after leaving the center. In fact, several of them have been instrumental in bringing AA and NA to their local communities. As far as we can determine, a majority of them participate in meetings once or more often each week. Several of them also are sponsors, active participants at international gatherings of AA and NA, as well as organizers of events, such as speaker meetings, in their local communities.

From our shared but impressionistic perspective it seems that the drug-free lives of former community members 6 years after leaving the program owe much to their active participation in the self-help groups of AA and NA. Our understanding is reinforced by the findings of one major quantitative study indicating that weekly or more frequent participation by former substance abusers at 12-step group meetings is associated with their continued drug and alcohol abstinence (Florentine, 1999), This should not be surprising since decades of social scientific research have provided much evidence that addiction often begins in groups where newcomers learn how to use drugs from more experienced substance abusers (Becker, 1953; Coombs, Fry, & Lewis, 1976; Faupel, 1991; Faupel, Horowitz, & Weaver, 2009; Feldman, 1968; Parker, Aldridge, & Measham, 1998; Thomassen, 1999). Thus, if learning to use addictive drugs often originates in groups, it stands to reason that entirely different groups can provide support and fellowship to help women and men unlearn drug using behavior and learn new ways for living the rest of their lives in sobriety.

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